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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number TERRY F. ALLEN FAMILY CHARITABLE TRUST 04-6837908 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 256 FULLER MOUNTAIN ROAD (802)877-8330 City or town, state, and ZIP code C If exemption application is pending, check here FERRISBURG, VT 05456 Initial return G Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 84,352. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 22,000. N/A Contributions, gifts, grants, etc., received 2 Check ► X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 981 981. STATEMENT Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 116,725. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 111,559. 116,725 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 139,706.117,706 12 Total. Add lines 1 through 11 О. О. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses RECEIVED 16a Legal fees **b** Accounting fees c Other professional fees sep 0 4 20 and Administrative 17 Interest 18 Taxes **EXERCISE** 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 5,315 Ō. 5,315. STMT 2 23 Other expenses 24 Total operating and administrative 5,315 5,315. expenses. Add lines 13 through 23 23,400. 23,400. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 28,715 5,315 23,400. Add lines 24 and 25 27 Subtract line 26 from line 12 NNED 110,991 a Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Form 990-PF (201/17)

N/A

112,391.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of year		
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	3,500.	7,237.	7,237.		
2 Savings and temporary cash investments		77,115.	77,115.		
3 Accounts receivable ►			,		
Less allowance for doubtful accounts					
4 Pledges receivable					
Less allowance for doubtful accounts					
5 Grants receivable					
6 Receivables due from officers, directors, trustees, and other					
disqualified persons					
7 Other notes and loans receivable					
Less allowance for doubtful accounts					
8 Inventories for sale or use					
9 Prepaid expenses and deferred charges					
10a Investments - U.S. and state government obligations			· · · · ·		
b Investments - corporate stock					
c Investments - corporate bonds			,		
11 Investments - land, buildings, and equipment basis			17 - 17 - 7		
	†	1			
Less accumulated depreciation 12 Investments - mortgage loans					
13 Investments - other STMT 3	-30,139.	0.	0.		
14 Land, buildings, and equipment basis	30/133.				
Less accumulated depreciation	1	1			
· · · · · · · · · · · · · · · · · · ·					
15 Other assets (describe)					
16. Takal access (to be accessed by all files)	-26,639.	84,352.	84,352.		
16 Total assets (to be completed by all filers)	-20,039.	04,332.	04,332.		
17 Accounts payable and accrued expenses					
18 Grants payable					
9 19 Deferred revenue					
Deterred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable					
21 Mortgages and other notes payable					
22 Other liabilities (describe >)					
		_			
23 Total liabilities (add lines 17 through 22)	0.	0.			
Foundations that follow SFAS 117, check here					
and complete lines 24 through 26 and lines 30 and 31.					
24 Unrestricted					
25 Temporarily restricted					
26 Permanently restricted					
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31					
and complete lines 27 through 31.					
27 Capital stock, trust principal, or current funds	0.	0.			
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
27 Capital stock, trust principal, or current turids 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	-26,639.	84,352.			
30 Total net assets or fund balances	-26,639.	84,352.			
31 Total liabilities and net assets/fund balances	-26,639.	84,352.			
Part III Analysis of Changes in Net Assets or Fund B	Balances				
Total net assets or fund balances at beginning of year - Part II, column (a), line					
	: 30		-26,639.		
(must agree with end-of-year figure reported on prior year's return)		1 2	110,991.		
2 Enter amount from Part I, line 27a		2	0.		
3 Other increases not included in line 2 (itemize)		3	84,352.		
4 Add lines 1, 2, and 3		4			
5 Decreases not included in line 2 (itemize)		5	0.		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	84,352. Form 990-PF (2011)		

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b XIV STOCK c CAPITAL VENTURE PARTNERS d e (a) Gross sales price (b) Depreciation allowed (c) Cost or other basis (h) Gain or (loss)	(d) Date sold (mo , day, yr) 11/17/11 11/28/11 12/31/11
b XIV STOCK c CAPITAL VENTURE PARTNERS d e (a) Gross sales price (b) Gross sales price (c) Gross sales price (d) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)	11/28/11
c CAPITAL VENTURE PARTNERS d e (a) Gross sales price (b) Depreciation allowed (c) Cost or other basis (h) Gain or (loss)	
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)	12/31/11
e (f) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)	
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss)	
(or allowable) plus expense or sale (e) plus (7) minus (g)	
a 8,267. 11,385.	-3,118. $-1,159.$
b 3,292. 4,451.	$\frac{-1,159}{121,002}$
c 100,00021,002.	121,002.
d	
Complete selection and the selection of	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis (ii) Adjusted basis (iii) Adjusted basis	
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) col (k), but not less than 4 over col (j), if any Losses (from col (h))	
	-3,118.
3	-1,159.
b	121,002.
C	121,002.
d e	
2 Capital gain net income or (net capital loss) \[\begin{pmatrix} \text{ If gain, also enter in Part I, line 7} \\ \text{ If (loss), enter -0- in Part I, line 7} \end{pmatrix} \]	116,725.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	
If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8 N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	
If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Therefore the appropriate amount in each column for each year, see instructions before making any entries	Yes X No
(a) (b) (c) (c)	1)
Base period years Distribut	tion ratio ed by col (c))
2010 25,001. 331,494.	.075419
2009 10,900. 561,040.	.019428
2008 24,367. 555,750.	.043845
2007 21,128. 579,070.	.036486
2006 4,750. 598,652.	.007934
2 Total of line 1, column (d)	.183112
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years	
the foundation has been in existence if less than 5 years	.036622
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	83,087.
5 Multiply line 4 by line 3	3,043.
6 Enter 1% of net investment income (1% of Part I, line 27b)	1,124.
7 Add lines 5 and 6	4,167.
8 Enter qualifying distributions from Part XII, line 4	23,400.
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	

	990-PF (2011) TERRY F. ALLEN FAMILY CHARITABLE TRUST 04-68 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s		_	ctior	Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			1,1	24.
	of Part I, line 27b			.,.,	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Add lines 1 and 2			1,1	24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			$\overline{1,1}$	24.
6	Credits/Payments	4V4 771			
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a				
	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 6d				
	Total credits and payments Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached.				4.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			1,1	28.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.	ŀ			
C	Did the foundation file Form 1120-POL for this year?		1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers ▶ \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	A [4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				, , _
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ŀ			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?	Г	7	X	
•	If "Yes." complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE				
	,				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Form	990	-PF	(2011)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	:e	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
_		
2		
3		
A	_	
*		
Part IX-B Summary of Program-Related Investments	Т	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A	\rightarrow	Amount
1 N/A	-	
2		
All other program-related investments See instructions		
3		
Total Add lines 1 through 3		0.
Total. Add lines 1 through 3		Form 990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	<u>0.</u> 84,352.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	84,352.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	84,352.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,265. 83,087.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	83,087.
6	Minimum investment return. Enter 5% of line 5	6	4,154.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	4,154.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1,124.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,124. 3,030. 0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,030.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	3,030.
P	art XII Qualifying Distributions (see instructions)	,	1824 - 44
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		00.400
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	23,400.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	· · · · · · · · · · · · · · · · · · ·	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	23,400.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	$\frac{1,124}{22,276}$.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	•
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section
	4040(a) radication of tax in those warn		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				3,030.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			16,376.	
b Total for prior years			• • • • • • • • • • • • • • • • • • • •	
2009		719.		
3 Excess distributions carryover, if any, to 2011	' '	, , ,		
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 23,400.				
a Applied to 2010, but not more than line 2a			16,376.	
b Applied to undistributed income of prior				,
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				3,030.
e Remaining amount distributed out of corpus	3,994.			
5 Excess distributions carryover applied to 2011 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			***************************************	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,994.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		719.		
c Enter the amount of prior years'				·····
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		719.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	3,994.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 3,994.				· ·

Part XIV Private Operating F	• ALLEN FAM			N/A	3/908 Page 11
			I-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	•		40.40(1)(0) ==	340(-)(5)
b Check box to indicate whether the found	Tax year	ing roundation described	•	4942(J)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	(a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(4) 2011	(8) 2010	(6) 2003	(1) 2000	(c) rotar
investment return from Part X for					
each year listed			 		
b 85% of line 2a			 		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
, ,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					_
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		ļ			
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by the	e foundation before the clo	se of any tax
, , , , ,	1101e (11411 \$5,000) (5ee s	section 507 (a)(2))			
NONE			/·		- 4
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	armership or
NONE	ou 10% of grouter intere	••			
	ion Grant Gift Loon	Sahalambia ata D	roarame:	······································	
2 Information Regarding Contribution Check here ► X If the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does		
	_			omploto items za, u, u, air	
a The name, address, and telephone num	ber of the person to who	т аррисацона зноши ве	addressed		
b The form in which applications should b	e submitted and informa	tion and materials they s	hould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors	
,	.,	,		•	
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3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient (homo or homoso)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE ATTACHED	NONE	501C3	CHARITABLE	
				23,400.
		<u> </u>		
		}		
<u> </u>		-		
Total			▶ 3a	23 400
Total b Approved for future payment		<u> </u>		23,400
a representative payment				
NONE				
		1.		
		1		
Total			<u>▶ 3b</u>	0. DE (0011)

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Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code	Amount	code	Amount	Tunction income	
a	_					
b	_					
C	_					
d	_					
е	_					
f	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments					981.	
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income	525990					
8 Gain or (loss) from sales of assets other than inventory					116,725.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b	1 1					
C	1					
d	i i					
e						
12 Subtotal Add columns (b), (d), and (e)		0.		0.	117,706.	
13 Total Add line 12, columns (b), (d), and (e)				13	117,706.	
(See worksheet in line 13 instructions to verify calculations	:)					

Part XVI-B	Relationship of Activities to the Accomplishment	of Exempt Purposes
1 (2) 1 / 3 1 1	ricialionship of Activities to the Accombisininent	. OI EXCIIDE I GIDOSCS

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)				
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	an area			I CHARLIADL		04-00			ge 13
Part)	Information Re Exempt Organ		isfers To a	and Transactions	and Relation	nships With Nonch	aritable	€	
1 Did	the organization directly or indi	rectly engage in any	of the followin	g with any other organizat	tion described in s	ection 501(c) of		Yes	No
the	Code (other than section 501(c	:)(3) organizations) (or in section 52	7, relating to political orga	anizations?				
a Tra	nsfers from the reporting found	ation to a noncharit	able exempt org	ganization of					
(1)	Cash						1a(1)		X
(2)	Other assets						1a(2)		X
b Oth	er transactions								
(1)	Sales of assets to a noncharita	ible exempt organiza	ition				1b(1)	İ	Х
(2)	Purchases of assets from a no	ncharitable exempt	organization				1b(2)		Х
(3)	Rental of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimbursement arrangements	;					1b(4)		Х
(5)	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or me	embership or fundra	ısıng solicitatio	ns			1b(6)		X
c Sha	aring of facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			10		Х
d Ifti	ne answer to any of the above is	"Yes," complete the	following sche	dule Column (b) should a	always show the fa	ir market value of the good	s, other ass	ets,	
or	services given by the reporting f	oundation If the for	indation receive	ed less than fair market va	ilue in any transact	tion or sharing arrangemen	t, show in		
col	umn (d) the value of the goods,	other assets, or ser	vices received						
(a) Line n	o (b) Amount involved	(c) Name o	f noncharitable	exempt organization	(d) Descrip	tion of transfers, transactions, a	nd shanng ar	rangeme	ents
		<u></u>	N/A						
		<u> </u>				··· ·· · · · · · · · · · · · · · · · ·			
						-			
-							-	-	
		<u> </u>							
	he foundation directly or indirec	-		· -	nizations describe	d	<u></u>	Г Т	ח
	section 501(c) of the Code (other	•	c)(3)) or in sect	ion 527?			Yes	X	No
<u>b lf "</u>	Yes," complete the following sch			(h) Time of a manualism		(a) December of relation			
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	nsnip		
	N/A								
					-				
	Under penalties of penury, I declare	that I have examined th	us return, includin	a accompanying schedules ar	d statements, and to	the best of my knowledge			
Sia-	and belief, it is true, correct, and co					eror han any knowledge	May the IRS return with th		
Sign Here	7	-//// ,		18/27/12	1RU	< 12 X	shown below	`	7
11616	Signature of officer or truste	(Com	·	Date	Title		└── Yes	· L	J No
	Print/Type preparer's n	3ma	Preparer's s		Date	Check X If PTI	N		
	T mile type preparet \$ 11	uiilo	r reparer 5 S	gnature	Date	self- employed	••		
Paid	Jeff Sm	11 /	(\mathbf{Y}_{i})	1	08/24/1		00158	442	
Prepare			SMAZL C	PA/ABV, CVA	00/24/1	Firm's EIN ► 03-			
Use (· · · · · · · · · · · · · · · · · · ·	TERT D. (NUTTI C	IN/ADV, CVA		FINITS EIN P 03-	00123	πŢ	
USE !	Firm's address > 72	סדאוד כיייו	ग्रह्म						
		JRLINGTON		401		Phone no 802	-864-	577	9
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123622 12-02-11

Schedule B (Form 990, 990-EZ, or 990-PE)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

04-6837908 TERRY F. ALLEN FAMILY CHARITABLE TRUST Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.-**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

TERRY F. ALLEN FAMILY CHARITABLE TRUST

04-6837908

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TERRY ALLEN 256 FULLER MOUNTAIN ROAD FERRISBURG, VT 05456	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

TERRY F. ALLEN FAMILY CHARITABLE TRUST

04-6837908

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

יייססעיי	f. ALLEN FAMILY CHARITA	חסווכת הוב		04-6837908					
Part III	Exclusively religious, charitable, etc., individe year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	lual contributions to section 501(c) following line entry For organization contributions of \$1,000 or less for	(7), (8), or (10) organizations completing Part III, enter the year (Enter this information once	ns that total more than \$1,000 for the					
(a) No. from	(b) Purpose of gift	(c) Use of gift	ift (d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	Transferee's name, address, and		Relationship of tra	nsferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and		Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4		nnsferor to transferee					

·	_					
FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
E*TRADE					9	81.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A			9	81.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
LEGAL & ACCOUNTING FEES OTHER	1,800. 2,507. 1,008.	2,507.				0.
TO FORM 990-PF, PG 1, LN 23	5,315.	5,	315.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	3
DESCRIPTION		LUATION ETHOD	BO	OK VALUE	FAIR MARKE VALUE	T
PARTNERSHIP INTERESTS		COST		0.	· · · · · · · · · · · · · · · · · · ·	0 .
TOTAL TO FORM 990-PF, PART I	I. LINE 13	•		0.		0.

Taura 000	20 (4 4.0040)					D 4
	68 (Rev. 1-2012)	tonoine d	namelate and Port II and shock the	- hov		Page 2 ► X
	are filing for an Additional (Not Automatic) 3-Month Ex				2000	
	ily complete Part II if you have already been granted an a are filing for an Automatic 3-Month Extension, comple i			ilea Form (8008	
Part II	· · · · · · · · · · · · · · · · · · ·			nal (no c	onies need	led)
LOIL	Additional (Not Automatic) 5-Month E	xterisio				
Tura ar	Nome of everet evereties as athersides are instru		lentifying number, see instructions mployer identification number (EIN) or			
Type or	Name of exempt organization or other filer, see instru-	Clions		Employer	identification	number (EII4) or
print	TERRY F. ALLEN FAMILY CHARITABLE TRUST					7908
File by the due date for	f					
filing your	Number, street, and room or some no. If a F.O. box, see instructions.					(SSN)
return See instructions		volan odd	draga and Instructions			
	City, town or post office, state, and ZIP code. For a for FERRISBURG, VT 05456	reigii add	iress, see instructions.			
	I HIKIDDOKO, VI 03430					
Entartha	Daturn and for the return that this analysis in far file		to application for each return)			0 1
chier the	Return code for the return that this application is for (file	a separa	ite application for each return)			
Applicat	ion	Return	Application		· · · · · · · · · · · · · · · · · · ·	Return
Applicat Is For	ion	Code	Is For			
		01	is For			Code
Form 990		02	Form 1041 A			08
Form 990 Form 990		02	Form 1041-A			09
Form 990		04	Form 4720			
		05	Form 5227 Form 6069			10
	OT (sec 401(a) or 408(a) trust)			11		
	0-T (trust other than above) o not complete Part II if you were not already granted	06	Form 8870		d F 0060	12
Telepl If the If this box 4 I re 5 For 6 If this	cooks are in the care of ▶ 256 FULLER MOUNT from No ▶ 802-877-8330 corganization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ couest an additional 3-month extension of time until couest an additional 3-month extension of the tax year entered in line 5 is for less than 12 months, counting period ate in detail why you need the extension of the counting period of the counting the counting period of the counti	s in the Ur Group Exe and atta NOVEMI	FAX No. ►	f this is for f all memb g Final r	the whole gr	oup, check this sion is for
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.
_	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	previously with Form 8868.					0.
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
	TPS (Electronic Federal Tax Payment System). See instru	•		8c	\$	0.
			st be completed for Part II	only.		
Under per it is true, c	naities of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowledge	and belief,
Signature	► Title ►			Date	•	
	1100			Duto	··	

Form 8868 (Rev. 1-2012)