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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	alen	dar year 2015 or tax year beginning		, and ending		
Name of foundation				A Employer identificatio	n number	
		RY F. ALLEN FAMILY CHAR		Room/suite	04-6837908	3
			B Telephone number	220		
		FULLER MOUNTAIN ROAD own, state or province, country, and ZIP or foreign p	(802)877-8			
		RISBURG, VT 05456	ostai code		C If exemption application is	bending, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H_C	_	type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation sta	atus was terminated
Ļ			Other taxable private founda		under section 507(b)(1)(A), check here
		rket value of all assets at end of year J Account	*	Accrual	F If the foundation is in a	
	om F -\$	Part II, col (c), line 16) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ther (specify)	nasis I	under section 507(b)(1)(B), check here
_	rt I	Analysis of Revenue and Expenses		(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities			<u> </u>	
		Gross rents		<u> </u>		
	_	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-9,068.			
nue	b	Gross sales price for all assets on line 6a 77,025.	370000	· ,	 	
Revenue	7	Capital gain net income (from Part IV, line 2)		0		
Œ	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
		and allowances			 	
	ı	Less Cost of goods sold Gross profit or (loss)			 	<u> </u>
	11	Other income				
	12	Total Add lines 1 through 11	-9,068.	0	•	
	13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
	14	Other employee salaries and wages				
ý	,	Pension plans, employee benefits				
nse		Legal fees				
xpe	_	Accounting fees Other professional fees		lvii + 3	3 5 661.	
Š	17	Interest		-		
and Administrative Expense	Į.	Taxes				
nist	19	Depreciation and depletion				
ğ.	20	Occupancy				ļ. <u></u>
Ř	21	Travel, conferences, and meetings				
au	22	Printing and publications	519.	0		0.
Operating	23	Other expenses STMT 1 Total operating and administrative	319.		• 	- 0.
era	-	expenses. Add lines 13 through 23	519.	0	.	0.
ŏ	25	Contributions, gifts, grants paid	1,025.			1,025.
		Total expenses and disbursements.			1	
	<u> </u>	Add lines 24 and 25	1,544.	0	•	1,025.
	27	Subtract line 26 from line 12:	10.55			
		Excess of revenue over expenses and disbursements	-10,612.		 	
		Net investment income (if negative, enter -0-)		0	N/A	
5235		Adjusted net income (if negative, enter -0-)	<u> </u>			Form 990-PF (2016)

		Pariana of the TRUST		083/908 Page 2
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	•	2,351.	1,110.	1,110.
	Savings and temporary cash investments	23,993.	9,436.	9,436.
3	Accounts receivable ►	-		
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable			
	Less: allowance for doubtful accounts ▶	 		
5				
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable	-		
	Less: allowance for doubtful accounts			
र्हे 8	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹ 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis	_		
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment: basis			
- 1	Less accumulated depreciation	7		
15	Other assets (describe			
- 1	Total assets (to be completed by all filers - see the			
'	instructions. Also, see page 1, item 1)	26,344.	10,546.	10,546.
17				
18				
	• •			
Liabilities 51				
를 21				
ا يا ا يا				
"	Other habilities (describe)	· · · · · · · · · · · · · · · · · · ·		
22	Total liabilities (add lines 17 through 22)	0.	0.	
7	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31			
S 24				
35 and				
ele 2				
26	,			
5				
ัง	and complete lines 27 through 31	0.	0.	
Net Assets or Fund Balances		0.	0.	
9S 28		26,344.	10,546.	
¥ 29		26,344.	10,546.	
₹ 30	Total net assets or fund balances	20,344.	10,540.	
		26,344.	10,546.	
			10,540.	
Par	TIII Analysis of Changes in Net Assets or Fund	Balances		
		20 20		
	tal net assets or fund balances at beginning of year - Part II, column (a), li	16 20		26 211
•	ust agree with end-of-year figure reported on prior year's return)			26,344. -10,612.
	ter amount from Part I, line 27a		2	
-	her increases not included in line 2 (itemize)		3	15 722
	d lines 1, 2, and 3		4	15,732.
		~~~ ~~~·		
5 De	creases not included in line 2 (itemize)  tal net assets or fund balances at end of year (line 4 minus line 5) - Part II,	SEE STA	TEMENT 2 5	_5,186. 

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.

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1,025.

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8 Enter qualifying distributions from Part XII, line 4

	990-PF (2015) TERRY F. ALLEN FAMILY CHARITAE  TVI Excise Tax Based on Investment Income (Section 4940)			4940(e) or 4	04-	683	7908	ction	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here  and er			)		1			
	Date of ruling or determination letter: (attach copy of letter if nec			tions)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here				1				0.
	of Part I, line 27b				<u> </u>	1			
c /	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Pa	rt I, line 12, c	ol. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot			(-).	2				0.
	Add lines 1 and 2		,		3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers e	enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		,		5				0.
	Credits/Payments:								
	2015 estimated tax payments and 2014 overpayment credited to 2015	6a							
	Exempt foreign organizations - tax withheld at source	6b			1				
	Tax paid with application for extension of time to file (Form 8868)	6c	1		1				
	Backup withholding erroneously withheld	6d	<del> </del>		1				
	Total credits and payments. Add lines 6a through 6d				7				0.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attac	ched			8	<u> </u>			_ <del></del> _
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	00		•	9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10	_			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			Refunded	11			<del>-</del>	
	t VII-A Statements Regarding Activities			11101411000					
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation i	or did it partic	epate or intervene	מו			Yes	No
	any political campaign?		o. a.a p =				1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (se	e instructions	s for the definition	//5		1b		<u>x</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and								
	distributed by the foundation in connection with the activities	J 00p		atomato publicati	Ju 0,				
	Did the foundation file Form 1120-POL for this year?						1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	vear.							
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers.		3	0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expendi				•				
	managers. > \$ 0.	101010	.x iiiipoodd di	· roundation					
	Has the foundation engaged in any activities that have not previously been reported to the IF	357					2		X
	If "Yes," attach a detailed description of the activities.								
	Has the foundation made any changes, not previously reported to the IRS, in its governing is	nstrun	nent, articles	of incornoration, i	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			, .	•		3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea						4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N	I/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								
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther:							
	By language in the governing instrument, or							,	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	v direc	tions that co	offict with the state	e law				
	remain in the governing instrument?	,					6		Х
	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If</i> "Yes," <i>con</i>	nolete	Part II. col.	(c), and Part X\	,		7	х	
•	sid the feature in the state posses in about at any time defining the year.	.,	,,	(-),					
8a	Enter the states to which the foundation reports or with which it is registered (see instructio	ns) 🕨	NON	E			1	1	
		-,							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorne	y General (or	designate)					
	of each state as required by General Instruction G? If "No," attach explanation		• • •	- ,			8b	_ X	
	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4	1942(ı)(3) or	4942(j)(5) for cal	endar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," c						9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu						10		X
						Fo	orm <b>99</b> 0	)-PF	(2015)

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Form 990-PF (2015) TERRY F. ALLEN FAMILY CH.	ARITABLE TRUS	ST	04-68379	<u>808</u>	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4/20 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:				l	
(.1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No 📗	[	
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire			ł	
any voter registration drive?			es X No	J	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)			es 🗶 No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t			ŀ	
the prevention of cruelty to children or animals?			es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations		- 1	
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check hi					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I/A L Ye	s L No		
If "Yes," attach the statement required by Regulations section 53 4945				ļ	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	[ <del>]</del>	г <del>ээ</del> т		
a personal benefit contract?		Ye	es X No	.	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a program of the foundation.	ersonal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.		<u> </u>	s X No		-
7a At any time during the tax year, was the foundation a party to a prohibited tax sl		Y6		71	
b If Yes, did the foundation receive any proceeds or have any net income attributed and the foundation About Officers, Directors, Truster Part VIII Information About Officers, Directors, Truster		pogore Highly	N/A	7b	
Paid Employees, and Contractors	ses, roundation wa	iliagers, riigili	7		
List all officers, directors, trustees, foundation managers and their of	compensation.	<del> </del>			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	unt, other owances
TERRY F. ALLEN	DIR.	<u> </u>	- Companies on		
256 FULLER MTN RD					
FERRISBURG, VT 05456	0.00	0.	0.		0.
		<u> </u>	L		
				1	
· · · · · · · · · · · · · · · · · · ·		ļ		]	
		<u> </u>	L	Ь	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	unt, other
NONE	devoted to position	<del> </del>	compensation	-and	owances
NONE					
		<del> </del>	<b> </b>	+	
<del></del>		1		1	
·			<del> </del>	+	
		<del> </del>		<del>                                     </del>	
		1			
		<u> </u>			
Total number of other employees paid over \$50,000			<b></b>		0
			Forn	n <b>990-F</b>	<b>PF</b> (2015)

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		837908 Page 7
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities	<del></del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	ntistical information such as the roduced, etc.	Expenses
1 N/A		
2		
3		
4		<del></del>
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3	<b>b</b>	0.

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Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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4

6

1,025.

025.

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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Part XIII	Undistributed	Income	(see instructions)
-----------	---------------	--------	--------------------

-		(a) Corpus	(b) Years prior to 2014	(c) 2014	( <b>d)</b> 2015
1	Distributable amount for 2015 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
	line 7				908.
2	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only			0.	
	Total for prior years:				<del></del>
	2009,		719.	:	
3	Excess distributions carryover, if any, to 2015:			· · · · · · · · · · · · · · · · · · ·	
	a From 2010				
	From 2011 2,216.				
	From 2012 43,014.				
	d From 2013 10, 214.				
	e From 2014				
	Total of lines 3a through e	55,444.			
	Qualifying distributions for 2015 from	33/1			
•	Part XII, line 4: ►\$ 1,025.				
	Applied to 2014, but not more than line 2a			0.	•
	b Applied to undistributed income of prior				
١	years (Election required - see instructions)		0.		
	c Treated as distributions out of corpus	<del>-</del> -			
•	(Election required - see instructions)	0.			
	d Applied to 2015 distributable amount				908.
	e Remaining amount distributed out of corpus	117.		<del></del>	700.
_	· · · · · · · · · · · · · · · · · · ·	0.			0.
J	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				<u>0.</u>
6	Enter the net total of each column as indicated below:			ļ	
1	a Corpus Add lines 3f, 4c, and 4e Subtract line 5	55,561.			
	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 2014. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
!	f Undistributed income for 2015. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2016				0.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election				
	may be required - see instructions)	0.			
8	Excess distributions carryover from 2010				
	not applied on line 5 or line 7	0.			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	55,561.			
10	Analysis of line 9:				
	a Excess from 2011 2, 216.				
	b Excess from 2012 43,014.				
	c Excess from 2013 10,214.				
	d Excess from 2014				
	e Excess from 2015 117.			L	5

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Form 990-PF (2015) <b>TERRY F</b>	. ALLEN FAM	ILY CHARIT	ABLE TRUST		837908 Page 10
Part XIV   Private Operating F	<b>oundations</b> (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective for	2015, enter the date of	the ruling	<b>.</b>		
<b>b</b> Check box to indicate whether the found	ation is a private operat	ing foundation described	ın section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</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					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundatio	n had \$5,000 or n	nore in assets
at any time during t	he year-see inst	tructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	e than 2% of the total co	ntributions received by th	ne foundation before the c	lose of any tax
year (but only if they have contributed n	nore than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh	o own 10% or more of	the stock of a corporation	n (or an equally large por	tion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater inter	est.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loai	n, Scholarship, etc., I	Programs:		
Check here ► 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditions,	complete items 2a, b, c, a	ind d.
a The name, address, and telephone num	ber or e-mail address of	f the person to whom ap	plications should be addi	essed:	
b The form in which applications should be	ne submitted and inform	ation and materials they	should include;	<del></del> -	
c Any submission deadlines:					
d Any restrictions or limitations on award	s. such as by geographi	cal areas, charitable field	s, kinds of institutions. o	r other factors:	
e rais tourious or initiations on affair	o, 500 20 o, goog.apin		.,		
502001 11 24 15		<del></del>			Form <b>990-PF</b> (2015)

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BIXBY LIBRARY NONE 501C3 CHARITABLE 258 MAIN ST VERGENNES, VT 05491 100. 501C3 CHAMPLAIN COLLEGE NONE CHARITABLE 163 SOUTH WILLARD ST BURLINGTON , VT 05401 100. VERMONT PUBLIC RADIO NONE 501C3 CHARITABLE 265 TROY AVE COLCHESTER VT 05446 200, INTERVALE FARM CENTER NONE 501C3 CHARITABLE 180 INTERVALE RD BURLINGTON , VT 05401 400. 501C3 CHARITABLE VPIRG NONE 141 MAIN ST STE 6 MONTPELIER VT 05602 25. SEE CONTINUATION SHEET(S) ▶ 3a 025. Total b Approved for future payment NONE **▶** 3b Total

oter gross amounts unless otherwise indicated.	Unrelated business income			by section 512, 513, or 514	(e)
D	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		code	741100111	Tunction income
ā	-				
<u> </u>	-		<del></del>		
<u> </u>	-				
d	1 1		<del></del>		-
f	- <del>    -</del>				
g Fees and contracts from government agencies	-				<del></del>
Membership dues and assessments				<del></del>	<del></del>
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property			<del></del>		·
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					-9,068
Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·			
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C					
d					
e	_				
Subtotal. Add columns (b), (d), and (e)			0.	0.	-9,068
3 Total Add line 12, columns (b), (d), and (e)				13	-9,068
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of	<b>Exempt P</b>	urposes	
_ine No Explain below how each activity for which in				d importantly to the accomp	plishment of
the foundation's exempt purposes (other that	an by providing tunds	s for such purposes)			
		<del></del>	<del></del>	<del> </del>	<del></del>

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).
_	
-	

Form **990-PF** (2015)

523621 11-24-15

X X X X X X X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? _if "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Sign return with the prepare shown below (s Here X Yes No Signature of officer or trustee Title Date Check X If PTIN Print/Type preparer's name Date r's signature self- employed **JEFFERY** SMALL Paid 03/05/16 P00158443 CPA/ABV CVA Preparer Firm's EIN ► 03-0312341 Firm's name ► JEFFERY D. CPA/ABV, **Use Only** Firm's address ▶ 72 PINE STREET BURLINGTON, VT 05401 Phone no. 802-864-5779

Form **990-PF** (2015)

Part XV Supplementary Information Grants and Contributions Paid During the	Year (Continuation)			
. Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
		50103		
ERMONT STAGE COMPANY LO MAIN ST	NONE	501C3	CHARITABLE	:
URLINGTON VT 05401				20
				•
	-	· · · · · · · · · · · · · · · · · · ·		
		<del> </del>		
		İ		
				1
Total from continuation sheets				2

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	TE	RRY F. ALLEN FAMILY CHARITABLE TRUST	04-6837908			
Organiz	ation type (check or	ne)				
Filers of	f:	Section:				
Form 99	0 or 990-EZ	501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-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				
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	3. See instructions			
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year					
but it m	ust answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo t 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) (2015)

Name of organization

Employer identification number

## TERRY F. ALLEN FAMILY CHARITABLE TRUST

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Part I	Contributors (see instructions) Use duplicate copies of Part I if additional 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			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
523452 10-2		\$Sabadula P.(Far	Person Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2015)			

Employer identification number

### TERRY F. ALLEN FAMILY CHARITABLE TRUST

04-6837908

Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed		
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	<del></del>	1	
	(b) Description of noncash property given   (b) Description of noncash property given  (c) (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e)  (f) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)		

Name of orga	anization		Employer identification number					
TERRY	F. ALLEN FAMILY CHARIT	יאפו.ד שפווכש	04-6837908					
Part III	Exclusively religious, charitable, etc., con	tributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COIUMNS (a) INFOUGN (e) and INE IOIIC us, charitable, etc., contributions of \$1,000 c	OWING TIME ENTRY. For organizations or less for the year (Enterthis info once)					
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
- 1 41 (1)								
-		(e) Transfer of gi	ft					
	<del>-</del>	1710	<b>5</b>					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift (c) Use of g		(d) Description of how gift is held					
T								
		(e) Transfer of gift						
		. Tip	Barrier de la companya de la company					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.		T T	<del></del>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
L								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-	mansieree's name, address, a	III ZIP + 4	netationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
l								
Γ		(e) Transfer of gi	ift					
1	Topodovolo vers eddesse	and 710 + 4	Polationship of transferor to transferor					
<b> </b>	Transferee's name, address, a	1810 ZIP + 4	Relationship of transferor to transferee					

PORM 990-PF	OTHER E	XPENSES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL & ACCOUNTING FEES	400. 119.			0.	
TO FORM 990-PF, PG 1, LN 23	519.	0.		0.	
FORM 990-PF OTHER DECREASE	ES IN NET AS	SETS OR FUND 1	BALANCES S	TATEMENT 2	
DESCRIPTION				AMOUNT	
INCREASE (DECREASE) IN VALUE	OF INVESTME	NTS		5,186.	
TOTAL TO FORM 990-PF, PART III, LINE 5				5,186.	