

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** Department of the Treasury

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.

OMB No 1545-0052

		dar year 2015 or tax year beg		ii 990-FF and its separate	, and e		<u>.go</u>	Open to Public Inspection
Nar	ne of	foundation					A Employer identificatio	n numbeř
С	RO	WE FAMILY FOUN	DATION				20-4678964	1
		nd street (or PO box number if mail		address)		Room/suite	B Telephone number	
2	25	EAGLES REST F	ROAD				802-497-15	592
City	or to	own, state or province, country	, and ZIP or foreign p	ostal code			C If exemption application is	pending, check here
· _ S	HE:	LBURNE, VT 05	482					
G C	heck	all that apply:	al return	Initial return of a fo	rmer public o	harity	D 1. Foreign organization	s, check here
		L Fina	ıl return	Amended return			2 Foreign organizations m	eeting the 85% test
			lress change	Name change			Foreign organizations m check here and attach c	omputation
H C	-	• •	` ' <u></u>	empt private foundation	L		E If private foundation st	
		ction 4947(a)(1) nonexempt ch		Other taxable private founda	X Accr		under section 507(b)(1	
		rket value of all assets at end o Part II, col (c), line 16)	·	her (specify)	LAL ACCI	uai	F If the foundation is in a	. [
	.\$	rart II, cor (c), line 16)	L95 (Part I. colu	mn (d) must be on cash b	pasis)		under section 507(b)(1)(b), check here
		Analysis of Revenue and Ex (The total of amounts in columns ((a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		The total of amounts in columns (necessarily equal the amounts in	b), (c), and (d) may not column (a))	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, et	c., received				N/A	
		Check X if the foundation is no						
	3	Interest on savings and temporary cash investments		49.		49.		STATEMENT 1
	4	Dividends and interest from se	ecurities	14,569.	1	<u>4,569.</u>		STATEMENT 2
	5a	Gross rents						
	b	Net rental income or (loss)						
ō	6a	Net gain or (loss) from sale of asset Gross sales price for all		5,533.				
ē	b	assets on line 6a	336,357.		· ·	F F33		•
Revenue	7	Capital gain net income (from Part I	V, line 2)			<u>5,533.</u>		
	8	Net short-term capital gain						
	100	Income modifications Gross sales less returns						
		and allowances Less Cost of goods sold			· · · · · · · · · · · · · · · · · · ·			
	1	Gross profit or (loss)						
	11	Other income		7.		7.**	Marie James James on a	STATEMENT 3
	12	Total Add lines 1 through 11		20,158.	2	0,158.		-112
	13	Compensation of officers, directors	, trustees, etc	25,000.		<u>0</u> .	1	. 0.
	14	Other employee salaries and v	vages			<u> </u>	101 0 1 (C)	<u> </u>
S		Pension plans, employee ben	efits				1	
Se (ı	Legal fees				<u> </u>	The same of the sa	·
a ē		Accounting fees	amym 4	F 427		<u>`</u>		
Administrative Expenses	l	Other professional fees	STMT 4	5,437.		5,437.		0.
<u>†</u>		Interest Taxes	STMT 5	2,126.		129.		0.
ist.	19	Depreciation and depletion	DIMI 5	2,120.		147.		0.
AUN dminist	I	Occupancy						
Adr →	21	Travel, conferences, and mee	tinas					
± 5 and ∕ bue	22	Printing and publications	·					
	23	Other expenses	STMT 6	15,692.		9,336.		0.
9107 erating	24	Total operating and adminis						
9107 Operating		expenses. Add lines 13 throu	-	48,255.	1	4,902.		0.
O	25	Contributions, gifts, grants pa		50,000.				50,000.
	26	Total expenses and disburse	ments.	00 05-	_	4 000		F0 000
		Add lines 24 and 25		98,255.	1	<u>4,902.</u>	<u> </u>	50,000.
		Subtract line 26 from line 12:		-78,097.				
	1	Excess of revenue over expenses a		-/0,09/.		5,256.		
	į D	Net investment income (if neg	auve, erner -U-)			<u> </u>	L	

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

523501
11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

	_	00-PF (2015) CROWE FAMILY FOUNDATION	Danmaration		4678964 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
_			(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	323. 26,442.	48.	48.
		Savings and temporary cash investments Accounts receivable ► 700.	20,442.	41,565.	41,505.
	3	Accounts receivable ► 700. Less: allowance for doubtful accounts ►	•	700.	700.
		Pledges receivable		700.	700.
	7	Less: allowance for doubtful accounts	*		i
	5	Grants receivable			·
	-	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		,,	
		Less: allowance for doubtful accounts			*
ম	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	596,864.	512,655.	497,876.
	C	Investments - corporate bonds			
	11	investments - land, buildings, and equipment basis			*
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	177,452.	167,034.	228,306.
	14	Land, buildings, and equipment: basis	•	-	-
		Less accumulated depreciation			
	1	Other assets (describe			
	16	Total assets (to be completed by all filers - see the	801,081.	722,002.	768,495.
	17	Instructions. Also, see page 1, item I) Accounts payable and accrued expenses	001,001.	42.	100,433.
	18	Grants payable		44.	
m	19	Deferred revenue			
Liabilıties	20	Loans from officers, directors, trustees, and other disqualified persons		_	
ig	21	Mortgages and other notes payable		·····	
Ë		Other liabilities (describe > STATEMENT 9)	13,963.	12,924.	
		`			
	23	Total liabilities (add lines 17 through 22)	13,963.	12,966.	
		Foundations that follow SFAS 117, check here		·	
		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
alar	25	Temporarily restricted			
Ö	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
卢		and complete lines 27 through 31.		0	
ets	27	Capital stock, trust principal, or current funds	0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	787,118.	709,036.	
et/	29 30	Total net assets or fund balances	787,118.	709,036.	
Z	30	Total liet assets of lunu balances	707,110.	700,000.	
	31	Total liabilities and net assets/fund balances	801,081.	722,002.	
		III Analysis of Changes in Net Assets or Fund Ba		, 22 / 0 0 2 1	· · · · · · · · · · · · · · · · · · ·
=					
1		I net assets or fund balances at beginning of year - Part II, column (a), line 3	U		707 110
2	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a		1 2	787,118. -78,097.
		r increases not included in line 2 (itemize) TunneALIZED G	LATN ON ACT. THE	VESTMENT 3	15.
		lines 1, 2, and 3	TITLE OIL LICE IN	4	709,036.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	709,036.
					Form 990-PF (2015)

orm	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 1 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Totals repaired foreign organizations - tax withheld at source 1 Exp and with application for extension of time to file (Form 8868) 2 Tax pad with application for extension of time to file (Form 8868) 3 Each gray penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 4 Tax fue. If the total of lines 5 and 8 is more than line 7, enter amount owed 5 Tax fue. If the total of lines 5 and 8 is more than line 7, enter amount owed 6 Tax fue. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 6 Tenter they enably for underpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 6 Tenter they amount of line 10 to be; Gredited to 2016 estimated tax. 7 Total curring the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 8 Did it spend more than \$100 during the year (either directity or indirectly) for political purposes (see instructions for the definition)? 9 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 9 Did the foundation here form 1120-Pol. for this year? 10 The foundation file form 1120-Pol. for this year? 11 Text viii. On the foundation in political expenditures (section 4955) imposed during the year. 11 On the foundation N ≥ \$ 0 (2) On foundation managers. ▶ \$ 0 12 Enter the erembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0 13 Enter the reimbursement (if any) paid by the foundation during the year					Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ins	truc	tior	1S)
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 and enter 1%	1			1	05.
	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).	-				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			1	<u>05.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1	05.
6	•					
		4				
		4				
	· · · · · · · · · · · · · · · · · · ·	4				
		_			_	
			 		<u> </u>	<u>57.</u>
			 			
			ļ			
	1	$\overline{}$		_		<u>52.</u>
		11				0.
					/ 00	No
1a		e in		_	165	
		- \0	-	1a		X
b		•	_	1b		X
		ed or	:			
			t	.		37
			<u> </u>	1c		<u>X</u>
đ			Ì			
		<u>-</u>				
е	•					
•	· · · · · · · · · · · · · · · · · · ·			.		v
2			 	2		<u>X</u>
•		O.F.				
3		UI		3		х
4.				3 4a		X
		N	_	4b		
	·			5		X
J						
6			j			İ
٠	• • • • • • • • • • • • • • • • • • • •		-			l
		te law	Ì			ŀ
			}	6	Х	l
7		v		7	Х	
						<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b						
] ;	Bb.	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u> </u>
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	(2015)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	X	
	Website address ► N/A			
14	The books are in care of ► CHRISTINE CROWE Telephone no. ► 802-49	7-1	<u> 592</u>	
	Located at ▶ 225 EAGLES REST ROAD, SHELBURNE, VT ZIP+4 ▶05	482		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	, ,			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
	termination of government service, if terminating within 90 days.) Left any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		x
	Organizations relying on a current notice regarding disaster assistance check here	10		-21
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):	}		
	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years >			
- 1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		1	}
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		ļ
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
١	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			-
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		-	
	Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	3b	-	v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		x
_		rm QQ	DE	

orm 990-PF (2015) CROWE FAMILY FOUNDATION			20-46789	64 Page 6
Part VII-B Statements Regarding Activities for Whic	h Form 4720 May Be	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:		·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	ction 4945(e))?	Y	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955	i); or to carry on, directly or indir	rectly,		
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purpor	ses?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, litera	arv, or educational purposes, or			
the prevention of cruelty to children or animals?	,,,		es X No	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described]
section 53.4945 or in a current notice regarding disaster assistance (see in		gaianone	N/A	5 b
Organizations relying on a current notice regarding disaster assistance chec	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ained	, <u> </u>	
expenditure responsibility for the grant?		1/A 🔲 Y	es No	
If "Yes," attach the statement required by Regulations section 53.4				
6a Did the foundation, during the year, receive any funds, directly or indirectly,			•	
a personal benefit contract?	to pay promiting on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a nersonal henefit contract?	·	*	Sb X
If "Yes" to 6b. file Form 8870.	a personal benefit contract.		-	A A
7a At any time during the tax year, was the foundation a party to a prohibited to	av chaltar transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income att		L II	_	7b
Part VIII Information About Officers, Directors, Tru		anagers Highl		
Paid Employees, and Contractors	otoco, i oundution int	andgers, mgm,	,	
1 List all officers, directors, trustees, foundation managers and the	eir compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
CHRISTINE CROWE	DIRECTOR	Citter 0')	compensation	dilovanous
225 EAGLES REST RD	DIRECTOR			
SHELBURNE, VT 05482	12.00	25,000.	0.	0.
JEFFREY C. CROWE	DIRECTOR	23,000.	0.	<u> </u>
225 EAGLES REST RD	DIRECTOR			
SHELBURNE, VT 05482	0.00	0.	0.	0.
MARY L. CROWE	DIRECTOR	0.	0.	
225 EAGLES REST RD	DIRECTOR	1		
SHELBURNE, VT 05482	0.00	0.	0.	0.
SHELIBURINE, VI US402	0.00	0.	0.	<u> </u>
		}		
2 Compensation of five highest-paid employees (other than those	included on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	j and deterred j	account, other allowances
NONE	devoted to position		compensation	allowalices
HONE				
		 -		
		 	 	
		-		
T-A-I number of other employees and ever #50,000			<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	000 PE (0045)
			Form	990-PF (2015)

orm 990-PF (20	15) CROWE FAMILY FOUNDATION	20-	4678964 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highes	t-paid independent contractors for professional services. If none, ente		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NC	ONE		
Total number of	others receiving over \$50,000 for professional services		▶ 0
Part IX-A	Summary of Direct Charitable Activities		
List the foundati	on's four largest direct charitable activities during the tax year. Include relevant statis nizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/	'A		
2			
-			
3			.
<u> </u>			
4			
Part IY-R	Summary of Program-Related Investments		
	o largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/			
·			
2			
	m-related investments. See instructions.		-
3			
Total Add lines	e 1 through 3		0.

523561 11-24-15

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

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				37,560.
				31,300.
2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only			0.	
b Total for prior years:			<u> </u>	
b rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 24,800.				
b From 2011 35,341.				
c From 2012 14,652.				
d From 2013 9, 107.				
e From 2014 12, 299.				
f Total of lines 3a through e	96,199.			
4 Qualifying distributions for 2015 from	30,2331			
Part XII, line 4: ►\$50 , 000 .				
a Applied to 2014, but not more than line 2a			0.	
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 2015 distributable amount				37,560.
e Remaining amount distributed out of corpus	12,440.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	108,639.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
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	24,800.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	83,839.			
10 Analysis of line 9:				
a Excess from 2011 35,341.				
b Excess from 2012 14,652.				
c Excess from 2013 9,107.				
d Excess from 2014 12,299.				
e Excess from 2015 12,440.				
523591 11 24 15				Form 990-PF (2015)

Form 990-PF (2015) CROWE F	AMILY FOUND	ATION		20-4	678964 Page 10
Part XIV Private Operating Fo	oundations (see in:	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			· · · · · · · · · · · · · · · · · · ·
foundation, and the ruling is effective for	2015, enter the date of t	he ruling	•		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described	in section	4942(J)(3) or 4	1942(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 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(i)(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)			<u> </u>		-
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			<u> </u>		<u>.l. </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during the	ne year-see insti	uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation who	have contributed more	than 2% of the total cor	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who			(or an equally large port	tion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here X if the foundation of	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited rec	juests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	riduals or organizations	under other conditions, (complete items 2a, b, c, ai	nd d.
a The name, address, and telephone numb	per or e-mail address of t	he person to whom app	lications should be addri	essed:	
- , , , , , , ,		- F			
b The form in which applications should be	e submitted and informa	tion and materials they s	should 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:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year LUND CAPITAL CAMPAIGN NONE 501C(3) UNRESTRICTED 76 GLEN ROAD BURLINGTON, VT 05401 25,000. SPRING HILL HORSE RESCUE NONE 501C(3) 175 MIDDLE ROAD UNRESTRICTED CLARENDON, VT 05759 25,000. <u>3a</u> <u>Total</u> 50,000 **b** Approved for future payment NONE Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		y section 512, 513, or 514	(e)	
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue:	code	Amount	sion code	Amount	function income	
a						
b						
C	_ _					
d						
e						
					<u>. </u>	
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	49.		
4 Dividends and interest from securities			14	14,569.		
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	i					
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	5,533.		
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a OTHER INCOME	_		14	7.		
b						
C						
d						
e	_					
2 Subtotal. Add columns (b), (d), and (e)		().	20,158.	(
3 Total. Add line 12, columns (b), (d), and (e)				13	20,158	
See worksheet in line 13 instructions to verify calculations	.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

the reduction o exempt p	ourposes (other than by providing	iunus ioi sucii purposesj.		
				
				-
		=		
<u>-</u>				

	•					
		FAMILY FOUNDA			<u>678964</u>	Page 13
Part 2	XVII Information Re Exempt Organ		o and Transactions an	nd Relationships With None	charitable	•
1 Did	<u></u>		wing with any other organization	described in section 501(c) of		Yes No
	-		527, relating to political organiz			
		lation to a noncharitable exempt				
(1)	Cash				1a(1)	X
(2)	Other assets				1a(2)	X
b Oth	er transactions;					
(1)	Sales of assets to a noncharita	able exempt organization			1b(1)	X
٠,,		oncharitable exempt organization	1		1b(2)	<u>X</u> -
	Rental of facilities, equipment,				1b(3)	<u> </u>
	Reimbursement arrangements	3			1b(4)	X
	Loans or loan guarantees	omborobio or fundroising collect	otiono		1b(5)	X
		embership or fundraising solicita ailing lists, other assets, or paid			1b(6) 1c	X
	-			ays show the fair market value of the go	<u> </u>	
	<u>-</u>			in any transaction or sharing arrangem		0.0,
	• • •	other assets, or services receive		,	- · · • · · · · · · · · · · · · · · · ·	
(a) Line n	o (b) Amount involved	(c) Name of noncharita	able exempt organization	(d) Description of transfers, transactions	, and sharing arr	angements
		N/A	1			
	· ·					
				<u> </u>		
		 	<u></u>			
_						
-	•	•	one or more tax-exempt organiza	ations described		[]
	` '	er than section 501(c)(3)) or in s	section 527?		Yes	X No
<u> </u>	Yes," complete the following sch (a) Name of or		(b) Type of organization	(c) Description of rela	tionshin	
	N/A	gamzation	(b) Type of organization	(c) Description of rela	шопаттр	
		1. 11				
						
				-		
-,						
				tatements, and to the best of my knowledge tion of which preparer has any knowledge	May the IRS of	
Sign	and belief it is it day confect, and co	implete Declaration of prepara (other	than taxpayer) is based on all informa		return with the shown below	(see instr)?
Here	Pyvw	we	1021-6	DIRECTOR	X Yes	∟ No
	Signature of officer or truste		Date	Title Date Check I If F	PTIN	
	Print/Type preparer's n			, , -	1 111	
Paid	JAMES L. I	JUNUTUE, (fle)	mer Denshur	1421116	P01053	846

Phone no. 802-863-1331 Form **990-PF** (2015)

Firm's EIN ▶ 03-0225774

P01053846

Preparer

Use Only

Firm's name ► GALLAGHER, FLYNN & COMPANY, LLP

Firm's address ▶ 55 COMMUNITY DRIVE, SUITE 401

SOUTH BURLINGTON, VT 05403

CONTINUATION FOR 990-PF, PART IV 20-4678964 FAMILY FOUNDATION PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation 1a SUNTRUST A/N 7952217 - SEE ATTACHED SCHEDULE VARIOUS 12/31/15 VARIOUS 12/31/15 b SUNTRUST A/N 7952217 SEE ATTACHED SCHEDULE c SUNTRUST A/N 7952217 CAPITAL GAIN DISTRIBUTIONS P VARIOUS 12/31/15 P 12/31/15 VARIOUS d ACL K-1 VARIOUS 12/31/15 e AMA K-1 P f SUNTRUST A/N 7952217 - MISC CAPITAL GAIN P VARIOUS 12/31/15 α h k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 96,764. 95,157. -1,607.а 226,471 -7,589. 234,060. b 7,351. 7,351. C 7,017. 7,017. d 360. 360. g h k ı m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -1,607. a -7,589. b 7,351. С 7,017. d 360. е g h k m п 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) <u>5,533.</u> If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

N/A

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPORA	ARY CA	SH IN	VESTMENTS	STATEMENT	1
SOURCE			(A) EVENUE BOOKS			(B) VESTMENT COME	(C) ADJUSTED NET INCOM	
ACL, LLP AMA, LLP SUNTRUST CASH ACCOU SUNTRUST CHECKING	MMA TIN			24. 1. 15. 9.		24. 1. 15. 9.		
TOTAL TO PART I, LI	NE 3			19.		49.		
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	(A REVE PER B	NUE	(B) NET INVES MENT INCC		
AMA, LLP SUNTRUST #7952217	2,908. 11,661.		0.		,908. ,661.			
TO PART I, LINE 4	14,569.		0.	14	,569.	14,56	59.	
FORM 990-PF		OTHER	R INCO	ME			STATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOKS		(B) ET INVEST- ENT INCOME		
OTHER INCOME					7.	7	7.	
TOTAL TO FORM 990-E	PF, PART I, I	INE 11			7.	7		

FORM 990-PF O	OTHER PROFESSIONAL FEES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	
SUNTRUST ACCOUNT MAINTENANCE FEES	5,437.	5,437.		0.
TO FORM 990-PF, PG 1, LN 16C	5,437.	5,437.		0.
FORM 990-PF	TAXES		STATEMENT 5	
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE
PAYROLL TAXES FOREIGN & STATE TAX	1,997. 129.			0.
TO FORM 990-PF, PG 1, LN 18 =	2,126.	129.		0.
FORM 990-PF	OTHER E	XPENSES	S'	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	ADJUSTED	CHARITABLE
OTHER ADMINISTRATIVE EXPENSES ACL K-1 EXPENSES AMA K-1 EXPENSES SUNTRUST BANK FEES	6,356. 7,242. 1,591. 503.	1,591.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	15,692.	9,336.		0.

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - SEE ATTACHED STAT	512,655.	497,876.	
TOTAL TO FORM 990-PF, PART II, L	JINE 10B	512,655.	497,876.
FORM 990-PF C	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ABBEY CAPITAL ACL ALTERNATIVE FULTO AMA PRIVATE REAL ESTATE FUND I L		141,738. 25,296.	141,734. 86,572.
TOTAL TO FORM 990-PF, PART II, I	LINE 13	167,034.	228,306.
FORM 990-PF C	OTHER LIABILITIES		STATEMENT 9
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO J. CROWE-EXPENSES		13,963.	12,924.
TOTAL TO FORM 990-PF, PART II, I	LINE 22	13,963.	12,924.