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Form 990-PF Department of the Treasury Internal Revenue Service

SCANNED APR 0 4 2017

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.

OMB No 1545-0052 2016

For calendar year 2016 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 or province, country, and ZIP or foreign postal 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 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation 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 I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 11,338. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and expenses per books (b) Net investment (d) Disbursements for charitable purposes (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) income ıncome (cash basis only) N/AContributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -12,434 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 289,318. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 -12.434Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 30 15 Pension plans, employee benefits 16a Legal fees OGDEN. UT **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 400 STMT 1 0 23 Other expenses 0. 24 Total operating and administrative 400 expenses Add lines 13 through 23 0. 105. 25 Contributions, gifts, grants paid 105 26 Total expenses and disbursements Add lines 24 and 25 505 0 105. 27 Subtract line 26 from line 12: -12,939 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2016)

Fo	rm 99	904PF (2016) TERRY F. ALLEN FAMILY C		04-0	5837908 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description Column should be for end of year amounts only	Beginning of year	End of	year
<u> </u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,110.	2,605.	2,605.
	2	Savings and temporary cash investments	9,436.	8,733.	8,733.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶	1		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	" -		
		disqualified persons]		
	7	_			. ,
		Less: allowance for doubtful accounts	1		
S	8	Inventories for sale or use			
Assets	9				
As	1 -	Investments - U.S. and state government obligations			
	1	Investments - corporate stock	<u> </u>		- ·
	1	Investments - corporate stock			
	1	Investments - Lon porate borios			
	11		-	j	
	1,2	Less accumulated depreciation			
	1	Investments - mortgage loans			
	13	investments - other			
	14	Land, buildings, and equipment: basis	-		
		Less accumulated depreciation			·
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	10 546	44 000	44 44
_	ļ	instructions. Also, see page 1, item I)	10,546.	11,338.	11,338.
		Accounts payable and accrued expenses			
	18	Grants payable			•
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ.	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
_	20	Foundations that follow SFAS 117, check here	0.	<u> </u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
JL C	25	Temporarily restricted			
gai	26	Permanently restricted			
or Fund Balances	-	Foundations that do not follow SFAS 117, check here			
Ŧ		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	10,546.	11,338.	
et/	1	Total net assets or fund balances	10,546.		
Z	30	Total net assets of fund balances	10,546.	11,338.	
	31	Total liabilities and net assets/fund balances	10,546.	11,338.	
	art			22,000	
=				· · · · · · · · · · · · · · · · · · ·	
1		net assets or fund balances at beginning of year - Part II, column (a), line	: 30		
		st agree with end-of-year figure reported on prior year's return)		1	10,546.
		r amount from Part I, line 27a		2	<u>-12,939.</u>
		r increases not included in line 2 (itemize)	SEE STAT	EMENT 2 3	<u>13,731.</u>
		lines 1, 2, and 3	4	11,338.	
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	<u>ı ota</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	[6]	11,338.
					Form 990-PF (2016)

	RY F. ALLEN FAMI and Losses for Tax on Ir			TRUST	0	<u>4-683</u>	<u>7908</u>	Page 3
(a) List and descr	the the kind(s) of property sold (e.g rehouse; or common stock, 200 shs	., real estate,	· · · · · · · · · · · · · · · · · · ·	(b) How acquired P - Purchase D - Donation	(c) Date a	acquired ay, yr.)	(d) Dat (mo., da	
1a STOCKS AND OPT	IONS			P	VARI	OUS	06/3	0/16
<u>b</u>								
<u>C</u>				ļ				
e e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) (f) minus (
a 289,318.		-	301,75	2.				,434.
b								
C								
d	- =							
Complete only for posets shown	a para a paluma (h) and aumad bu	h - f d - t	10/04/00					
Complete only for assets showing	g gain in column (h) and owned by					ol. (h) gain : iot less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		Losses	(from col. (i	1))	
a								<u>,434.</u>
b c								
d							····	
e	****			1				
	∫ If gain, also enter	ın Part I lina	, <u></u> 7	7				
2 Capital gain net income or (net cap				} 2			-12	<u>,434.</u>
3 Net short-term capital gain or (loss		d (6):						
If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	column (c).)		N/A		
	nder Section 4940(e) for	Reduced	Tax on Net	Investment Inc	ome	11/11		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come.)	•			
If section 4940(d)(2) applies, leave th	ic part blank							
Was the foundation liable for the secti			•	iod?			Yes	X No
If "Yes," the foundation does not quality 1. Enter the appropriate amount in e				atrian				
(a)	ach column for each year; see the in	istructions bei	lore making any e				(d)	
Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dist	ributions	Net value of no	(c) ncharitable-use assets	l ,	Distribi (col. (b) divi	(d) ution ratio	(c))
2015	9/	1,025.		18,168	-	(60). (6) (10)		56418
2014		0.		45,432				0000
2013	1	3,576.		67,231		••		01931
2012		7,024.		110,204				26700
2011	2	1,901.		83,087	•		.26	53591
2 Total of line 1, column (d)					2		94	<u> 18640</u>
3 Average distribution ratio for the 5	-	in line 2 by 5,	or by the number	of years				
the foundation has been in existen	ce if less than 5 years			,	3	·-	.18	39728
4 Enter the net value of noncharitable	e-use assets for 2016 from Part X, I	ine 5			4		10,	,778.
5 Multiply line 4 by line 3					5			,045.
	444 45 444							
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6			0.
7 Add lines 5 and 6					7		2	,045.
8 Enter qualifying distributions from	Part XII, line 4				8			105.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% tax rate.	_ 🕶]			
See the Part VI instructions.							orm 990-1	DF (00)

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	3 - see	instr	ıctio	ns)
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%				<u>0.</u>
	of Part I, line 27b				
	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-)				<u>0.</u>
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				<u> 0 </u>
6	Credits/Payments:				
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				_
_	Total credits and payments. Add lines 6a through 6d	- 			<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
	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 2017 estimated tax ► Refunded ► 11 Int VII-A Statements Regarding Activities				
			Т	V	N _a
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>	res	No
_	any political campaign?		1a	-	X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the 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 of	or			
_	distributed by the foundation in connection with the activities.		١.		
	Did the foundation file Form 1120-POL for this year?		1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation (2) (1) On the foundation (3) (1) On the foundation (4) On the foundation (5) (1) On the foundation (6) (1) On the foundation (7) (1) On the foundation (8) (1) On the foundation (9) (1) On the foundation (9) (1) On the foundation (10) On the foundation (11) On the foundation (12) On the foundation (13) On the foundation (14) On the foundation (15) On the foundation (16) On the foundation (17) On the foundation (18) On the foundation				
	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.				
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?		,		v
٤	If "Yes," attach a detailed description of the activities		2		X
Q	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		v
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	 	X
		N/A	—		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	н/ л	4b 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:				
	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		x
7			7	х	 -
	, , , , , , , , , , , , , , , , , , , ,				
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	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 calendar		1		
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	L	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Fo	rm 99 0)-PF	(2016)

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Requirea (contin	ued)	
*5a During the year did the foundation pay or incur any amount to	10.151.110	—		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir			
any voter registration drive?	_		es X No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		Ye	es 🗶 No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t	rom the tax because it mainta	ined		
expenditure responsibility for the grant?	Ŋ	I/A 🗀 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			l i
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a page 1.	personal benefit contract?		į (6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
TERRY F. ALLEN	DIR.	1	,	
256 FULLER MTN RD				
FERRISBURG, VT 05456	0.00	0.	0.	0.
	1			
	1			
· 				
**************************************	1			
	1		·	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE	devoted to position	 	compensation	allowalices
NONE	-			
	-			
	-			
	-			
		 		
	-			
		 		
	4			
Total number of other employees paid over \$50,000			<u> </u>	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	<u>4-6837</u>	908 Page 7
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	,	(c) Compensation
NONE		
		-
	•	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	0
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
1N/A		
	_	
2		
		
3		
4		
	\dashv	
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>	_	
	\dashv	
2		
	_	
All other program-related investments. See instructions.		
3		
	\dashv	
Total. Add lines 1 through 3	>	0.
	For	m 990-PF (2016)

Part X Minimum Investment Return (All domestic foundations must complete this par	rt. Foreign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	10,942.
b Average of monthly cash balances	16	
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	10	10,942.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	10,942.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	164.
5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,778.
6 Minimum investment return Enter 5% of line 5	6	539.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations check here ■ and do not complete this part.)	g foundations and certain	
1 Minimum investment return from Part X, line 6	11	539.
2a Tax on investment income for 2016 from Part VI, line 5	' 	
b Income tax for 2016. (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	539.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	539.
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	539
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	105.
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:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	······
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	105.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
income. Enter 1% of Part I, line 27b	5	0. 105.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	105.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether 4940(e) reduction of tax in those years.	the foundation qualifies for the	section

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016	from Part XI,			·	
line 7					539.
2 Undistributed income, if any, as of t	the end of 2018				
a Enter amount for 2015 only				0.	
b Total for prior years:					
<u> 2009</u> ,,			719.		_
3 Excess distributions carryover	, if any, to 2016:				
a From 2011	2,216.				
b From 2012	43,014.				
c From 2013	10,214.				
d From 2014					
e From 2015	117.				
f Total of lines 3a through e	L	55,561.			
4 Qualifying distributions for 20	16 from				
Part XII, line 4: ► \$	105.	•			
a Applied to 2015, but not more	than line 2a			0.	
b Applied to undistributed incom	ne of prior				
years (Election required - see i	nstructions)		0.		
c Treated as distributions out of	corpus				
(Election required - see instruc	ctions)	0.			
d Applied to 2016 distributable a	ımount				105.
e Remaining amount distributed	out of corpus	0.			
5 Excess distributions carryover appli (if an amount appears in column (d), must be shown in column (a))		434.			434.
6 Enter the net total of each col indicated below:	umn as				
a Corpus Add lines 3f, 4c, and 4e Su	ubtroot line 6	55,127.			
b Prior years' undistributed inco		33,127.	2		
line 4b from line 2b	inc Subtract		719.		
c Enter the amount of prior years	e, -		113.		
undistributed income for which deficiency has been issued, or the section 4942(a) tax has be assessed	h a notice of on which		0.		
d Subtract line 6c from line 6b. T	Taxable				
amount - see instructions			719.	ı	
e Undistributed income for 2015	5. Subtract line				
4a from line 2a. Taxable amou				0.	
f Undistributed income for 2016	S. Subtract				
lines 4d and 5 from line 1. This	s amount must				
be distributed in 2017					0.
7 Amounts treated as distribution	ns out of				
corpus to satisfy requirements	imposed by				
section 170(b)(1)(F) or 4942(g	g)(3) (Election				
may be required - see instructi		0.			
8 Excess distributions carryover	, r				
not applied on line 5 or line 7		1,782.			
9 Excess distributions carryove	r to 2017.				
Subtract lines 7 and 8 from line		53,345.			
10 Analysis of line 9:	<u> </u>				
a Excess from 2012	43,014.				
b Excess from 2013	10,214.				
c Excess from 2014					
d Excess from 2015	117.				
e Excess from 2016					

623581 11-23-16

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			 	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for		' = '	▶ ∟	7 10 10 1 10 10 10 10 10 10 10 10 10 10 1	1040(1)(5)
b Check box to indicate whether the found2 a Enter the lesser of the adjusted net	Tax year	g loundation described	Prior 3 years	4942(j)(3) or4	4942(j)(5)
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
Income from Part I or the minimum	(4)2010	(0) 2010	(6) 2014	(0) 2010	(0) 10(a)
investment return from Part X for			1		
each year listed			 		
b 85% of line 2a			 	 	+
 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 Completê 3a, b, or c for the		·-			
alternative test relied upon:			1		
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)			1		
(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 (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more t	han 2% of the total con	tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed m	nore than \$5,000). (See se	ection 507(d)(2).)			
NONE		_			
b List any managers of the foundation who			(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation has	s a 10% or greater interes	t.			
NONE					
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o					
the foundation makes gifts, grants, etc.	·				nd d.
a The name, address, and telephone number	ber or e-mail address of ti	ne person to whom app	lications should be addre	essed:	
b The form in which applications should b	e submitted and informat	ion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields	, kınds of ınstitutions, or	other factors:	
			· · · · · · · · · · · · · · · · · · ·		Form 990-PE (2016

Form **990-PF** (2016)

Total

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_			_	
b					
C	_				
d	_				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
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					
8 Gain or (loss) from sales of assets other					
than inventory			_		-12,434.
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					-
a	_				
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0	<u> </u>	0.	-12,434.
3 Total. Add line 12, columns (b), (d), and (e)				13	-12,434. -12,434.
See worksheet in line 13 instructions to verify calculations.))				
Part XVI-B Relationship of Activities	to the Accom	nlishment of F	Evemnt P	urnosas	_ .
			_xompt i		
Line No Explain below how each activity for which in				d importantly to the accomp	olishment of
the foundation's exempt purposes (other than the foundation).	an by providing funds	for such purposes).			
		1000			
					
					·

623621 11-23-16

Form 99	0-PF (2016) T	ERRY F. ALLE	N FAMIL	Y CHARITABLE	TRUST	04-683	37908	Pa	age <u>13</u>
Part	XVII Informat	ion Regarding Tra Organizations							
1 Di		y or indirectly engage in ar	ny of the following	ng with any other organizat	on described in sect	ion 501(c) of		Yes	No
		on 501(c)(3) organizations				1011 00 1(0) 01			
		ng foundation to a nonchar		- · ·			- -		ļ
	Cash			3			1a(1)		X
	Other assets						1a(2)		X
	ner transactions:						1	_	
-		oncharitable exempt organi	zation				16(1)		x
		om a noncharitable exemp					1b(2)		X
(3)	Rental of facilities, equ	upment, or other assets	· ·				1b(3)		X
(4)	(4) Reimbursement arrangements								Х
(5)	Loans or loan guarant	ees					1b(5)	-	Х
(6)	Performance of servic	es or membership or fundi	raising solicitatio	ons			1b(6)		X
c Sh	aring of facilities, equipr	nent, mailing lists, other as	sets, or paid em	ployees			_1c		X
d If t	he answer to any of the	above is "Yes," complete th	ie following sche	edule. Column (b) should a	lways show the fair n	narket value of the goods	, other ass	ets,	
or	services given by the rep	porting foundation. If the fo	oundation receiv	ed less than fair market val	ue in any transaction	or sharing arrangement	, show ın		
	lumn (d) the value of the	goods, other assets, or se							
(a) Line i	o (b) Amount invo	lved (c) Name	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, ar	d sharing arr	angeme	ents
			N/A						
				···					
					_				
				<u></u>					
				-· · · · · · · · · · · · · · · · · · ·					
				· · · · · · ·		 -			
				·					
									
								-	
		-							
- lo	the foundation diseatly o	s undergothy offshotod with a	r related to one	or more toy evenet even	uzationa dagazibad				
		r indirectly affiliated with, o de (other than section 501;			nzanons described		Yes	v	⊡ No
	Yes," complete the follow		(6)(3)) 01 111 5661	11011 321				لم.	טאו ב
<u> </u>		ne of organization		(b) Type of organization	1	(c) Description of relation	nship	-	
		N/A		(b) type of or gameanon		(0) D D D D D D D D D D			
				**					
					 	,			
							_		
		I declare that I have examined					May the IRS d	iechiee	thie
Sign	and belief, it is true, correct	ct, and complete Deplaration of	preparer (other tha	n taxpayer) is based on all infori	mation of which prepare	nas any knowledge	eturn with the	prepar	rer
Here	Lung	fallen		1 <i>3/13/17</i>	TRUST2		X Yes	(300 1113] No
	Signature of officer of	r trustee		Date	Title	L			
	Print/Type prep	arer's name	Preparer's s	ignature	Date	Check X if PTI	V		
	JEFFER	Y SMALL	/ h -			self- employed			
Paid	CPA/AB	/	KIV.	1	03/10/17	P	00158	443	j
-	Preparer Firm's name ▶ JEFFERY D SMANL CPA/ABV, CVA, CFF Firm's EIN ▶ 03-031234								
Use			$-\chi$						
	Firm's address	▶72 PINE ST	REET	/					
		BURLINGTON	, VT 05	401		Phone no. 802-	86 <u>4-5</u>	<u>779</u>)

Form **990-PF** (2016)

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.lrs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

<u></u>	TERRY F. ALLEN FAMILY CHARITABLE TRUST	04-6837908						
Organization type (check	cone)							
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							
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total ny one contributor. Complete Parts I and II. See instructions for determining a contribut							
Special Rules								
sections 509(a)(1 any one contribu	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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							
year, total contrib	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							
year, contribution is checked, enter purpose Don't c	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. Don't 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 must a nswer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Bon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its 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) (2016)

Name of organization

Employer identification number

TERRY F. ALLEN FAMILY CHARITABLE TRUST

04-6837908

Part I	Contributors (See instructions) Use duplicate copies of Part	l 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 Payroli 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
		s	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
		 \$	Person Payroll Oncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

TERRY F. ALLEN FAMILY CHARITABLE TRUST

04-6837908

Part II	Noncash Property (See instructions) Use duplicate copies of P	Part 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. 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
_ -			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
453 10-18-16		Schodulo B /Form	 990, 990-EZ, or 990-PF) (

lame of orga	anization			Employer identification number				
rerry	F. ALLEN FAMILY CHARIT	ABLE TRUST		04-6837908				
Part III	Exclusively religious, charitable, etc., continue year from any one contributor. Complete	tributions to organizations described	wing line entry, For	7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of \$1,000 c	r less for the year (Enter	this info once) > \$				
(a) No. from	Use duplicate copies of Part III if addition	nal space is needed.	 -					
from Part I	(b) Purpose of gift	Purpose of gift (c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	The section of the se							
-	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee				
(a) No.		<u></u>						
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
1		_						
-	Transferee's name, address, a	ip of transferor to transferee						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	<u> </u>	ip of transferor to transferee				
(a) No.		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	\-r							
-	Transferee's name, address, and ZIP + 4			ip of transferor to transferee				

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES	
LEGAL & ACCOUNTING	400.	0.		0	
TO FORM 990-PF, PG 1, LN 23	400.	0.		0	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	ALANCES S	TATEMENT :	
DESCRIPTION				AMOUNT	
INCREASE (DECREASE) IN VALUE	OF INVESTME	NTS	_	13,731	
TOTAL TO FORM 990-PF, PART II	I, LINE 3			13,731	