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Form 990-PF

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2008

Department of the Treasury Internal Revenue Service

Γ·AA

6/30/09 7/01/08 For calendar year 2008, or tax year beginning , and ending G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IR's Ace & Lillian Fessenden Family 65-6146092 labe!. Foundation Officiwise, Telephone number (see page 10 of the instructions) 305-577-4333 print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. %K+O CPAs, 169 E Flagler St Ste 800 If exemption application is pending, check here See Specific City or town, state, and ZIP code Foreign organizations, check here Instructions. Miami FL 33131-1296 2. Foreign organizations meeting the Check type of organization |X| Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Fair market value of all assets at end Accrual of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 12,512 (Part I, column (d) must be on cash basis) line 16) Part I Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net expenses per for charitable total of amounts in columns (b), (c), and (d) may not necessarily books income income purposes equal the amounts in column (a) (see pg 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 4 1 2 Check ► |X| If the foundation is **not** required to attach Sch B 40 40 3 Interest on savings and temporary cash investments 264 264 4 Dividends and interest from securities э́а Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 pross sales price for all assets on line 6a 0 7 Capital gain net income (from: Net short-term capital gain 0 S 9 Income modifications Gross sales less returns & allowances 10a Less Cost of goods sold Gross profit or (loss) (attach-sch C Other income (attach schedule) 12 308 304 0 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 1 700 600 100 b Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) 17 Taxes (attach schedule) (see page 14 of the instructions) $\ \mbox{\bf Stmt}\ \ \mbox{\bf 2}$ 4 18 19 Depreciation (attach schedule) and depletion 20 2: Travel, conferences, and meetings 27 Printing and publications Stmt 3 11 11 23 Other expenses (att sch) Total operating and administrative expenses. 715 611 100 Add lines 13 through 23 0 Contributions, gifts, grants paid 715 611 0 Total expenses and disbursements. Add lines 24 and 25 100 27 Subtract line 26 from line 12 -407 Excess of revenue over expenses & disbursements 0 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. Form 990-PF (2008)

	Form 990-PF (2008)	Ace	&	Lillian	Fessenden	Family
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65-6146092

Page 2

	Part, II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	d of year		
_	- al (, i)	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	5,385	4,978	4,978		
	3	Accounts receivable >					
		Less allowance for doubtful accounts					
	4	Pledges receivable					
		Less allowance for doubtful accounts		<u></u>	· · · · · · · · · · · · · · · · · · ·		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see page 15 of the					
		instructions)					
	7	Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts					
ets	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
⋖	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) See Stmt 4	12,534	7,534	7,534		
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis	ł				
		Less accumulated depreciation (attach sch.)					
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers—see the	17 010	10 510	10 510		
_	4=	instructions Also, see page 1, item I)	17,919	12,512	12,512		
	17	Accounts payable and accrued expenses Grants payable					
S	18						
∄	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ڐ	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe)	0	0			
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·				
ຜ		and complete lines 24 through 26 and lines 30 and 31.					
ë	24	Unrestricted	17,919	12,512			
an	25	Temporarily restricted	2,7323				
E E	26	Permanently restricted					
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here					
Ë		and complete lines 27 through 31.					
F	27	Capital stock, trust principal, or current funds					
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
set	29	Retained earnings, accumulated income, endowment, or other funds					
Ąŝ	30	Total net assets or fund balances (see page 17 of the					
et/		instructions)	17,919	12,512			
ž	31	Total liabilities and net assets/fund balances (see page 17					
		of the instructions)	17,919	12,512			
Ξ	Part I	Analysis of Changes in Net Assets or Fund Balances					
1	Total	net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	agree with				
	end-c	of-year figure reported on prior year's return)		1	17,919		
2	2 Enter	amount from Part I, line 27a		2	-407		
3	3 Other	increases not included in line 2 (itemize)		3			
		ines 1, 2, and 3		4	17,512		
	5 Decr	eases not included in line 2 (itemize) See Statement 5		5	5,000		
_6	<u> 'otal</u>	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	12,512		
					Earm 000-PE (2009)		

Form 990-PF (2008)	ce & Lilli	an Fessenden Fa	mily		65-6146092			Page
Part !V Capita	l Gains and Los	ses for Tax on Investme	ent Incom	e				
(a) 	List and describe the kin story brick warehouse, or	d(s) of property sold (e g , real estat r common stock, 200 shs MLC Co)	е,		(b) How acquired P—Purchase D—Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
1a N/A								
b								
С								
			<u> </u>					
<u>e</u>	 	45 6						
(e) Gross sales	price	(f) Depreciation allowed (or allowable)		g) Cost or plus exper	other basis ise of sale		h) Gain or e) plus (f) m	
a		··						
b		<u> </u>		_				
<u>c</u>				_		····		
					···-			
Complete columnia				10/04/00				
Complete only for as	sets snowing gain in	column (h) and owned by the fo (J) Adjusted basis	ungation on	(k) Exces	s of col (ı)			h) gain minus
(I) FMV as of 12	/31/69	as of 12/31/69		over col			sses (from	s than -0-) or col (h))
_a								
_ <u>b</u>								
<u>c</u>								
d							· · · · ·	
- · <u>e</u>			- Dt I I 7				-	
E Copital gain net inco	me or (net capital loss	If gain, also enter in If (loss), enter -0- in		•		2		
•	• •	ined in sections 1222(5) and (6		_				
		c) (see pages 13 and 17 of the	instructions)	•				
If (loss), enter -0- in		ation 4040/a) for Dadu	and Tay or	 • Not In:	restment Incom	3		
		ection 4940(e) for Reduc				<u>e</u>		
		ons subject to the section 4940	(a) tax on net	investine	it income)			
If section 4940(d)(2) app	lies, leave this part bl	ank						
Was the foundation liable	e for the section 4942	tax on the distributable amount	of any year	n the base	period? 🔲 Ye	es 🛚 No		
If "Yes," the foundation d	loes not qualify under	section 4940(e) Do not comple	ete this part					
1 Enter the appropriate	e amount in each colu	mn for each year, see page 18	of the instruc	tions befo	re making any entries	3		
(a) Base perio Calendar year (or tax		(b) Adjusted qualifying distribution	ons	Net value	(c) of noncharitable-use ass		Distribu	(d) ition ratio ded by col (c))
200	7				16,	712		
200	6	" -			15,	185		
200	5				13,			
200	4				10,			
200	3	· · · · · · · · · · · · · · · · · · ·	3,000		7,	545		0.39761
								0 00===
2 Total of line 1, colum						2		0.39761
-	•	se period—divide the total on li	-	by the				0.39761
		in existence if less than 5 years				3		

Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the	1 1	
number of years the foundation has been in existence if less than 5 years	3	0.397614
Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	4	14,987
Multiply line 4 by line 3	5	5,959
Enter 1% of net investment income (1% of Part I, line 27b)	6	
Add lines 5 and 6	7	5,959
Enter qualifying distributions from Part XII, line 4	8	. 100
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 r	ate See	
· -		

Form **990-PF** (2008)

5 Multiply line 4 by line 3

7 Add lines 5 and 6

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

the Part VI instructions on page 18

<u>Form</u>	990-PF(2008) Ace & Lillian Fessenden Family 65-6146092				F	age
<u>Pa</u>	int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	struc	tions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	_			
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	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				
3	Add lines 1 and 2	3_				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				(
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				(
6	Credits/Payments					
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a					
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6					
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶	11				
<u>Pa</u>	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		:	1		1
	of the instructions for definition)?		:	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on					
	foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2_		X
	If "'s es," attach a detailed description of the activities					1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5_		X
	If "Yes," attach the statement required by General Instruction T			}		l
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				7,	
_	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV				X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			}	ļ	1
	instructions) FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				v	
_	(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 494?(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			_		
40	page 27)? If "Yes," complete Part XIV			9	_	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			4.0		x
	names and addresses	-		10	n DE	

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2008?

foundation had excess business holdings in 2008)

Form 990-PF (2008)

X

3b

4a

N/A

Form 990	PF(2008) Ace & L	Lillian Fessenden Family	65-6	146092			Page 6
Part V	II-B Statements	s Regarding Activities for Which Form	4720 May Be R	Required (conti	nued)		
5a Dùr	ing the year did the foundati	ion pay or incur any amount to					
(1)	Carry on propaganda, or ot	therwise attempt to influence legislation (section 49	945(e))?	Y	'es X No		
(2)	Influence the outcome of ar	ny specific public election (see section 4955), or to	carry on,	_			
	directly or indirectly, any vo	oter registration drive?		□ Y	es X No		
(3)	Provide a grant to an individ	dual for travel, study, or other similar purposes?		Пу	es X No		
	<u> </u>	nization other than a charitable, etc , organization d	escribed in	_			
	section 509(a)(1), (2), or (3	s), or section 4940(d)(2)? (see page 22 of the instru	ictions)		es X No		
(5)	. , , , , , ,	her than religious, charitable, scientific, literary, or	,		_		Í
` '	• • •	or the prevention of cruelty to children or animals?		Пу	es X No		
b If an	• •	(5), did any of the transactions fail to qualify under	the exceptions desc	ribed in			
	•	in a current notice regarding disaster assistance (N/A	5b	
_		ent notice regarding disaster assistance check here	· -	,,	▶ □ ′		
_	• •	on 5a(4), does the foundation claim exemption from			· Ш		
	· · · · · · · · · · · · · · · · · · ·	ture responsibility for the grant?		N/A Y	es No		
	· ·	equired by Regulations section 53 4945-5(d)		. ت ،	·		
		vear, receive any funds, directly or indirectly, to pay	premiums		!		
	a personal benefit contract?	•	p	□ ∨	es X No		
	•	vear, pay premiums, directly or indirectly, on a pers	onal benefit contract		00 [==] 110	6b	x
	ou answered "Yes" to 6b, als		orial porioni contract				
•	•	, was the foundation a party to a prohibited tax she	Iter transaction?		es X No		1
	•	re any proceeds or have any net income attributable			N/A	7b	
Part V	- · 	bout Officers, Directors, Trustees, For			···		
i ait v	and Contracto		andation manag	joro, mgmy r	iia Employee	J ,	
1 Lieta		tees, foundation managers and their compensa	tion (see page 22 o	f the instructions	1		
1 2191 2	ii omeers, directors, trast	ees, roundation managers and their componed	(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	(d) Contributions to employee benefit plans and deferred compensation	acco	ount, other lowances
Lillia	n M. Fessenden	Miami	Trustee		- Componential		
	Flagler St	FL 33131	1.1	o	o		0
	Bishock	Miami	Trustee				
	Flagler St	FL 33131	1.1	o	a		0
	nna Reed	Mıami	Trustee				
	Flagler St	FL 33131	1.1	o	o		0
	essenden	Mlami	Trustee				
	Flagler St	FL 33131	1.1	٥	i		0
		t-paid employees (other than those included or	n line 1—see page 2	23 of the instructi	ons)		
	one, enter "NONE "	, para ampagas (amar mana ara			,		
			(b) Title, and average		(d) Contributions to	(0)	Expense
	(a) Name and address of	of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acc	ount, other
			devoted to position		compensation	l all	lowances
NONE							
			1				
						1	
	•		1				
			1]			
							
Total nun	nber of other employees par	d over \$50,000				•	<u> </u>

Form 990-PF (2008) Ace & Lillian Fessenden Family	65-6146092	Page 7
Part VIII	Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid Empl	
3 Five hig	hest-paid independent contractors for professional services (see page 2	23 of the instructions). If none, enter "NON	Ε"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
,			
Total number of	of others receiving over \$50,000 for professional services		<u></u>
Part IX-A	Summary of Direct Charitable Activities		
- ait in-m			
	tion's four largest direct charitable activities during the tax year. Include relevant statistical s and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number	Expenses
1 N/A			
2			
			ľ
3			
4			
Part !X-B	Summary of Program-Related Investments (see page	e 23 of the instructions)	
	o largest program-related investments made by the foundation during the tax year on line		Amount
1 N/A			
2			
	am-related investments. See page 24 of the instructions		
3			
Total. Add line	s 1 through 3		

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	100
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	 .
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
Λ	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100

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 4940(e) reduction of tax in those years

Form 990-PF (2008) Ace & Lillian Fessenden Fa	amily
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65-6146092

Page 9

Pa	rt XIII Undistributed Income (see p	age 26 of the instructions)	l		
	-	(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				749
2	Undistributed income, if any, as of the end of 2007				
а	Enter amount for 2007 only			62	
b	Total for prior years 20 , 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2008				
а	From 2003				
b	From 2004				
С	From 2005				
d	From 2006				
е	From 2007				
f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,				
	line 4 ▶\$100			İ	
а	Applied to 2007, but not more than line 2a	İ		62	
	Applied to undistributed income of prior years (Elec	tion			
	required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2008 distributable amount				38
е	Remaining amount distributed out of corpus				
5	Exacss distributions carryover applied to 2008				
	off 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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed		i		
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2007 Subtract line				
	4a from line 2a Taxable amount-see page				
	27 of the instructions				
f	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2009				711
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	· · · · · · · · · · · · · · · · · ·			
8	Excess distributions carryover from 2003 not				
	applied on line 5 or line 7 (see page 27 of the				
_	instructions)		-		
9	Excess distributions carryover to 2009.		1		
46	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a	Excess from 2004				
b	Excess from 2005				
C	Excess from 2006				
d	Excess from 2007		[
e	Excess from 2008			. <u> </u>	

_			_	٦.	4	_	\sim	\sim	_
n	~	_	_	•	4	n		•	-

<u> </u>	rt XIV Private Operating Fou	indations (see pa	ige 27 of the instr	uctions and Part	VII-A, question 9)				
1a	If the foundation has received a ruling or o								
	foundation, and the ruling is effective for 2		-						
b	Check box to indicate whether the founda		ng foundation describe		942(J)(3) or 494	2(j)(5) T			
2a	Enter the lesser of the adjusted net	Tax year	41. 222	Prior 3 years	T	(e) Total			
	ricome from Part I or the minimum (a) 2008 (b) 2007 (c) 2006 (d) 2005								
	investment return from Part X for								
	each year listed			-		 			
b	85% of line 2a					 			
С	Qualifying distributions from Part XII,								
	line 4 for each year listed								
d	Amounts included in line 2c not used directly	İ							
	for active conduct of exempt activities								
е	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								
а	"Assets" alternative test—enter								
	(1) Value of all assets				 	<u> </u>			
	(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	<u> </u>							
С	"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								
- Do	(4) Gross investment income irt XV Supplementary Inform	nation (Complete	this part only if t	he foundation had	1 \$5 000 or more i	n assets			
Pa	at any time during the				2 \$5,000 OF INOTE	ii assets			
1	Information Regarding Foundation Ma		Er or the motract	10110.7					
' a	List any managers of the foundation who	•	than 2% of the total co	ntributions received by	the foundation				
-	before the close of any tax year (but only								
	N/A		, , ,	(// / /					
b	List any managers of the foundation who	own 10% or more of the	e stock of a corporation	n (or an equally large po	ortion of the	<u></u>			
_	ownership of a partnership or other entity								
	N/A	,	J						
2	Information Regarding Contribution, G	Frant, Gift, Loan, Scho	larship, etc., Progran	ns:					
	Check here ▶ X if the foundation only				es not accept				
	unsolicited requests for funds. If the found			_					
	organizations under other conditions, con	nplete items 2a, b, c, an	id d						
a	The name, address, and telephone numb			be addressed	<u> </u>				
-	N/A	•	• •						
b	The form in which applications should be	submitted and informat	ion and materials they	should include					
_	N/A								
С	Any submission deadlines								
	N/A								
d	Any restrictions or limitations on awards,	such as by geographica	al areas, charitable fiel	ds, kinds of institutions,	or other factors				
	N/A				<u>. </u>				
						Form 990-PF (2008)			

Part XV Supplementary Information (co	ntinued)						
3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor						
a Paid during the year							
N/A							
			·				
		;					
			1				
Total	<u> </u>	<u> </u>	▶ 3a				
b Approved for future payment			, Ju				
N/A							
•							
			1				
Tabel	1	<u> </u>	▶ 3b				
Total			► 3D				

DAA

Form **990-PF** (2008)

Part XVI-A	Analysis of Income-Producing A	ctivities			···	
Enter gioss amou	unts unless otherwise indicated	Unrelated	business income	Excluded	by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income
		Business code	Amount	Exclusion code	Amount	(See page 28 of
1 Program sen				-		the instructions)
		- 		╅		
		- 	·	┥		
		_		+		
				+		
		_		+		
f	1 1 1	_				
-	d contracts from government agencies			+		
	dues and assessments			14	40	
	avings and temporary cash investments			14	264	
	d interest from securities	 	<u></u>	1.4	204	
	come or (loss) from real estate		<u> </u>	+		
	nced property			+		
	-financed property			+		
	come or (loss) from personal property					
7 Other investr						
) from sales of assets other than inventory					
	or (loss) from special events	-				
	or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·			
	e a	_		+		
		— 		 		
		-		+		
		-	·· ···			
e				0	304	
	d columns (b), (d), and (e)			<u> </u>	· · · · · · · · · · · · · · · · · ·	304
	ne 12, columns (b), (d), and (e)	,			13	
	n line 13 instructions on page 28 to verify calculati		at of Evampt Di	Irnasas		
Part XVI-B	Relationship of Activities to the		•			
Line No.	Explain below how each activity for which income the accomplishment of the foundation's exempt					
▼		purposes (other than	ir by providing lands	ioi sucii p	diposes) (See	
N/A	page 28 of the instructions)					
		•				
						
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Oliva, PA, CPAs

33131-1296

169 E Flagler Street Ste 800

Form 990-PF (2008)

page 30 of the instructions)

P00118433

EIN ▶ 59-2110949

Phone no 305-577-4333

self-employed

27/10

Preparer's

signature

and ZIP code

Firm's name (or yours if

self-employed), address,

Richard M

Kwal

&

Miami,

FL

5416 Ace & Lillian Fessenden Family
Federal Statements

FYE: 6/30/2009

Page 2

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description								
	_	Beginning of Year		End of Year	Basis of Valuation		Faır Market Value	
200 sh Norfolk Southern Corp								
	\$_	12,534	\$_	7,534	Market	\$_	7,534	
Total	\$_	12,534	\$_	7,534		\$_	. 7,534	

Statement 5 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount		
FASB 124 Adj to record fair market value	\$	5,000	
Total	\$	5,000	

5416 Ace & Lillian Fessenden Family 65-6146092 Federal Statements FYE: 6/30/2009									
Taxable Interest on Investments									
Description	Amoun <u>t</u>	Unrelated Business Code	Exclusion Code	Postal Code					
Gibraltar Bank	\$ 40	<u> </u>	14						
Total	\$ 40								
	Taxable Dividends from Se	ecurities							
		Unrelated	Exclusion	Postal					
Description	Amount	Business Code	_Code	Code					
Gibraltar Bank Total	\$ <u>264</u> \$ 264		14						
iocai	7								

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If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▼	Form	8868 (Re	ev. 4-2009)						Page 2
Part III* Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1) Part III* Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Type or print Ace & Lillian Fessenden Family 65-6146092 Stendadd of the Complete Part III and Fessenden Family 65-6146092 Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. If the organization of the suite no. If a P.O. box, see instructions. If prom 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-EZ STOPI Do not complete Part II If you ween no diready granted an automatic 3-month extension on a previously filed Form 8868. If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box If the organization does not have an office or place of business in the United States, check this box	• If	you are t	filing for an Additional (N	ot Automatic) 3-Month Extension, complete o	nly Part II and	check this box			
Part II	Note.	Only cor	mplete Part II if you have	already been granted an automatic 3-month exter	sion on a prev	iously filed Form 8	868.	•	
Name of Exempt Organization See & Lillian Fessenden Family Foundation See & Lillian Fessenden Family So - 6146092	• If	you are t	filing for an Automatic 3-	Month Extension, complete only Part I (on page	e 1)				
File by the extended due date for filing the return See in the case of the Ace & Lillian Fessenden Family Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only	Pa	řt 🎼	Additional (Not A	utomatic) 3-Month Extension of Time	. Only file t	the original (no	copies	needed).	
File by the extended due to deate from the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the standard of the sta	Туре	or				1	Employe	r identificat	ion number
Number, street, and room or suite no. If a P.O. box, see instructions. For IRS use only	print			an Fessenden Family					
## CPAB 169 E Flagler St Ste 800 Skr+0 CPAB 169 E Flagler St Ste 800 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	•		Foundation	·		10.5	<u>65-6</u> :	<u>146092</u>	
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City, town or post office, state, and ZIP code, For a foreign address, see instructions. Miami FL 33131-1296 Check type of return to be filed (File a separate application for each return): Form 990 Form 990-PF Form 990-Form		%K+O CPAs,	169 E Flagler St Ste 800)		7-41 7			
Check type of return to be filed (File a separate application for each return): Form 990	return	See			instructions.	50 10 10 10 10 10 10 10 10 10 10 10 10 10	A PARTY CONTRACTOR		
Form 990 X Form 990-PF Form 990-PF Form 990-T (trust other than above) Form 1041-A Form 6069 Form 890-EZ Form 990-T (trust other than above) Form 1041-A Form 6069 Form 8870 Form 990-EZ Form 990-T (trust other than above) Form 5227 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Kwa1 and Oliva, CPAs Telephone No 305-577-4333 FAX No. 305-372-2380 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If this is for call members the extension is for form entil 5/15/10 For calendar year or other tax year beginning 7/01/08 and ending 6/30/09 fit this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting penod See Statement 1 State in detail why you need the extension See Statement 1 State in detail why you need the extension See Statement See Statement See Statement See Statement See Statement See S	instruc	tions	Miami	FL 33131-1296		177 A. 187 T	5-12-4-1-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► Kwa1 and Oliva, CPAs Telephone No ► 305-577-4333 FAX No. ► 305-372-2380 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is and attach a latter than 1 this is for part of the group, check this box If this is and attach a latter than 1 this is for part of the group, check this box If this and attach a latter than 1 this is for part of the group, check this box If this and attach a latter than 1 this is for part of the group, check this box If this and attach a latter than 1 this is form of time until 5/15/10. State in detail why you need the extension See Statement 1 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pror year overpayment allowed as a credit and any amount paid previously with Form 8868. 6 Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	Н	Form 99	0-BL	Form 990-T (sec. 401(a) or 408(a) trust)	Н	Form 4720		∐ Fo	m 8870
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Telephone No ▶ 305-577-4333 FAX No. ▶ 305-372-2380 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box If it is for part of the group, check this box If this is for and EINs of all members the extension is for. If request an additional 3-month extension of time until 5/15/10. For calendar year or other tax year beginning 7/01/08, and ending 6/30/09 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period State in detail why you need the extension See Statement 1 If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba \$ Ba \$ If this is ground attach a lattice is the second and the set of the second attach and any amount paid previously with Form 8868. Ba \$ Ba \$ C Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form					h extension c	n a previously fil	ed Form 8	868.	
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54/6 Ace & Lillian Fessenden Family 65-6146092 Feder

Federal Statements

Page 1

FYE: 6/30/2009

Statement 1 - Form 8868, Part II, Line 7 - Explanation for Extension

Description

Taxpayer is awaiting certain information from outside sources to properly complete all income and expense items. These outside sources have been contacted and have indicated that the information will be forthcoming. Until such time, taxpayer requests additional time to file.