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

OMB No 1545-0052 **୭**୩**n**q

Int	mal Re	venue Se	rvice Not	e: The foundation	on may b	be able to use a copy of t	his return to sati	sfy state rep	orting requirements.	<u> </u>
F	or cal	endar	year 2009, or ta	ax year begin	ning			and endin	<u> </u>	, 20
G	Che	ck all ti	hat apply:	Initial returi	n	Initial return	of a former pu	iblic charity	<u>_</u>	Final return
_				Amended r	eturn	Addre	ess change		Name change	
			Name of founda	ation					A Employer Identifi	cation number
Use the IRS										
	lab		THE FOURN	IER FAMIL	Y FOU	NDATION			20-	2015176
-	Other		Number and str	eet (or PO box i	number if	mail is not delivered to stree	t address)	Room/suit	B Telephone number (see	page 10 of the instructions)
	pri		C/O PENNAN	NT CAPITAI	L MAN	AGEMENT, LLC				
5	or ty See St	ype. Decific	26 MAIN ST	TREET				203	(97	3) 701-1100
		tions.	City or town, sta	ate, and ZIP cod	le			·	C If exemption applicat pending, check here	ion is
									D 1. Foreign organizati	
			CHATHAM, N	NJ 07928					2. Foreign organizati	
H	Che	ck type	of organization	n: X Section	on 501(	c)(3) exempt private for	oundation		85% test, check h	ere and attach
$\prod$	s	ection 4	947(a)(1) nonexe	empt charitable t	trust	Other taxable pr	rivate foundati	on	,	
ī	Fair	marke	t value of all ass	sets at end	J Acco	ounting method: X (	Cash Acc	rual	E If private foundation : under section 507(b)	(1)(A), check here
	of ye	ear (fro	m Part II, col. (d	c), lıne		Other (specify)			F If the foundation is in	
	16)	▶ \$	5,949	,854.	(Part I	, column (d) must be o	n cash basis )	)	under section 507(b)	
G	art I	Analy	sis of Revenue	e and Expens	es (The	(a) Payonuo and				(d) Disbursements
		total o	of amounts in colu not necessanly eq	ımns (b), (c), anı	d (d)	expenses per	(b) Net inve	T .	(c) Adjusted net income	for chantable purposes
			n (a) (see page 1			books		.	moonio	(cash basis only)
	1	Contribut	ions, gifts, grants, etc.	received (attach schi	edule) .	1,058,175				
	2	Check	if the foun	idation is <b>not</b> requ	uired to					
	3	Interest	on savings and tem						·	
	4		nds and interest fr	· -		265	1	265.	0.	ATCH 1
	5 a	_	rents		•					
			al income or (loss)							
ø			or (loss) from sale	-		-21,352				
Revenue	b		ales price for all on line 6a ——	1,338	,548.		-			
Š	7		gain net income	(from Part IV, lir	ne 2) .		5	5,149.		
Ľ	8	•	ort-term capital ga	•	•					
	9	Income	modifications .							
	10 a	Gross sa	ales less returns wances							
	b		ost of goods sold .							
	С	Gross	profit or (loss) (att	tach schedule)						
	11	Other	ncome (attach scl	hedule)						
	12		Add lines 1 through			1,037,088		5,414.	0.	
	13	Comper	sation of officers d	rectors trustees.	etc	0				
	14	Other e	employee salanes	and wages	<del></del> (-)					
es	15		n plans, employe		) ¦Ó					
ens	16 a	Legal f	ees (attach sched	GeÆ G ZUIU	ري ا		ļ			
Š.			nting es (attach		<u> </u> <u>@</u>					
é m	c	Other p	professional fees	(attach schedule	깕	1	<u> </u>			
i	17	Interes	tQC	FINE IN, C	<del>'                                    </del>	<u> </u>			·	
Str	18	Taxes (a	attach schedule) (see	e page 14 of the instr	uctions)* *	15,065		0.	0.	250
Operating and Administrative Expenses	19	Deprec	ciation (attach sch	edule) and depl	etion .					
튱	20	Occupa	ancy							
۷ 0	21	Travel,	conferences, and	d meetings			<u> </u>			
딞	22		g and publications							
Ē	23	Otner e	expenses (attach	schedule) ATC	ĊН. Э.	356	4	80.	0.	276
rat	24	Total o	perating and adn	ninistrative exp	enses.					
be		Add lin	es 13 through 23			15,421	-	80.	0.	526
ا	25	Contrib	outions, gifts, gran	its paid		404,900				404,900
	26_	Total exp	enses and disbursen	nents Add lines 24	and 25	420,321		80.	0.	405,426
	27	Subtra	ct line 26 from line	e 12.			1			
	а	Excess o	of revenue over expen	ses and disbursem	ents	616,767				
	ь	Net inv	estment income	(if negative, en	ter -0-)		5	5,334.		
_	С	Adjust	ed net income (il	f negative, enter	r0-)				-O <del>O</del> .	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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JSA \*\* ATCH 2

Form **990-PF** (2009)

Р	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
_		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
į	1	Cash - non-interest-bearing	96,375.	965,080.	965,080.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less. allowance for doubtful accounts			
	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ASS	10 a	Investments - U S and state government obligations (attach schedule)			
_		Investments - corporate stock (attach schedule)			·
		Investments - corporate bonds (attach schedule)			·
	11	Investments - land, buildings, and equipment basis			<del></del>
		Less accumulated depreciation			
	12	(4,446), 26,164416)			
	13	Investments - mortgage loans Investments - other (attach schedule) ATCH 4	3,222,687.	2,970,749.	4,984,774.
	14	Land, buildings, and		·····	<del> </del>
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			<del></del>
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	3,319,062.	3,935,829.	5,949,854.
_	17	Accounts payable and accrued expenses		-,,	
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			t
폋	21	Mortgages and other notes payable (attach schedule)			1
Ĕ	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ŝ	24	Unrestricted	3,319,062.	3,935,829.	
ances	25	Temporanly restricted			
	1	Permanently restricted			
Net Assets or Fund Ba	20	Foundations that do not follow SFAS 117.			
Š		check here and complete lines 27 through 31.			
느	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bidg, and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds		- · · ·	
As	30	Total net assets or fund balances (see page 17 of the			
É	••	instructions)	3,319,062.	3,935,829.	
_	31	Total liabilities and net assets/fund balances (see page 17	3,013,002.	3,333,023.	
	•	of the instructions)	3,319,062.	3,935,829.	
Ē	art I	Analysis of Changes in Net Assets or Fund		3,333,023.	<del></del>
_		I net assets or fund balances at beginning of year - Part II, col		ree with	
•				· I I	3,319,062.
2			• • • • • • • • • • • • • • • • • • • •	[- ]	616,767.
			• • • • • • • • • • • • • • • • • • • •		010,707.
		1 4 0 4 0		) . I	3 035 030
		reases not included in line 2 (itemize)	• • • • • • • • • • • • • • • • • • • •	P 1	3,935,829.
		I net assets or fund balances at end of year (line 4 minus line	5) Part II solvers (5) to	5	3 035 030
<u>u</u> _	iola	The assets of fully paralles at elly of year (line 4 minus line	o) - Fait II, column (b), lir	ne 30   6	3,935,829.

Р	art IV Capital Gains	s and Losses for Tax on Inv	restment Income			, ugo u
	(a) List and 2-story bi	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo., day, yr)		
1a	075 DADE 111 001151			DOMANON		
Ŀ	)					
_ c	<b>.</b>					
	<u> </u>					
_6	<u> </u>		(g) Cost or other basis			
	(e) Gross sales price		(h) Gain or (lo (e) plus (f) minu			
_a	<u> </u>					
_ <u>t</u>	)					
_9		<del></del>				
					<del></del>	<u> </u>
-6		wing goin in column (b) and owned	by the foundation on 12/21/60			<del></del>
_	complete only for assets sno	wing gain in column (h) and owned			Gains (Col (h) g (k), but not less t	
_	(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
_ =						
				<del> </del>		<del></del>
					<del></del>	<del></del>
						<del>_</del>
		, If	gain, also enter in Part I, line 7			
	Capital gain net income or (	net capital loss) {	(loss), enter -0- in Part I, line 7	2		55,149.
3		or (loss) as defined in sections 1222	• • • • • • • • • • • • • • • • • • • •			
	_	ine 8, column (c) (see pages 13 and		l <u>.</u>		
	or (loss), enter -U- in Part I, I	ine 8	ed Tax on Net Investment Inco	3		
			ection 4940(a) tax on net investment			
W			able amount of any year in the base onot complete this part.	period?	🗆	Yes X No
1		unt in each column for each year; se	ee page 18 of the instructions before	making a	any entries.	
c	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rai (col (b) divided by	
	2008	946,863.	3,981,449.			0.237819
_	2007	299,484.	2,147,508.			0.139457
_	2006	131,200.	1,168,059.			0.112323
	2005	201,552.	540,650.			0.372796
_	2004	0.	481,696.			0.000000
2	Total of line 1, column (d)	.,		2		0.862395
3	<del>-</del>	or the 5-year base period - divide the				0 170170
	number of years the found	ation has been in existence if less th	nan 5 years	3		0.172479
4	Enter the net value of nonc	charitable-use assets for 2009 from	Part X, line 5	4	4,	784,877.
5	Multiply line 4 by line 3			5		825,291.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		553.
7	Add lines 5 and 6			7		825,844.
8	Enter qualifying distribution		n Part VI, line 1b, and complete t	8		405,426.
	Part VI instructions on page	еател план яше 7, спеск вле вох 1 је 18	n Fait VI, line To, and complete t	награп (	using a 1% tax	t rate. See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructi	ons)	
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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,1	07.
	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, cot (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		1,1	07.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		1,1	07.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6,819.			
þ	Exempt foreign organizations-tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6,8	19.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		_	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>5,7</u>	12.
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ► 5,712. Refunded ► 11			
Par	t 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			
	of the instructions for definition)?	1b		Х
	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		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation $\blacktriangleright$ \$ 0 . (2) On foundation managers $\blacktriangleright$ \$ 0 .			
e	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 "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	l		
	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?	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			
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	Х	
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	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) > NJ,	i		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		-	
	27)? If "Yes,"complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their			
	names and addresses ATTACHMENT 5	10	Х	

X

X

2b

3b

4a

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2009 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 2009)

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 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

to all years listed, answer "No" and attach statement - see page 20 of the instructions )

3a Did the foundation hold more than a 2% direct or indirect interest in any business

. . . . . . . . . .

سحيح	t VII-B Statements Regarding Activities for	r Which Form 47	zu may be Requir	eu (continuea)					
5a	During the year did the foundation pay or incur any amount	to							
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No								
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,								
	directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No								
	(4) Provide a grant to an organization other than a charitable, etc., organization described in								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)								
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or educational								
	purposes, or for the prevention of cruelty to children or animals?								
h	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in								
•	Regulations section 53 4945 or in a current notice regard		•		<sub>5b</sub>				
	Organizations relying on a current notice regarding disaster	-	, , •	· —	· ·   <del>  </del>				
	If the answer is "Yes" to question 5a(4), does the foundation								
·	because it maintained expenditure responsibility for the gra			Yes No	.				
	If "Yes," attach the statement required by Regulations section								
ьа	Did the foundation, during the year, receive any funds, dire	• • •	•	Yes X No					
	on a personal benefit contract?			ies ino	i i	l x			
b		or indirectly, on a pers	sonai beneliit contract?		· ·   6b				
7-	If "Yes" to 6b, file Form 8870  At any time during the tax year, was the foundation a party	to a probabilised toy abo	ultor tropposition?	Yes X No	.				
	If yes, did the foundation receive any proceeds or have any				<del> </del>	- <del> </del> x			
	Information About Officers, Directors			Highly Paid Emp					
	and Contractors		•	• • • • • • • • • • • • • • • • • • • •					
1_	List all officers, directors, trustees, foundation man								
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allow				
		devoted to position	` '-0-)	and deferred compensation					
~~~	TACHMENT 6	3	0.	0.		0			
AI	TACHMENT 6		0.						
		f i	i						
						<del></del>			
						<del> </del>			
	Companyation of five highest paid ampleyees (athe	w then these include	led on line 4	22 of the instru	4i\				
2	Compensation of five highest-paid employees (other	r than those includ	led on line 1 - see pa	age 23 of the instruc	tions).				
	If none, enter "NONE."	<del></del>	led on line 1 - see pa	(d) Contributions to					
	Compensation of five highest-paid employees (other if none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	led on line 1 - see pa	(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit	(e) Expense				
	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
(a	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
NON	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000  E	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				
NON	If none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense				

Part VIII	Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	anagers, Highly Paid Empl	oyees,	
3 Five high	nest-paid independent contractors for professional services (see page 2	3 of the instructions). If none,	enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compe	
NONE				
Total numb	er of others receiving over \$50,000 for professional services	<u> </u>	▶	NONE
Part IX-A	Summary of Direct Charitable Activities			
	dation's four largest direct chantable activities during the tax year. Include relevant statistical informons and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number	Exper	ises
1 N/A				
2				
3				
	<del></del>			
4			,	
Part IX-B			1	
	two largest program-related investments made by the foundation during the tax year on lines 1 and	12	Amoi	unt
1 _NONE				
2				
All other pro	gram-related investments. See page 24 of the instructions			
3 NONE				

<u>. .</u>▶

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of secunties	1a	4,680,019.
b	Average of monthly cash balances	1b	104,858.
C		1c	0.
d		1d	4,784,877.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,784,877.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,784,877.
6	Minimum investment return. Enter 5% of line 5	6	239,244.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ and do not complete this private foreign organizations.	te operating part.)	
1	Minimum investment return from Part X, line 6	1	239,244.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)  2b	7	
С		2c	1,107.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	238,137.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	238,137.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	238,137.
Pa	ort XII Qualifying Distributions(see page 25 of the instructions)	1 .	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T T	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	405,426.
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.,	- <del></del>	
_	nurnosas	2	0.
3	Amounts set aside for specific charitable projects that satisfy the	<del> </del>	
а	Cuitabilità tant (mun IDC munusul munusul)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	405,426.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>-</del>	103,120.
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	405,426.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe		
	qualifies for the section 4940(e) reduction of tax in those years.	aisi uit itulii	JOHOT

Pa	rt XIII Undistributed Income (see page	26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				238,137.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for pnor years 20 07,20 06,20 05				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
b	From 2005 166, 502.				
C	From 2006				
þ	From 2007				
8	From 2008				
f	Total of lines 3a through e	1,230,354.			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 405,426.				
а	Applied to 2008, but not more than line 2a	······			
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)	· · · · · · · · · · · · · · · · · · ·			
c	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				020 127
d	Applied to 2009 distributable amount	167,289.	· · · · · · · · · · · · · · · · · · ·		238,137.
e	Remaining amount distributed out of corpus	107,209.			
5	Excess distributions carryover applied to 2009 . (If an amount appears in column (d), the same				<del> </del>
	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				,
_	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,397,643.			
	· · · · · · · · · · · · · · · · · · ·	1,000,0101			
Ь	Prior years' undistributed income Subtract line 4b from line 2b				-
С	Enter the amount of pnor years' undistributed			<u> </u>	
	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 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
	Undistributed income for 2009 Subtract lines				
'	4d and 5 from line 1 This amount must be				
	distributed in 2010				
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 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	0.			<u> </u>
9	Excess distributions carryover to 2010.	1 207 (42			
	Subtract lines 7 and 8 from line 6a	1,397,643.			<del> </del>
10					
a	Excess from 2005 166,502				
Ь	Excess from 2006				
c C	Excess from 2007				
d e	Excess from 2008				
	LACESS HUIII 2009   107,289.				<u> </u>

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling			t it is a private opera	iting	
ь	Check box to indicate whe		•	n described in section	4942(1)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		
	justed net income from Part	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					<u> </u>
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the				<u> </u>	
a	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-					
_	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test - enter-		<del></del> -			
	(1) Total support other than gross investment income					
	(interest, dividends, rents payments on securities					
	toans (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 sup- port from an exempt					
	organization (4) Gross investment income					
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the founda	tion had \$5,000	or more in assets
_	<del> </del>	during the year - see		structions.)		
ı a	Information Regarding List any managers of			than 2% of the total	contributions receive	ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000) (Se	ee section 507(d)(2).)	ou by the loundation
	ALAN P. FOU	URNIER				
b	List any managers of					large portion of the
	ownership of a partner	snip or other entity) of	wnich the foundation	nas a 10% or greater	interest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X if t	he foundation only r	nakes contributions	to preselected charita	able organizations a	nd does not accept
	unsolicited requests forganizations under ot	or funds. If the found her conditions, comple	lation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or
_	The name, address, an				ddrossod	<del></del>
а	me name, address, an	а касрионе нашвет от	and person to whom a	ppiidations snould be a	uuiesseu.	
b	The form in which appli	cations should be subn	nitted and information a	and materials they shou	ıld ınclude.	_
	Any submission deadling		<del></del>	· -		
	· · · · · · · · · · · · · · · · · · ·					
	A		<del></del>			
d	Any restrictions or li factors	mitations on awards,	such as by geogra	phical areas, charitat	ole fields, kinds of i	nstitutions, or other

. Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Recipient  Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATTACHMENT 7				
	•			
Total				404,900.
b Approved for future payment		T		10.7,200
	1			
Total				

Part XVI-	A Analysis of Income-Produ	ucing Act	ivities	<u></u>		
Enter gross a	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related of exempt function income (See page 28 of the instructions)
a	33.113.13.13.13.13.13.13.13.13.13.13.13.				<del></del>	and intollidations )
. —					······································	
			· · · ·			
					·	
e						
, —						
g Fees	and contracts from government agencies					
-	ship dues and assessments					
	n savings and temporary cash investments			14	265.	<del></del>
	Is and interest from securities					
5 Net renta	al income or (loss) from real estate.					
	t-financed property					· · · · · · · · · · · · · · · · · · ·
	debt-financed property					
	income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory			18	-21,352.	
9 Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
	venue: a					
b						
c						
d						
e						
12 Subtotal	Add columns (b), (d), and (e)				-21,087.	
	dd line 12, columns (b), (d), and (e)				13	-21,087.
(See worksh	eet in line 13 instructions on page 28 to	venty calcula	ttons.)			
Part XVI-	B Relationship of Activities	to the Ac	complishment of Ex	cempt Purp	oses	
Line No.  ▼	Explain below how each activithe accomplishment of the for page 29 of the instructions)	ty for white	ch, income is reported exempt purposes (o	ther than b	(e) of Part XVI-A con by providing funds for	tributed importantly to such purposes) (See
			<del> </del>			
						·
					<u> </u>	
			NOT APPLICABLE	Ε		
			_			
						<del></del>

		Exempt Orga	nizations								
1	ın se	he organization directly ction 501(c) of the C	or indirectly e	section 501(c)(3	) organizations					Yes	No
а	organı Transf	zations? lers from the reporting fou	ndation to a nonch	antable exempt or	rganization of						
		ash			-				1a(1)	]	х
		ther assets							1a(2)		х
ь		transactions									
	(1) Sa	ales of assets to a noncha	ritable exempt org	anization					1ь(1)	]	х
		urchases of assets from a									Х
		ental of facilities, equipme							1b(3)		Х
		eimbursement arrangeme							1b(4)		Х
		oans or loan guarantees							1b(5)		x
		erformance of services or							1b(6)		Х
c	` '	ng of facilities, equipment,	•	-					1c		Х
		answer to any of t	-	-		chedule	Column (b)	should always si		fair r	narket
-		of the goods, other			_			•			
		in any transaction or									
(a)	Line no	(b) Amount involved	(c) Name of no	nchantable exempt o	organization	(d) Des	scription of transfe	rs, transactions, and s	hanng arrar	ngemen	ts
		N/A				N/A					
									-		
	-										
					_						
								-			
											_
						ļ.,					
2a		foundation directly or n 501(c) of the Code (oth								es 🗀	No
b	If "Yes	s," complete the following	schedule								
		(a) Name of organization		(b) Type	of organization		(	c) Description of relati	onship		
		<del></del>									
					·- ·						
	11-4			<u></u>	<del>_</del>	<u>_</u>					
		penalties of per 7, declar it is true, correct and comp	pete Declaration of	nined this return, in	n taxpayer or fidu	iciary) is b	ased on all inform	nents, and to the be nation of which prep	st of my k parer has a	nowledg ny knov	ge and vledge
ø	<u> </u>	gnature of officer or trustee	7	<del></del>		Date	<del>'~//o</del> •	Title	<u> </u>		
Ę	30	and the state of t	1		Date	/ Date	<del></del>	Prenare	r's identify	เทอ	
Sign Here	Pald Preparer's Use Only	Preparer's signature STUAR'	ON WOOD		Date	العااء	Check if self-employe	ed ► number page 30	(See Signa of the Instru 29725	ature or	1
	Pal repa	Firm's name (or yours if	ROTHST	EIN, KASS &	COMPANY	1110		EIN ▶ 22-21:			
	۾ ج	self-employed), address		VENUE OF TH		3		· · · . · . · . · . · . · . · .			
		and ZIP code	NEW YOR				019	Phone no 212	-997-0	500	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

Name of the organization Employer identification number THE FOURNIER FAMILY FOUNDATION 20-2015176 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or \$90-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1, Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruety to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, tine 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

JSA

for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) of Name of organization THE FOURNIER FAMILY FOUNDATION Employer identification number 20-2015176 Part I Contributors (see instructions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution ALAN FOURNIER 1 Person Payroll 11 SPRING HOLLOW ROAD 1,058,175. Noncash (Complete Part II if there is FAR HILLS, NJ 07931 a noncash contribution.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroil Noncash (Complete Part II if there is a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 Aggregate contributions No. Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Person Payroll Noncash (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization THE FOURNIER FAMILY FOUNDATION

Page of of Part II
Employer identification number

20-2015176

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	15,000 SHARES OF WALTER ENERGY, INC		12/03/2009
		\$ 1,058,175.	
(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

9E1254 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

THE FOURNIER FAMILY FOUNDATION
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Ì			INO AND LC			IIIVLOI	P	ENI INCOM	
١	Kind of P	Property		Desc	nption		ρı	Date acquired	Date sold
ı	Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	М	Gain	
	price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adı basıs	Ш	or (loss)	
1	,036,823.		15,000 SHS C PROPERTY TYP 981,674.	OF WALTER E	NERGY INC		D	12/03/2009 55,149.	12/09/2009
	88,325.		88,324.56 SE PROPERTY TYE 88,325.			ARKET F	P	VARIOUS	VARIOUS
	213,400.		213,399.70 S PROPERTY TYP 213,400.			IARKET	P	VARIOUS	VARIOUS
	TOTAL GAIN (L	oss)				•••••		55,149.	

ATTACHMENT 1

10007429

ATTACHMENT 1

## - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

ADJUSTED NET INCOME	.00	0
NET INVESTMENT INCOME	173. 92.	265.
REVENUE AND EXPENSES PER BOOKS	173. 92.	265.
DESCRIPTION	DIVIDEND INCOME - JPMORGAN CHASE BANK INTEREST INCOME - JPMORGAN CHASE BANK	TOTAL

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C	
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TAXES	The real Property lies and the last of the
PART I -	The second contract of the second contract of
M 990PF,	
FOR	_

THE FOURNIER FAMILY FOUNDATION

CHARITABLE <u>PURPOSES</u>	250.	250.
ADJUSTED NET INCOME	.00	0.
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	250. 14,815.	15,065.
DESCRIPTION	NJ REGISTRATION FEE FEDERAL EXCISE TAX PAYMENT	TOTALS

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FNT	
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THER EXPENSES	
- OT	
PART I	
990PF,	
FORM	

THE FOURNIER FAMILY FOUNDATION

CHARITABLE PURPOSES 0.	276.
ADJUSTED NET INCOME 0.	0.
NET INVESTMENT INCOME 80.	80.
REVENUE AND EXPENSES PER BOOKS 80.	356.
	TOTALS
DESCRIPTION COMMERCIAL SERVICE CHARGES FILING FEES	

PAGE 23

ATTACHMENT 4

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

INVESTMENT IN PENNANT OFFSHORE PARTNERS, LTD CLASS B

TOTALS

ATTACHMENT 4

BOOK VALUE ENDING

ENDING FMV

2,970,749.

4,984,774.

2,970,749.

4,984,774.

THE FOURNIER FAMILY FOUNDATION

- NEW SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10 FORM 990PF,

ATTACHMENT 5

NAME AND ADDRESS

DIRECT PUBLIC

DATE

PUBLIC SUPPORT

> ALAN FOURNIER 11 SPRING HOLLOW ROAD FAR HILLS, NJ 07931

12/03/2009 1,(

1,058,175.

TOTAL CONTRIBUTION AMOUNTS

1,058,175.

S

ATTACHMENT 6

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

10007429

PAGE 25

ATTACHMENT 6

EXPENSE ACCT AND OTHER ALLOWANCES	ó	.0		0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	. 0	0	.0	0
COMPENSATION	Ö	.0	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 8.00	SECRETARY-TREASURER 8.00	VICE PRESIDENT 8.00	GRAND TOTALS
NAME AND ADDRESS	ALAN P. FOURNIER 11 SPRING HOLLOW ROAD FAR HILLS, NJ 07931	JENNIFER L. FOURNIER 11 SPRING HOLLOW ROAD FAR HILLS, NJ 07931	H. NORMAN BOTT 891 COUNTRY CLUB DRIVE	

ATTACHMENT 7

14E FOURNIER FAMILY FOUNDATION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ALLSTAR PROJECT	NONE	CHARITABLE IRC 170 (C)(2)	33,000.
BREAST CANCER 3-DAY	NONE	CHARITABLE IRC 170 (C) (2)	1,400.
AMERICAN CANCER SOCIETY	NONE	CHARITABLE IRC 170 (C) (2)	2,000.
CAROL KIMMELMAN OVARIAN CANCER AWARENESS	NONE	CHARITABLE IRC 170 (C)(2)	1,000
FAMILY REACH FOUNDATION	NONE	CHARITABLE IRC 170 (C)(2)	2,000.
FAR HILLS COUNTRY DAY SCHOOL	NONE	CHARITABLE IRC 170 (C)(2)	57,500.

ATTACHMENT 7 PAGE 26

V 09-6 4

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ATTACHMENT 7 (CONT'D)

# FORM 9900E, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HUMANE SOCIETY OF THE UNITED STATES	NONE	CHARITABLE IRC 170 (C) (2)	.000,05
LAMBERT F WHETSTONE MEMORIAL ENDOWMENT FUND	NONE	CHARITABLE IRC 170 (C)(2)	3,000
MONTANA COMMUNITY FOUNDATION	NONE	CHARITABLE IRC 170 (C)(2)	10,000.
MORRISTOWN MEMORIAL HEALTH FOUNDATION	NONE	CHARITABLE IRC 170 (C) (2)	10,000.
MORRISTOWN SOUP KITCHEN	NONE	CHARITABLE IRC 170 (C)(2)	10,000.
NEWMARK SCHOOL	NONE	CHARITABLE IRC 170 (C)(2)	1,000.

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ATTACHMENT 7 (CONT'D)

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST. ANTHONY H.S GOLF TOURNAMENT SPONSORSHIP	NONE	CHARITABLE IRC 170 (C)(2)	45,000
NJ NIGHT OF CHAMPIONS	NONE	CHARITABLE IRC 170 (C)(2)	13,500.
BISHOP JANE'S UNITED METHODIST CHURCH	NONE	CHARITABLE IRC 170 (C)(2)	50,000
USA WRESTLING	NONE	CHARITABLE IRC 170 (C)(2)	37,500.
NJ POLICE OFFICERS	NONE	CHARITABLE IRC 170 (C)(2)	250.
NJ SEEDS	NONE	CHARITABLE IRC 170 (C)(2)	45,000

FOUNDATION	
FAMI LY	
FOURNIER	
THE	

20-2015176

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION CHARITABLE IRC 170 (C) (2) RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE SH HANDICAPPED RIDING CENTER RECIPIENT NAME AND ADDRESS POLICE GOLF OUTING RAWHIDE RESCUE BGCN LIFE CAMP

2,000.

AMOUNT

ATTACHMENT 7 (CONT'D)

5,000.

25,000.

200

250.

CHARITABLE IRC 170 (C) (2)

NONE

SOMERSET COUNTY ASSOCIATION OF CHIEFS OF POLICE

404,900 TOTAL CONTRIBUTIONS PAID

PAGE 29 ATTACHMENT 7

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## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

## **Capital Gains and Losses**

Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

Name of estate or trust Employer identification number THE FOURNIER FAMILY FOUNDATION 20-2015176 Note: Form 5227 filers need to complete onlyParts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (Example 100 shares 7% preferred of "Z" Co ) (mo , day, yr ) (mo , dav. vr ) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 55,149. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss. 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back 55,149. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co ) (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the instructions) the entire year Subtract (e) from (d) (mo, day, yr) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions Gain from Form 4797, Part I 10 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a,

column (3) on the back

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

	. •				
Sched	dule D (Form 1041) 2009				Page 2
Par	t III Summary of Parts I and II Caution: Read the instructions before completing this p	art.	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			55,149.
	Net long-term gain or (loss):				
	Total for year	14a			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
С	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a	15			55,149.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form irt V, and <b>do not</b> complete Part IV. If line 15, column (3), is a net loss, complete Pa				
Par	t IV Capital Loss Limitation				
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Page 1041)	art I, lu	ne 4c, if a trust), the si	naller of:	
а	The loss on line 15, column (3) or b \$3,000			16 (	)
Note <i>Carr</i>	i: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pagi yove#Worksheeton page 7 of the instructions to figure your capital loss carryove.	9 1, lin r	e 22 (or Form 990-T, l	ne 34), is a loss, compl	ete the Capital Loss
	t V Tax Computation Using Maximum Capital Gains Rate			· ·	
	n 1041 filers. Complete this part only if both lines 14a and 15 in colu		e) are gains, or an an	ount is entered in P	art Lor Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			TO STATE OF THE ST	ant or rantin and
	tion: Skip this part and complete the worksheet on page 8 of the instruction	ons ıf.	•		
	ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or				
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.  n 990-T trusts. Complete this part only if both lines 14a and 15 are		a ar avaletian divide		
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pai				
	er line 14b, col. (2) or line 14c, col. (2) is more than zero.	t und	complete the work	sheet on page o or	ine mandenons n
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17		
18	Enter the smaller of line 14a or 15 in column (2)	•	• •		
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19 20		<del>-</del>		
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0-				
22	Subtract line 21 from line 20. If zero or less, enter -0-		22		
23	Subtract line 22 from line 17. If zero or less, enter -0-		23		
24	Enter the smaller of the amount on line 17 or \$2,300		. 24		
25	Is the amount on line 23 equal to or more than the amount on line 24?				
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.			i i	
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31	22	27		
	<b>-</b>				
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	0.14				
29	Subtract line 28 from line 27		.   29	! !	

Schedule D (Form 1041) 2009

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Multiply line 29 by 15% (15)

G, line 1a (or Form 990-T, line 36) . . .

Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts

(see the Schedule Ginstructions in the instructions for Form 1041)

Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

Add lines 30 and 31

## **SCHEDULE D-1** (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

Name of estate or trust THE FOURNIER FAMILY FOUNDATION

Employer identification number 20-2015176

THE FOURNIER FAMILY FOUNDAT				20-2015176	
Part I Short-Term Capital Gains an		ets Held One Yea			
(a) Description of property (Example 100 sh 7% preferred of "Z" Co )	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a 15,000 SHS OF WALTER					
ENERGY INC	12/03/2009	12/09/2009	1,036,823.	981,674.	55,149.
88,324.56 SHS OF JPMORGAN		:			
PRIME MARKET FUND 829	VARIOUS	VARIOUS	88,325.	88,325.	
213,399.70 SHS OF JPMORGAN					
PRIME MARKET FUND 350	VARIOUS	VARIOUS	213,400.	213,400.	
		!			
	,				
	1				
- "					
					<del> </del>
	]	<u></u>			

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b

55,149.

For Paperwork Reduction Act Notice, see the Instructions for Farm 1041.

JSA 9F1221 3 000

## Form 8868

(Rev April 2009)

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Se	ervice	File a separate application for each return.		
<ul> <li>If you are fil</li> </ul>	ling for an	Automatic 3-Month Extension, complete only Part I and check this box		▶ X
<ul> <li>If you are fil</li> <li>Do not complete</li> </ul>	ling for an ete Part II (	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for unlesson have already been granted an automatic 3-month extension on a previously filed Form	rm). m 8868.	
Part I Auto	matic 3-N	fonth Extension of Time. Only submit original (no copies needed).		
		file Form 990-T and requesting an automatic 6-month extension - check this box and complete		
•			• • • • •	▶ 📙
All other corpo time to file inco		ncluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to requ turns.	iest an e	xtension of
one of the rel electronically i returns, or a co	turns note of (1) you omposite o	Generally, you can electronically file Form 8868 if you want a 3-month automatic exted below (6 months for a corporation required to file Form 990-T). However, you can want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 60 or consolidated From 990-T Instead, you must submit the fully completed and signed page in the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & No.	not file f 69, or 8i je 2 (Parl	Form 8868 870, group
Type or	Name of 6	Exempt Organization Employer id	lentificatio	n number
print	THE	FOURNIER FAMILY FOUNDATION 20-20	15176	
File by the	Number,	street, and room or suite no. If a PO box, see instructions C/O PENNANT CAPITAL MANA	GEMENT	, LLC
due date for	26	MAIN STREET		
filing your return See	City, town	or post office, state, and ZIP code. For a foreign address, see instructions.		
instructions	СНА	THAM, NJ 07928		
Check type of	<u> </u>	be filed (file a separate application for each return):		
Form 990		Form 990-T (corporation) Form 4720		
Form 990		Form 990-T (sec 401(a) or 408(a) trust) Form 5227		
Form 990		Form 990-T (trust other than above) Form 6069		
X Form 990				
[▼] Form 990	J-PF	Form 1041-A Form 8870		
<ul><li>If the organ</li><li>If this is for for the whole of</li></ul>	nization doe a Group R group, che	FAX No. ►  es not have an office or place of business in the United States, check this box	 If t	▶ ☐ his is the
names and EIN	vis of all me	embers the extension will cover.		<del> </del>
for the or	ganızatıon' calendar tax year t		ove. The	extension is
	· 		n account	ing period
•	•	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1 1	_
		lits. See instructions.	3a \$	<u>2.</u>
<b>b</b> If this ap	plication i	s for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments	<b>}</b> }	
		prior year overpayment allowed as a credit	3ь \$	5,844.
c Balance	Due. Subt	tract line 3b from line 3a. Include your payment with this form, or, if required, deposit	1 1	
with FT	D coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment System). See		
instructio	ns.		3c \$	NONE
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		
for payment in				
		erwork Reduction Act Notice, see Instructions.	orm 8868	(Rev 4-2009)