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Department of the Treasury

Internal Revenue Service

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 2009

| For | calen | dar year 2009, or tax | year beginning | | | , and e | nding | | | |
|-----------------------------------|-----------------|--|--------------------------------|-------------|------------------------------------|---------|-----------------|-----------------|---------------|---|
| G (| Check | all that apply: | Initial return | | Initial return of a fo | • | harity | | Fınal return | 1 |
| | | | Amended retu | rn | Address chan | ge | | Name change | | |
| Use | the l | RS Name of foundar | tion | | | | | A Employer ide | entification | number |
| | abel. | D. D. T. VIII. V. | | | 3 MT ON | | | 20 01 | 15504 | |
| Otl | nerwis print | · ' | J FAMILY | | ATTON livered to street address) | | Room/suite | 20-81 | | |
| 0 | r type | | AN MIST | | · | | hoom/saite | 757-4 | | 100 |
| | Spec | | | COURT | | | | 1_ | | <u>, F</u> |
| Inst | ructio | ng i | BEACH, | 7Σ 2 | 3454 | | | D 1. Foreign or | | e check here |
| H (| heck | type of organization: | | | empt private foundation | | | 2. Foreign orga | anizations me | eeting the 85% test, omputation |
| $\ddot{\Box}$ | _ | tion 4947(a)(1) none | | | Other taxable private founda | ation | | | | |
| I Fa | | rket value of all assets | | | | Accr | ual | | | tus was terminated (A), check here |
| | | art II, col. (c), line 1 | | | her (specify) | | | i | | 60-month termination |
| | \$ | | | art I, colu | mn (d) must be on cash i | basis.) | | | |)(B), check here |
| Pa | art I | Analysis of Revenu (The total of amounts in necessarily equal the ar | columns (b), (c), and (c | i) may not | (a) Revenue and expenses per books | | vestment ome | (c) Adjuste | | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, g | grants, etc., receive | t t | 91,553. | | | N/A | | (, |
| | 2 | | ndation is not required to att | ach Sch B | | | | | | |
| | 3 | Interest on savings and t cash investments | temporary | | 20,548. | 2 | 0,548. | | | STATEMENT 1 |
| | 4 | Dividends and interes | st from securities | | 20,771. | 2 | 0,771. | | | STATEMENT 2 |
| | 5a | Gross rents | | | | | | | | |
| | b | Net rental income or (loss | s) | | | | | | | |
| ē | 6a | Net gain or (loss) from sa Gross sales price for all | le of assets not on line | 10 | <1,378. | > | | - | | |
| Revenue | | assets on line 6a | | | | | | - | | |
| ě | 25 | Capital gain net income (| • | | | | 0. | | | |
| | _ | Net short-term capita | - | | | | | | | |
| | €9 | Income modifications Gross sales less returns | s | | | | | - | | |
| | łъ. | and allowances Less Cost of goods sold | | | | | | | | |
| | ~ | Gross profit or (loss) | | | | | | | | |
| | ليكا | Other income | ' | | | | | | | |
| | | Total. Add lines 1 thi | rough 11 | | 131,493. | 4 | 1,319. | | | |
| | 13 | Compensation of officers | s, directors, trustees, et | С | 0. | | 0. | | | 0. |
| | | Other employee salar | res and wages | | | | | | | |
| | 15 | Pension plans, emplo | oyee benefits | | | | | | | |
| nses | 16a | Legal fees | | | | | | | | |
| per | | Accounting fees | STM | г 3 | 1,825. | | 0. | | | 0. |
| Ä | l | Other professional fe | es | =====1 | | | | | <u>-</u> | |
| īţ | I | Interest | ECEIVED | | | | | | | |
| stта | | Idyes Francis | ~~~~ | 18-08C | | | | <u> </u> | | |
| Ë | 19 | Depreciation and dep | | Ö | | | | | | |
| β | 20 21 | Occupancy S Travel, conferences, | EP 2 4 2010 | S S | | | | | | |
| ď | 22 | Printing and publicati | inas | | | | | | | |
| g | 23 | Printing and publicat | GDEN, U | | | | | | | |
| Operating and Administrative Expe | | Total operating and | | | | | | | | |
| per | | expenses Add lines | | | 1,825. | | 0. | | | 0. |
| ō | | Contributions, gifts, ç | - | Ī | 57,264. | | | | | 57,264. |
| | | Total expenses and | - | ĺ | | | | | | |
| | <u> </u> | Add lines 24 and 25 | <u> </u> | | 59,089. | | 0. | | | 57,264. |
| | 27 | Subtract line 26 from | line 12: | | | | | | | |
| | | Excess of revenue over e | | | 72,404. | | | | | |
| | I | Net investment inco | | D-) | | 4 | <u>1,319.</u> | | | |
| | C | Adjusted net income | (if negative, enter -0-) | | | | | - N/A | | L |

| | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|-----------------------------|------|--|-------------------|----------------|---------------------------|
| _ | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | 1. | 1. |
| | 2 | Savings and temporary cash investments | 122,818. | 83,830. | 83,830. |
| | l | Accounts receivable ▶ | 7 | | |
| | - | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | " | Less; allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | l - | Receivables due from officers, directors, trustees, and other | | | |
| | 6 | | | | |
| | _ | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | ١. | Less: allowance for doubtful accounts ▶ | | | |
| Assets | 1 | Inventories for sale or use | | | |
| ASS | | Prepaid expenses and deferred charges | 125 724 | 111 256 | 116 000 |
| • | i | Investments - U.S. and state government obligations STMT 4 | 135,734. | 111,256. | 116,889. |
| | | Investments - corporate stock | 000 545 | 000 000 | 004 450 |
| | | Investments - corporate bonds STMT 5 | 232,715. | 228,039. | 234,150. |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 6 | 1,037,339. | 1,177,884. | 1,024,042. |
| | 14 | Land, buildings, and equipment; basis ▶ | | | |
| | | Less accumulated depreciation | | | |
| | 15 | Other assets (describe | | _ | |
| | | | | | |
| _ | 16 | Total assets (to be completed by all filers) | 1,528,606. | 1,601,010. | 1,458,912. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| S | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ap | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe >) | | | |
| | | | | 1 | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | | | |
| au | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balances | | Permanently restricted | | | |
| ā | | Foundations that do not follow SFAS 117, check here | | | |
| ß | | and complete lines 27 through 31. | | | |
| ò | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| šets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,528,606. | 1,601,010. | |
| ĕ | 30 | Total net assets or fund balances | 1,528,606. | 1,601,010. | |
| 2 | | 7.5121.1151.255555.51.1211.2555 | | | |
| | 31 | Total liabilities and net assets/fund balances | 1,528,606. | 1,601,010. | |
| | | | | | |
| <u> </u> | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 1,528,606. |
| 2 | • | r amount from Part I, line 27a | | 2 | 72,404. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 1,601,010. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| | | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | lumn (b), line 30 | 6 | 1,601,010. |
| | | | | | Form 990-PF (2009) |

PAPINEAU FAMILY FOUNDATION

20-8115584

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Form **990-PF** (2009)

7

8

<u>93,544</u>.

57,264.

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

| | 1990-PF (2009) PAPINEAU FAMILY FOUNDATION | | <u>8115</u> | | | Page 4 |
|---|---|----------------|-------------|--------------|--|-------------|
| _ | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | <u> 4948 -</u> | · see II | <u>nstru</u> | ction | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1% | 1 | <u> </u> | | 8 | <u> 26.</u> |
| | of Part I, line 27b | | İ | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | ĺ | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | 8 | 26. |
| 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- | 5 | | | 8 | 26. |
| 6 | Credits/Payments: | | ĺ | | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | 1 | | | |
| d | I Backup withholding erroneously withheld 6d | | 1 | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | ĺ | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | 24. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 50. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2010 estimated tax | 11 | | | | |
| | art 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 participate or intervel | ne in | | | Yes | No |
| | any political campaign? | | İ | 1a | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 publish | | Ì | | | |
| | distributed by the foundation in connection with the activities. | | - | | | |
| r | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | j | 10 | | |
| • | (1) On the foundation. \$\sum_{\text{0.}} \text{0.} \text{(2) On foundation managers.} \sum_{\text{0.}} \text{0.} | | | | | |
| ۰ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | <u>•</u> | | | | |
| - | | | | | | |
| managers. ► \$0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | | 1 | X |
| - | If "Yes," attach a detailed description of the activities | | | 2 | | |
| 2 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | or | | | | |
| 3 | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , UI | | 3 | | Х |
| 40 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | | X |
| | of the foundation have unrelated dusiness gloss income of \$1,000 of more during the year? | NT | /A | 4a 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 14 | / A | | | X |
| J | If "Yes," attach the statement required by General Instruction T | | ŀ | 5 | | Λ |
| | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| 6 | | | | | | |
| | By language in the governing instrument, or By state languages that effectively amende the governing instrument on that an important discretization that conflict with the state. | to love | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement of the source of | ite iaw | | | \ . | |
| _ | remain in the governing instrument? | | | 6 | X | |
| 1 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | |
| _ | If "Yes," complete Part II, col. (c), and Part XV. | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| _ | VA_ | | | | | |
| b | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | <u>. </u> | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call | lendar | | | | _ |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | | _ | 9 | | <u> </u> |
| 10_ | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | STMT | 7 | 10 | X | |

| | 990-PF (2009) PAPINEAU FAMILY FOUNDATION 20-811 | 5584 | | Page 5 |
|----|--|------|-------------|---------------|
| | art VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | 1 | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | = | |
| 14 | The books are in care of ▶ JAMES C. PAPINEAU Telephone no. ▶ 757-4 | | | |
| | Located at ► 2813 OCEAN MIST COURT, VIRGINIA BEACH, VA ZIP+4 ►2 | 3454 | | $\overline{}$ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | <i>,</i> .▶ | Ш |
| De | and enter the amount of tax-exempt interest received or accrued during the year | N | <u>/A</u> | |
| - | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 1 | V | Na. |
| 4 | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 18 | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Person making from lead making the graph was extend except to (or except to (o | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No | | | |
| | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any pages of constitution of the expense of a three professions. | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| ь | of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| - | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 10 | | |
| ^ | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| · | before the first day of the tax year beginning in 2009? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| - | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2009? Yes X No | | | |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business 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) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | 1 | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | | <u> </u> |

4b X Form **990-PF** (2009)

| Form 990-PF (2009) PAPINEAU FAMILY FOUNDATI | | | <u> 20-81155</u> | 84 Page 6 |
|---|------------------------------------|-----------------------------|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | ectly, | | |
| any voter registration drive? | | Ye | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | s X No | 1 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y6 | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | or | | |
| the prevention of cruelty to children or animals? | , , , , , , , , , , | | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described i | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | · | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | ned | | |
| expenditure responsibility for the grant? | | /A 🗆 Ye | ıs No | |
| If "Yes," attach the statement required by Regulations section 53.494 | | / <u> </u> | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | · · | | | 1 |
| a personal benefit contract? | pay promining on | □ v _i | s X No | i i |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal henefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870. | orgonal benefit contract: | | <u> </u> | 21 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | chalter transaction? | □ v₄ | s X No | |
| b If yes, did the foundation receive any proceeds or have any net income attribut | | 16 | _ | 7b |
| Information About Officers Directors Truck | | nagers, Highly | | |
| Part VIII Paid Employees, and Contractors | ooo, r oanaanon ma | | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| JAMES C. PAPINEAU | PRESIDENT/DIR | ECTOR | | |
| 2813 OCEAN MIST COURT | 1 | | | |
| VIRGINIA BEACH, VA 23454 | 0.25 | 0. | 0. | 0. |
| CHERYL G. PAPINEAU | SECRETARY/DIR | ECTOR | | |
| 2813 OCEAN MIST COURT | | | | |
| VIRGINIA BEACH, VA 23454 | 0.25 | 0. | 0. | 0. |
| | DIRECTOR | | | _ |
| 2813 OCEAN MIST COURT | | | | |
| VIRGINIA BEACH, VA 23454 | 0.25 | 0. | 0. | 0. |
| | | - | | |
| | 1 | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those included in the compensation of five highest-paid employees). | | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (-) Componentian | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | allowances |
| NONE | | | | |
| · |] | | | |
| | | | _ | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| | | | | |
| |] | | | |
| | | | | |
| | | | | |
| Taket number of other employees and over \$50,000 | | | | |

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|---|--|-----------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NOI | NE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | () | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inf | ormation such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, i | etc. | Expenses |
| 1 N/A | | |
| 1 41/44 | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | ······································ | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | • | 0. |

Form **990-PF** (2009)

Page 8

| ·[F | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions.) |
|----------|--|---------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | | 1a | 1,290,185. |
| b | | 1b | 87,315. |
| C | | 1c | |
| d | | 1d | 1,377,500. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,377,500. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 20,663. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,356,837. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 67,842. |
| F | Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certain | <u> </u> |
| 1 | Minimum investment return from Part X, line 6 | 1 | 67,842. |
| 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.) | | |
| C | Add lines 2a and 2b | 2c | 826. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 67,016. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 67,016. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| <u>7</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 67,016. |
| = | Part XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | F7 0C4 |
| 8 | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 57,264. |
| þ | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| 8 | | 3a | |
| | , | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 57,264. |
| 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 | 5 | <u> </u> |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 57,264. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | qualities fo | r the section |

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, | <u> </u> | ··· · | | |
| line 7 | | | | 67,016. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: | | | | |
| , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 | | | | |
| b From 2005 |] | | | |
| c From 2006 | 7 | | | |
| d From 2007 36,920 | • | | | |
| e From 2008 150,663 | | | • | |
| f Total of lines 3a through e | 187,583. | | | |
| 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4: ▶\$ 57, 264 | • | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 57,264. |
| e Remaining amount distributed out of corpus | Ō. | | | |
| 5 Excess distributions carryover applied to 2009 (ff an amount appears in column (d), the same amount must be shown in column (a)) | 9,752. | | | 9,752. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 177,831. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | ··· - | |
| amount - see instructions | | . 0. | | |
| e Undistributed income for 2008. Subtract line | | - | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2009. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010. | | | | |
| Subtract lines 7 and 8 from line 6a | 177,831. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | _ | | | |
| c Excess from 2007 27,168 | | | | |
| d Excess from 2008 150,663 | <u>•</u> | | | |
| e Excess from 2009 | | | | |

| Part XIV Private Operating For | U FAMILY FU | | I-A guestion 9) | N/A | 5113384 Page 10 |
|--|---------------------------|---|--|-----------------------------|---------------------------|
| 1 a If the foundation has received a ruling or | | | 17t, question of | N/A | |
| foundation, and the ruling is effective for | | | | | |
| b Check box to indicate whether the found | • | - | ın section | 4942(j)(3) or |] 4942(₁)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | ing roundation described | Prior 3 years | 4342())(3) 01 <u></u> | 1 4342())(3) |
| income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| investment return from Part X for | (4) 2000 | (5) 2000 | (0,200) | (0) 0000 | (0) 10101 |
| | | | | | |
| each year listed b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | · | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | - | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | " |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | · · · · · · · · · · · · · · · · · · · | | | |
| alternative test relied upon; | | | | | |
| a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | | | | |
| under section 4942(J)(3)(B)(I) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | if the foundat | tion had \$5,000 or | more in assets |
| at any time during t | | instructions.) | | | |
| 1 Information Regarding Foundatio | • | 4b 00/ -f4b- 4-4-1 | | | alana of any tao |
| a List any managers of the foundation who year (but only if they have contributed m | | | tributions received b | y the foundation before the | close of any tax |
| JAMES C. PAPINEAU | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| b List any managers of the foundation who | o own 10% or more of th | ne stock of a cornoration | (or an equally large | nortion of the ownership of | a partnership or |
| other entity) of which the foundation has | | | (or all equally large) | portion of the ownership of | a paranotomp of |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan | , Scholarship, etc., P | rograms: | | |
| Check here 🕨 🗶 if the foundation o | | | | | |
| the foundation makes gifts, grants, etc. | see instructions) to indi | viduals or organizations | under other condition | ns, complete items 2a, b, c | , and d. |
| a The name, address, and telephone numl | er of the person to who | m applications should be | addressed: | | |
| | | | | | |
| b The form in which applications should b | e submitted and informa | ition and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| e , my submission doddints. | | | | | |
| d Any restrictions or limitations on awards | , such as by geographic | al areas, charitable fields | , kınds of institutions | s, or other factors: | |
| | | | | | |

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | |
|---|---|----------------------|--|---|--|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribation | , | |
| a Paid during the year OPERATION SMILE, INC. 6435 TIDEWATER DRIVE NORFOLK, VA 23509 | NONE | PUBLIC CHARITY | TO REPAIR CHILDHOOD FACIAL DEFORMITIES | 5,000. | |
| S E A L - NAVAL SPECIAL WARFARE FOUNDATION PO BOX 5965 VIRGINIA BEACH, VA 23471 | NONE | PUBLIC CHARITY | TO PROVIDE EDUCATIONAL SUPPORT FOR THE NAVAL SPECIAL | 50,000. | |
| VIRGINIA BEACH SPCA 3040 HOLLAND ROAD VIRGINIA BEACH, VA 23453 | NONE | PUBLIC CHARITY | TO PROMOTE A HUMANE COMMUNITY AND PREVENT CRUELTY TO | 2,264. | |
| | | | | | |
| <u>-</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total b Approved for future payment | <u> </u> | | <u>▶ 3a</u> | 57,264. | |
| a Approved for future payment | | | | | |
| NONE | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | ▶ 3b | 0. | |

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ded by section 512, 513, or 514 | (e) |
|---|-------------------------|---|-------------------------------|---------------------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| | 0000 | | | | |
| ab | | | | | |
| c | | : | \vdash | | |
| d | | | | | |
| e | | | -1 | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | _ | | · · · · · · · · · · · · · · · · · · · | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 20.548. | |
| 4 Dividends and interest from securities | | | 14 | 20,548. 20,771. | |
| 5 Net rental income or (loss) from real estate: | | | | 20,771. | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | - | | |
| | | | | | |
| property 7 Other investment income | | | | | |
| | | | \ - | | |
| 8 Gain or (loss) from sales of assets other | | | 14 | <1,379. | |
| than inventory | | | 14 | <u> </u> | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | ···· | |
| b | | | | · · · · · · · · · · · · · · · · · · · | |
| c | | | | | |
| d | | * | | | |
| e | | | | 20 040 | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | <u> </u> | 39,940. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13_ | 39,940. |
| (See worksheet in line 13 instructions to verify calculations.) | | ··· | | | · |
| Part XVI-B Relationship of Activities to | o the Acco | omplishment of Ex | emp | t Purposes | |
| Line No. Explain below how each activity for which incor | me ic reported | in column (a) of Part VIII-A | contrib | uited importantly to the accor | nnlichment of |
| the territory to a few and the contract of | | | COILLIE | uteu importantiy to the accor | upusument or |
| the foundation's exempt purposes (other than t | by providing to | mas for sacin parposes). | | | |
| | | · | | | |
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| t . | | | | | |

N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge 9-17-2010 PRESIDENT Sign Here gnature of officer or trustee Check if self-employed Date Preparer's identifying number Preparer's Paid Preparer's Use Only signature CHERRY, BEKAERT & HOLLAND, L.L.P. Firm's name (or yours EIN ▶ 222 CENTRAL PARK AVENUE, SUITE 1400 if self-employed), address, and ZIP code VIRGINIA BEACH, VA 23462 (757)456-2400Phone no.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

| P. | APINEAU FAMILY FOUNDATION | 20-8115584 | | | | | |
|---|--|--------------------------------|--|--|--|--|--|
| Organization type (check o | | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| General Rule X For an organization contributor. Comp | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m lete Parts I and II. | oney or property) from any one | | | | | |
| For a section 501(509(a)(1) and 170(| c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| aggregate contribi | 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 cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| contributions for u If this box is check purpose Do not c | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, durit contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to If this box is checked, enter here the total contributions that were received during the year for an exclusively religious purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | | |

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, line 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

(b)

Name, address, and ZIP + 4

Person Payroll Noncash

(c)

Aggregate contributions

is a noncash contribution)

(d)

Type of contribution

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

(a)

No.

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

| ● If you | u are filing for an Automatic 3-Month Extension, complete only Part I and check this box | > 🕱 | | | | |
|---|---|--|--|--|--|--|
| If you | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | form). | | | | |
| Do not | complete Part II unless you have already been granted an automatic 3-month extension on a previously file | ed Form 8868. | | | | |
| Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | | | |
| A corpo | oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com | · . — | | | | |
| All othe | r corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an | | | | | |
| Electro noted to (not aut you mu | unic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or const submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filics, gov/efile and click on e-file for Charities & Nonprofits. | cally if (1) you want the additional nsolidated Form 990-T. Instead, | | | | |
| Туре о | Name of Exempt Organization | Employer Identification number | | | | |
| print | PAPINEAU FAMILY FOUNDATION | 20-8115584 | | | | |
| File by the | P. Martin I. and A. M. Boot. | 20-0113364 | | | | |
| due date a filing your return. Se | 2813 OCEAN MIST COURT | | | | | |
| instruction | | | | | | |
| Check | type of return to be filed (file a separate application for each return): | | | | | |
| П | orm 990 Form 990·T (corporation) Form 47 | 20 | | | | |
| | orm 990·BL Form 990·T (sec. 401(a) or 408(a) trust) Form 52 | | | | | |
| | orm 990-EZ. Form 990-T (trust other than above) Form 60 | | | | | |
| X F | orm 990-PF | | | | | |
| Teler | JAMES C. PAPINEAU books are in the care of ► 2813 OCEAN MIST COURT - VIRGINIA BEACH, before No. ► 757-496-0708 FAX No. ► organization does not have an office or place of business in the United States, check this box s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all it | s is for the whole group, check this | | | | |
| 1 1 | request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until | | | | | |
| - | AUGUST 15, 2010 , to file the exempt organization return for the organization named at | bove. The extension | | | | |
| | Is for the organization's return for: ► X calendar year 2009 or | | | | | |
| | tax year beginning, and ending | | | | | |
| | , and driding | · · | | | | |
| 2 If | this tax year is for less than 12 months, check reason: Initial return Final return | Change in accounting period | | | | |
| | this application is for Form 990 BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any principle of the credits. See instructions. | 3a \$ 0. | | | | |
| b If | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated | | | | | |
| _ | tax payments made, include any prior year overpayment allowed as a credit. 3b \$ 0. | | | | | |
| | alance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | | | | | |
| | eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | 3c \$ 0. | | | | |
| | | | | | | |
| Caution | I. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8 | 8879-EO for payment instructions. | | | | |

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

| FAFTLNEAU FAMILY FUNDATION AUTHORITY FU | Form 8868 (I | Rev. 4-2009) | | | Page 2 |
|--|--------------------------------|--|----------|--|-------------|
| If you are filing for an Automatic 3-Month Extension, complete only Part I (in page 1). Part II | If you are | filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | × | | · 🕱 |
| Part II | | | Form 8 | 8868. | |
| Name of Exempt Organization PAPINEAU FAMILY POUNDATION 20 - 8115584 | | | | | |
| PAPINEAU FAMILY FOUNDATION 20-8115584 | Part II | | 1 | | |
| PAPINEAU FAMILY FOUNDATION 20-8115584 | Type or | Name of Exempt Organization | Empl | oyer identification | number |
| Number, street, and room or suite no. If a P.O. box, see instructions. Sal 3 OCEAN MIST COURT | print | ADTNESII PANTIY POMNDAMION | ر ا | N_011550 <i>1</i> | |
| the state for filter to be filed (File a separate application for each return): City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIRGINIA BEACH, VA 23454 | File by the | | | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. City | due date for 2 | | -0, 1 | is use only | |
| Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6089 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JAMES C. PAPINEAU The books are in the care of ▶ 2813 OCEAN MIST COURT - VIRGINIA BEACH, VA 23454 Telephone No. ▶ 757-496-0708 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 it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 8a If this application is for Form 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions. 8a \$ 0. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | tiling the | | · : | | - |
| Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JAMES C. PAPINEAU The books are in the care of 2813 OCBAN MIST COURT VIRGINIA BEACH, VA 23454 Telephone No. 757-496-0708 FAX No. Fit 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 the whole group, check this box All if it is for part of the group, check this box All and attach a list with the names and ElNs of all members the extension is for. Tequest an additional 3-month extension of time until NOVEMBER 15, 2010. The for calendar year 2009, or other tax year beginning and attach a list with the names and ElNs of all members the extension for the thin 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 AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. By If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions. By If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions. By If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | · | | :- | | |
| Form 990-BL | Check type | of return to be filed (File a separate application for each return): | | | |
| JAMES C. PAPINEAU The books are in the care of ▶ 2813 OCEAN MIST COURT → VIRGINIA BEACH, VA 23454 Telephone No.▶ 757-496-0708 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 the whole group, check this box If request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason: Initial return Change in accounting period AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. Ba If this application is for Form 990-BI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions. Ba \$ 0. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | Form | 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A | F0 | rm 5227 🔲 F | orm 8870 |
| JAMES C. PAPINEAU The books are in the care of ▶ 2813 OCBAN MIST COURT - VIRGINIA BEACH, VA 23454 Telephone No. ▶ 757-496-0708 FAX No. ▶ 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) | Form | 990-BL 🔀 Form 990-PF 🔲 Form 990-T (trust other than above) 🔲 Form 4720 | Fo | rm 6069 | |
| The books are in the care of ▶ 2813 OCEAN MIST COURT - VIRGINIA BEACH, VA 23454 Telephone No. ▶ 757-496-0708 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 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 I request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning and ending and en | STOPI Do n | ot complete Part II if you were not already granted an automatic 3-month extension on a previou | sly file | d Form 8868. | |
| The books are in the care of ▶ 2813 OCEAN MIST COURT - VIRGINIA BEACH, VA 23454 Telephone No. ▶ 757-496-0708 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 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 I request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning and ending and en | | TAMES C DADTNEATI | | | |
| Telephone No. ▶ 757-496-0708 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 it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year 2009, or other tax year beginning If this tax year is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 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 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | The book | | VA | 23454 | |
| 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 the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15 , 2010. For calendar year 2009 , or other tax year beginning | | | | | |
| I request an additional 3-month extension of time until NOVEMBER 15, 2010. For calendar year 2009, or other tax year beginning 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 AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 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 \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | | | | check this |
| For calendar year 2009, or other tax year beginning , and ending 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 AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 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 \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | box 🕨 🗌 | . If it is for part of the group, check this box > and attach a list with the names and EINs of all | membe | ers the extension is | for. |
| If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period Third Party Information In Order to File a Complete And ACCURATE TAX RETURN. 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-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period Change in accounting | 4 I requi | est an additional 3-month extension of time until NOVEMBER 15, 2010. | | | |
| 7 State in detail why you need the extension AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 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 \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | 5 For ca | llendar year 2009, or other tax year beginning, and ending | | -17 | |
| AWAITING THIRD PARTY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN. 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 \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | 6 If this | tax year is for less than 12 months, check reason: Initial return Final return | | Change in accounti | ng period |
| ACCURATE TAX RETURN. 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 \$ 0. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | · · · · · · · · · · · · · · · · · · · | | | |
| 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. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | | MPL | TE AND | |
| nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | | | | |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | · | | | _ |
| tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 0. | | | 8a | \$ | <u> </u> |
| previously with Form 8868. 8b \$ 0. | | · · · · · · · · · · · · · · · · · · · | - 1 | | |
| · · · · · · · · · · · · · · · · · · · | | | | _ | • |
| | | | 8b | \$ | <u> </u> |
| 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. 8c \$ 0. | with F | | 8c] | \$ | <u> </u> |
| 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, t is true, correct, and complete, and that I am authorized to prepare this form. | | | | | |
| 2.5-10 | Sionature > | 130 A A CONTINUE OF TITLE D | Date | 8-15-1 | D |
| Form 8868 (Rev. 4-2009) | o-gradio P | - Partie - P | Date | ······································ | |

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY CA | SH IN | VESTMENTS | STATEMENT | 1 |
|-------------------------------|-------|----------------------|-----------------------------|-----------|------------------------------|---------------------|-----|
| SOURCE | | | | | | AMOUNT | |
| INVESTMENT ACCOUNTS | | | | | • | 20,5 | 48. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, CO | LUMN A | | | 20,5 | 48. |
| FORM 990-PF DIVIDEND | S AND | INTER | EST FROM | SECUF | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | TAL GAINS | COLUMN (A AMOUNT |) |
| RAYMOND JAMES | | | 20,771. | | 0. | 20,7 | 71. |
| TOTAL TO FM 990-PF, PART I, L | .N 4 | | 20,771. | | 0. | 20,7 | 71. |
| FORM 990-PF | AC | COUNTI | NG FEES | | + | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) INSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | | 1,825. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | | 1,825. | | 0. | | | 0. |
| FORM 990-PF U.S. AND S | TATE/ | CITY G | OVERNMENT | OBL | IGATIONS | STATEMENT | 4 |
| DESCRIPTION | | U.S GOV'' | | вос | OK VALUE | FAIR MARKE | т |
| U. S. GOVERNMENT DEBT SECURIT | TIES | X | | | 111,256. | 116,8 | 89. |
| TOTAL U.S. GOVERNMENT OBLIGAT | CIONS | | | · · · · · | 111,256. | 116,8 | 89. |
| | | | | | | | |
| TOTAL STATE AND MUNICIPAL GOV | ERNME | ENT OBL | IGATIONS | | | | |

| FORM 990-PF COF | RPORATE BONDS | | STATEMENT 5 | | |
|--|---------------------|---------------------------|----------------------|--|--|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE | | |
| CMAT 99C1 A3 | - | 3,973. | 3,764. | | |
| AMERIPRISE FINANCIAL, INC. NOTES | | 11,006. | 11,366. | | |
| COMCAST CORPORATION NOTES | | 6,999. | 7,234. | | |
| BANK OF AMERICA CORPORATION NOTES | | 10,207. | 10,585. | | |
| WAL-MART STORES IN C DEBENTURE MANI |) SINK FUND | 4,008. | | | |
| CONOCO FUNDING COMPANY NOTES | | 10,172. | 10,880. | | |
| AMERICAN INTERNATIONAL GROUP INC. M | MEDIUM TERM | | | | |
| NOTE | | 10,043. | 9,931. | | |
| VERIZON GLOBAL FUNDING CORP. NOTES | 10,459. | 11,272. | | | |
| BANK OF NY MELLON CORP | | 6,173. | 6,462. | | |
| FISERV, INC NOTES | | 7,054. | | | |
| AT&T INC NOTES | 6,011. | | | | |
| GENERAL ELECTRIC COMPANY NOTES | | 9,911. | | | |
| MEDTRONIC, INC. NOTES | | 10,498. | | | |
| CAROLINA POWER AND LIGHT FIRST MORT | | 10,796. | | | |
| VIRGINIA ELECTRIC AND POWER COMPANY | NOTES | 6,917. | 7,388. | | |
| APACHE CORPORATION | | 10,096. | 10,660. | | |
| ELI LILLY AND COMPANY NOTES | | _ <u>_ 9,</u> 99 <u>6</u> | | | |
| THE COCA-COLA COMPANY NOTES | | 6,990. | 7,541. | | |
| PRUDENTIAL FINANCIAL INCORPORATED M | MEDIUM TERM | | | | |
| NOTE | | 7,034. | 7,222. | | |
| UNITED TECHNOLOGIES CORPORATION NOT | res | 10,979. | 11,722. | | |
| DUKE ENERGY CAROLINAS, LLC | | 3,007. | 3,104. | | |
| UNION PACIFIC CORPORATION NOTES | | 6,983. | 7,332. | | |
| CWALT 0215CB B1 | | 15,536. | 7,516. | | |
| JPMCC 02C3 | | 13,902. | 14,426. | | |
| WBCMT 07C31 | | 17,085. | 16,362. | | |
| HONEYWELL INTERNATIONAL | | 2,204. | 6,299. | | |
| TOTAL TO FORM 990-PF, PART II, LINE | 228,039. | 234,150. | | | |
| EODW 000 DE | | | CMA MEMENTO 6 | | |
| FORM 990-PF OTHE | ER INVESTMENTS | | STATEMENT 6 | | |
| PEGGETERTON | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE | | |
| DESCRIPTION | | | | | |
| | | | | | |
| GOLDMAN SACHS CORE FIXED INC A | COST | 422.222 | 422.045 | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A | | 439,390. | 439,845. | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL | COST COST | | • | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL FUND CLASS A | COST | 439,390. 43,881. | 439,845. 41,888. | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL FUND CLASS A GOLDMAN SACHS STRATEGIC GROWTH | | 43,881. | 41,888. | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL FUND CLASS A GOLDMAN SACHS STRATEGIC GROWTH CLASS A | COST COST | | | | |
| GOLDMAN SACHS CORE FIXED INC A MUTUAL FUND CLASS A GOLDMAN SACHS HIGH YIELD A MUTUAL FUND CLASS A GOLDMAN SACHS STRATEGIC GROWTH | COST COST | 43,881. | 41,888. | | |

| | 313 OCEAN MIST COURT RGINIA BEACH, VA 2345 | 4 |
|--|---|-------------------------------|
| NAME OF CONTRIBUTOR AI | DDRESS | |
| FORM 990-PF LIST OF SUBSTANT PART VII-A | TIAL CONTRIBUTORS | STATEMENT 7 |
| TOTAL TO FORM 990-PF, PART II, LINE 13 | 1,177, | 884. 1,024,042. |
| FUND CL A | | 227. 14,782. |
| EQUITY CLASS A GOLDMAN SACHS INTL REAL ESTATE SECS | 36, COST | 553. 26,020. |
| GOLDMAN SACHS EMERGING MARKETS | COST 130, | 100,024. |
| GOLDMAN SACHS REAL ESTATE CLASS A GS STRUCTURED INTL EQUITY CLASS A | COST 23, | 699. 15,368. 553. 100,824. |
| GS-STRUCTURED SMALL CAP EQUITY CLASS A | COST 38. | 539. 32,777. |
| PAPINEAU FAMILY FOUNDATION | | 20-8115584 |

| Form | 8868 (Rev. 4-2009) | | | Page 2 |
|---------------------------------|---|----------|-----------------------------|----------------------------------|
| • If v | rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo | x | | ▶ X |
| . ' | Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed | | 3868. | · — |
| <u>● If y</u> | ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | | | |
| Par | t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co | pies r | eeded). | |
| Туре | or Name of Exempt Organization | Emp | oyer identi | fication number |
| print | PAPINEAU FAMILY FOUNDATION | 2 | 0-8115 | 584 |
| File by extend due da | Number, street, and room or suite no. If a PO box, see instructions. | For If | RS use only | |
| filing the return instruc | See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| Chec | k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 | = ` | orm 5227 orm 6069 | Form 8870 |
| STO | P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou | sly file | d Form 88 | 68. |
| Te ● If | JAMES C. PAPINEAU ne books are in the care of ▶ 2813 OCEAN MIST COURT - VIRGINIA BEACH, stephone No. ▶ 757-496-0708 the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) | s is for | r the whole ers the exte | group, check this ension is for. |
| | ACCURATE TAX RETURN. | MPD | EIE AL | יום |
| 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 | \$ | 0. |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| С | 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 | 8c | \$ | 0. |
| | Signature and Verification | | | |
| Undei it is tr | penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ue, correct, and complete, and that I am authorized to prepare this form. | best o | f my knowled | lge and belief, |
| Signa | ture ▶ Title ▶ PRESIDENT | Date | | |