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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

2009

| | Amended return | Address chan | ge L | Name change | |
|----------------|--|-------------------------------|--|---|---------------------|
| | the IRS Name of foundation | A Employer identification | n number | | |
| | abel. erwise, The Foley Family Char | ritable Found | ation | 77-0472642 | 2 |
| | print Number and street (or P O box number if mail is not d | | Room/suite | B Telephone number | |
| | type 601 Riverside Avenue, | 12th Floor | | (904) 854 | -8928 |
| | Specific City or town, state, and ZIP code | | | C If exemption application is | |
| | packsonville, FL 322 | | | D 1. Foreign organization | is, check here |
| H C | | xempt private foundation | | Foreign organizations mechanisms and attach of the control of | computation |
| <u> </u> | Section 4947(a)(1) nonexempt charitable trust X ir market value of all assets at end of year J Account | ing method: X Cash | Accrual | E If private foundation st | atus was terminated |
| | · I — | ther (specify) | Accidal | under section 507(b)(1 | |
| \ | 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ımn (d) must be on cash l | basis) | F If the foundation is in a under section 507(b)(1 | |
| Pa | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disburseme |
| | necessarily equal the amounts in column (a)) | expenses per books | income | income | (cash basis on |
| | 1 Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 Check If the foundation is not required to attach Sch 8 Interest on savings and temporary | 7,457. | 7 157 | | Ctataman |
| | acash investments Dividends and interest from securities | 709,141. | 7,457 698,436 | · | Statement |
| | 5a Gross rents | 705,141. | 0,00,400 | 1 | Deacemen |
| l | b Net rental income or (loss) | - | | | |
| • | 6a Net gain or (loss) from sale of assets not on line 10 | 3,436,556. | ······································ | | Statemen |
| Revenue | b Gross sales price for all7,950,113. | | | | |
| eve. | 7 Capital gain net income (from Part IV, line 2) | | 5,743,102 | | |
| | Net short-term capital gain Income modifications, EIVED | | | | ļ |
| | Green asies less returns to the control of the cont | | | | |
| | 10a and allowances b Less cost of goods shift 1 6 2010 | | · - | | |
| | b Less Cost of goods spig 1 6 2010 0 | | | | |
| | 11 Other income | | | | |
| | 12 Total Add In & CAROLEN N, UT | 4,153,154. | 6,448,995 | | |
| | 13 Compensation of officers, directors, trustees, etc | 48,000. | 24,000 | • | 24, |
| | 14 Other employee salaries and wages15 Pension plans, employee benefits | 3,704. | 1,852 | | 1, |
| es | 16a Legal fees Stmt 4 | 81. | 0 | | + + + + + |
| xbenses | b Accounting fees Stmt 5 | 239. | 239 | | |
| ш | c Other professional fees | | | | |
| tive | 17 Interest | 00 105 | | <u> </u> | |
| stra | 18 Taxes Stmt 6 | 20,135. | 0 | • | |
| Administrative | 19 Depreciation and depletion20 Occupancy | | | | + |
| Adn | 21 Travel, conferences, and meetings | 1,746. | 1,746 | | |
| and | 22 Printing and publications | | · | | |
| ng 8 | 23 Other expenses Stmt 7 | 150. | 150 | • | |
| Operating | 24 Total operating and administrative | E 4 055 | 05 005 | | |
| Ope | expenses. Add lines 13 through 23 | 74,055. 220,000. | 27,987 | • | 26, |
| - | 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. | 220,000. | | | 220, |
| | Add lines 24 and 25 | 294,055. | 27,987 | . | 246, |
| | 27 Subtract line 26 from line 12 | | | | |
| | a Excess of revenue over expenses and disbursements | 3,859,099. | | <u> </u> | <u> </u> |
| | b Net investment income (if negative, enter -0-) | | 6,421,008 | | |
| 9235 | C Adjusted net income (if negative, enter -0-) | <u> </u> | | N/A | |
| 92350 02-02 | 2-10 LHA For Privacy Act and Paperwork Reduction | n Act Notice, see the instruc | tions. 1 | | Form 990-PF |

Page 2

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | End of year | | |
|--|------------|--|--------------------|---------------------------------------|---------------------------|--|--|
| | <u>art</u> | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | 1,346,175. | 4,907,478. | 4,907,478. | | |
| | 2 | Savings and temporary cash investments | | | | | |
| | 1 | Accounts receivable ► | | | | | |
| | | Less: allowance for doubtful accounts | | | | | |
| | 4 | Pledges receivable ▶ | | | | | |
| | ` | Less; allowance for doubtful accounts ▶ | | | | | |
| | 5 | Grants receivable | | | | | |
| | | Receivables due from officers, directors, trustees, and other | | | | | |
| | ľ | disqualified persons | | | | | |
| | 7 | Other notes and loans receivable | | | | | |
| | l | Less: allowance for doubtful accounts | | | | | |
| | ١, | Inventories for sale or use | | | | | |
| Assets | l | . | | | | | |
| Ass | | Prepaid expenses and deferred charges | | | | | |
| - | l | Investments - U.S. and state government obligations Investments - corporate stock Stmt 8 | 17,409,663. | 17,707,453. | 23,445,692. | | |
| | | | 17,409,003. | 17,707,433. | 23,443,032. | | |
| | | Investments - corporate bonds | | | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | | | |
| | ١ | Less accumulated depreciation | | | | | |
| | | Investments - mortgage loans | | | | | |
| | l | Investments - other | | · · · · · · · · · · · · · · · · · · · | | | |
| | 14 | Land, buildings, and equipment: basis | | | | | |
| | | Less accumulated depreciation | | · | | | |
| | 15 | Other assets (describe | | | | | |
| | | | | | | | |
| | 16 | Total assets (to be completed by all filers) | 18,755,838. | 22,614,931. 1,479. | 28,353,170. | | |
| | 17 | Accounts payable and accrued expenses | 1,485. | 1,479. | | | |
| | 18 | Grants payable | | | | | |
| S | 19 | Deferred revenue | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| ф | 21 | Mortgages and other notes payable | | | | | |
| = | 22 | Other liabilities (describe ►) | | | | | |
| | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 1,485. | 1,479. | | | |
| | | Foundations that follow SFAS 117, check here | | | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| nces | 24 | Unrestricted | | | | | |
| auc | | Temporarily restricted | - / | | | | |
| 3ali | l | Permanently restricted | | | | | |
| 펄 | 20 | Foundations that do not follow SFAS 117, check here | | | | | |
| Net Assets or Fund Bala | ļ | and complete lines 27 through 31. | | | | | |
| þ | 27 | Capital stock, trust principal, or current funds | 0. | 0. | | | |
| ets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | | | |
| 188 | 29 | Retained earnings, accumulated income, endowment, or other funds | 18,754,353. | 22,613,452. | | | |
| et/ | l | Total net assets or fund balances | 18,754,353. | 22,613,452. | | | |
| Z | 30 | Total het assets of fully balances | 10,754,555 | 22,013,432. | | | |
| | ١,, | Total lightilities and not constant word halances | 18,755,838. | 22,614,931. | | | |
| _ | 31 | Total liabilities and net assets/fund balances | | 22,014,331. | | | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | | | |
| = | Tota | I not accept or fund halanges at hacianing of year. Dort II. ashirms (-) has | 20 | | | | |
| 1 | | I net assets or fund balances at beginning of year - Part II, column (a), line | ວບ | | 10 754 252 | | |
| _ | - | st agree with end-of-year figure reported on prior year's return) | | 1 | 18,754,353. | | |
| | | r amount from Part I, line 27a | 2 | 3,859,099. | | | |
| | | r increases not included in line 2 (itemize) | 3 | 0. | | | |
| | | lines 1, 2, and 3 | | 4 | 22,613,452. | | |
| | | reases not included in line 2 (itemize) | -lu /h) 00 | 5 | 0. | | |
| <u>6</u> | ota | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 22,613,452. | | |
| | _ | | | | Form 990-PF (2009) | | |

| Part IV Capital Gains | and Losses for Tax on Ir | <u>ivestmen</u> | tincome | | | | | |
|---|--|---|---|------------------------------|------------------------------------|-------------|-------------------------------|---|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | (Б) Но Р - D - | w acquired Purchase Donation | | acquired lay, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | | | | | | | | |
| b See Attached | Statement | | | | | | | |
| С | | | · | | | | | |
| d | | | · - · · · · · · · · · · · · · · · · · · | | | | | |
| e | | , | | <u>L</u> , | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | ain or (loss s (f) minus | |
| a | | | | | | | | |
| b | | | | | | | | |
| <u> </u> | | | | | | | | |
| d | | | 0 000 01 | 4 | | | | F F 42 100 |
| e 7,950,113. | | | 2,207,01 | ⊥• | | | | 5,743,102. |
| Complete only for assets showin | g gain in column (h) and owned by | | | | | | ol. (h) gain | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (I) col (I), If any | | CUI | | not less that (from col. (| |
| a | | | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | | | | | | | _ | |
| e | | | | | - | | | 5,743,102. |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter If (loss), enter -0 | r ın Part I, line I- ın Part I, line | 7 | } | 2 | | | 5,743,102. |
| 3 Net short-term capital gain or (los | • | | | ΄ Γ | | | | |
| If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | | ш (о) | | } | 3 | | N/A | |
| Part V Qualification U | nder Section 4940(e) for | Reduced | Tax on Net | Inve | stment Inc | ome | | ** |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qual 1. Enter the appropriate amount in 6 | ion 4942 tax on the distributable am | implete this pa | rt. | | | | | Yes X No |
| (a) | ······································ | uctions before | making any entire | - | | | | (4) |
| Base period years Calendar year (or tax year beginnir | | | | | able-use assets | | Dıstrıt (col. (b) dıv | (d) oution ratio rided by col. (c)) |
| 2008 | | 9,457. | | | 285,313 | | | .120861 |
| 2007 | | 8,572. | | | 117,714 | | | .090947 |
| 2006 | | 6,085. | | | 209,643 | | | .092881 |
| 2005 | | 9,356. | | | 531,376 | | | .176401 |
| 2004 | | 0,322. | <u> </u> | 25, | 469,493 | • | | .028674 |
| 2 Total of line 1, column (d) | | | | | | 2 | | .509764 |
| 3 Average distribution ratio for the 5 the foundation has been in exister | • | on line 2 by 5, | or by the number | of year | S | 3 | | .101953 |
| 4 Enter the net value of noncharitab | le-use assets for 2009 from Part X, | line 5 | | | | 4 | 2 | 6,228,740. |
| 5 Multiply line 4 by line 3 | | | | | 5 | | 2,674,099. | |
| 6 Enter 1% of net investment incom | ie (1% of Part I, line 27b) | | | | | 6 | | 64,210. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 2,738,309. |
| 8 Enter qualifying distributions from | Part XII, line 4 line 7, check the box in Part VI, line | th and come | alete that nart usin | n a 10/ | tay rate | 8 | | 246,018. |
| See the Part VI instructions. | | | note that part using | ya 1/0 | wa rait. | · | | orm 990-PF (2009) |

| | 990-PF (2009) The Foley Family Charitable Foundation 77-04 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se | | | | age 4 |
|----------|---|----------|----------------|---------------|------------|
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 00 1110 | | | |
| 14 | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| . | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | - | 128 | 4 | 20. |
| U | of Part I, line 27b | | -20 | , - | |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| | Add lines 1 and 2 | | 128 | 4 | |
| | } | | | , 4. | <u> </u> |
| | , | | 128 | 7 | 20. |
| | | | | , 4. | 20. |
| | Credits/Payments: 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | | |
| | | | | | |
| | Exempt foreign organizations - tax withheld at source | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 107,000. | | | | |
| | Backup withholding erroneously withheld | | | _ | 4 1 |
| | Total credits and payments. Add lines 6a through 6d | <u>-</u> | L 2 8 | , 9 | <u>41.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | _ 5: | 21. |
| | Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 521 • Refunded ▶ 11 | | | | <u>0.</u> |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | _ Y | 'es | No |
| | any political campaign? | | а | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| | distributed by the foundation in connection with the activities | | | | |
| C | Did the foundation file Form 1120-POL for this year? | 1 | c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | \neg | | |
| | (1) On the foundation. \triangleright \$ 0. (2) On foundation managers. \triangleright \$ 0. | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | Ì | |
| | managers. ► \$ 0. | | | 1 | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | į | 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 incorporation, or | | | - 1 | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | - 1 | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | A T | ь | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | 一 | X |
| • | If "Yes," attach the statement required by General Instruction T | | | T | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| • | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | - | | |
| | remain in the governing instrument? | | 6 | x | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | $\frac{x}{x}$ | |
| • | If "Yes," complete Part II, col. (c), and Part XV | | ' + | | |
| g a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| ou | FL, CA | - | | l | |
| 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 | 8 | ь | x | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 0 | \Box | X |
| | | Form S | 90- | PF (| 2009) |

Form **990-PF** (2009)

| Form 990-PF (2009) The Foley Family Charita | ble Foundatic | n | <u>77-04726</u> | 42 Page 6 |
|--|--|------------------|--|-------------------------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be I | 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 | 1 4945(e))? | Ye | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955), o | r to carry on, directly or indire | | | |
| any voter registration drive? | | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 7 | Ye | es 🗶 No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Y6 | es 🗓 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? | | Ye | es 🗓 No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | ler the exceptions described i | in Regulations | | |
| 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 | ere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it mainta | ıned | | |
| expenditure responsibility for the grant? | N. | I/A Ye | s No | |
| If "Yes," attach the statement required by Regulations section 53 4945 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | Ye | es X No | 1 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | b X |
| If "Yes" to 6b, file Form 8870 | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es 🗶 No 📙 | |
| b If yes, did the foundation receive any proceeds or have any net income attribute | | | | 7b |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | ınagers, Highly | y | |
| Paid Elliployees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d)0 | (-) Evpapas |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| (4) | to position | enter -0-) | compensation | allowances |
| | | 1 | | |
| G Gb b | | 40.000 | ا م | 0 |
| See Statement 9 | · · · · · · · · · · · · · · · · · · · | 48,000. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · · | - | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1) If none | enter "NONF " | | ···· |
| | (b) Title, and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred | account, other allowances |
| NONE | devoted to position | | compensation | allowalices |
| NONE | : | | | |
| | - | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | † | | |
| | | | | |
| Total number of other employees paid over \$50,000 | L | <u> </u> | • | 0 |
| | | | Form 9 | 990-PF (2009) |

| Total. Add lines 1 | through 3 | > | | 0. |
|----------------------|--|---------------------|-------------|--------|
| | | | | |
| | | | | |
| 3 | | | | |
| All other program-re | elated investments. See instructions. | | | |
| | | - | | |
| 2 | | | | |
| | | | | |
| | | | | |
| 1 N/A | | | | |
| Describe the two lar | gest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount | |
| Part IX-B Su | mmary of Program-Related Investments | | | |
| | | | | |
| 4 | | | | |
| | | | | |
| | | | | |
| 3 | | | | |
| • | | | | |
| 2 | | | | |
| | | | | |
| | | *** | | |
| 1 N/A | <u></u> | | | |
| number of organiza | s four largest direct charitable activities during the tax year. Include relevant statistical information tions and other beneficiaries served, conferences convened, research papers produced, etc. | i such as the | Expenses | |
| | ummary of Direct Charitable Activities | a guah on tha | | |
| Total number of oth | ers receiving over \$50,000 for professional services | _ | <u> </u> | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| | | | <u> </u> | |
| | | | | |
| | | | | |
| NON | E | | | |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compen | sation |
| | aid independent contractors for professional services. If none, enter "NONE." | | | |
| Part VIII In | formation About Officers, Directors, Trustees, Foundation Mana aid Employees, and Contractors (continued) | gers, Highly | | |
| Form 990-PF (2009) | | | 72642 P | Page 7 |

Form **990-PF** (2009)

| P | art X Minimum Investment Return (All domestic foundations mus | st complete this part. Forei | gn foundation | s, see instructions.) |
|----|--|---------------------------------|-------------------|---------------------------------------|
| = | Fair market value of assets not used (or held for use) directly in carrying out charitable, | etc., purposes. | | |
| a | and the state of a secondary | , F . F | 1a | 24,293,216. |
| ь | Average of monthly cash balances | | 1b | 24,293,216. 2,334,946. |
| C | Fair market value of all other assets | | 1c | |
| d | Total (add lines 1a, b, and c) | | 1d | 26,628,162. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | | · · · · · · · · · · · · · · · · · · · |
| _ | 1 | e | 0. | |
| 2 | Acquisition indebtedness applicable to line 1 assets | <u> </u> | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | 3 | 26,628,162. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se | ee instructions) | 4 | 399,422. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa | | 5 | 26,228,740. |
| 6 | Minimum investment return. Enter 5% of line 5 | , | 6 | 1,311,437. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part.) | (j)(5) private operating founda | tions and certain | |
| 1 | Minimum investment return from Part X, line 6 | · | 1 | 1,311,437. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | a 128,4 | 20. | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | b | | |
| C | Add lines 2a and 2b | | 2c | 128,420. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | 3 | 1,183,017. |
| 4 | Recoveries of amounts treated as qualifying distributions | | 4 | 0. |
| 5 | Add lines 3 and 4 | | 5 | 1,183,017. |
| 6 | Deduction from distributable amount (see instructions) | | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII | II, line 1 | 7 | 1,183,017. |
| P | art XII Qualifying Distributions (see instructions) | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purpos | ses: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | 1a | 246,018. |
| 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: | | | |
| а | Suitability test (prior IRS approval required) | | 3a | |
| þ | Cash distribution test (attach the required schedule) | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and 6 | Part XIII, line 4 | 4 | 246,018. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | nent | | |
| | income. Enter 1% of Part I, line 27b | | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 6 | 246,018. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years whe | n calculating whether the foun | dation qualifies | for 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. | Corpus | Tears prior to 2000 | 2000 | 2009 |
| line 7 | | | | 1,183,017. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | 2,200,027. |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: | | 7 | | |
| • · · · · · · · · · · · · · · · · · · · | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 | | | | |
| bFrom 2005 2,835,521. | | | | |
| cFrom 2006 1,712,449. | | | | |
| dFrom 2007 1,672,210. | | | | |
| eFrom 2008 2,095,413. | | | | |
| f Total of lines 3a through e | 8,315,593. | | | |
| 4 Qualifying distributions for 2009 from | - | | | |
| Part XII, line 4: ▶\$ 246,018. | | | | |
| 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 | | | | 246,018. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2009 (if an amount appears in column (d), the same amount must be shown in column (a)) | 936,999. | | | 936,999. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 7,378,594. | | | |
| b Prior years' undistributed income Subtract | <u> </u> | | | |
| 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. | 7 270 504 | | | |
| Subtract lines 7 and 8 from line 6a | 7,378,594. | | " | |
| 10 Analysis of line 9: a Excess from 2005 1,898,522. | | | | |
| b Excess from 2006 1,712,449. | | | | |
| c Excess from 2007 1,672,210. | | | | |
| dExcess from 2008 2,095,413. | | | | |
| e Excess from 2009 | | | | |
| | | | | Form 990-PF (2009) |

923581 02-02-10

| Part XV Supplementary Information | (continued) | | | |
|--|--|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the | | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| a Paid during the year Alpine Theatre Project PO Box 1959 Whitefish, MT 59937 | or šubstantial contributor N/A | Public Charity | Cultural Enrichment | 20,000. |
| West Point Association of Graduates 698 Mills Road West Point, NY 10996 | N/A | Public Charity | Build athletic facility | 200,000. |
| Total | <u> </u> | | ▶ 3a | 220,000. |
| b Approved for future payment Alpine Theatre Project PO Box 1959 Whitefish, MT 59937 | N/A | Public Charity | Cultural Enrichment | 10,000. |
| | 1 | | | |
| Total | 1 | | ▶ 3b | 10,000. |

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | d by section 512, 513, or 514 | (e) | |
|---|------------------|-----------------|---------------|-------------------------------|---------------------------------------|--|
| | (a) | (b) | (C) Exclu- | (d) | Related or exempt | |
| 1 Program service revenue: | Business code | Amount | sion | Amount | function income | |
| a | | | | | · · | |
| b | | | | | | |
| C | | | | | · · · · · · · · · · · · · · · · · · · | |
| d | | | | | | |
| e | | | | | | |
| f | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | |
| investments | | | 14 | 7,457. | | |
| 4 Dividends and interest from securities | | | 14 | 709,141. | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | I | - | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | 18 | 3,436,556. | | |
| 9 Net income or (loss) from special events | | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | | |
| 1 Other revenue: | | | | | • | |
| a | | | | | | |
| b | | | | | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | _ | (|). | 4,153,154. | | |
| 3 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 4,153,15 | |
| See worksheet in line 13 instructions to verify calculations. |) | | | | | |

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

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|--------------------|---|
| | |
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| | |
| 923621 02-02-10 | Form 990-PF (2009 |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | =xempt Orgar | iizations | | | | | |
|------|---|-------------------------|---|---|-------------|------|--|--|
| 1 | Did the organi | zation directly or indi | rectly engage in any of the following with any other organization | described in section 501(c) of | Yes | No | | |
| | the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | |
| а | a Transfers from the reporting foundation to a noncharitable exempt organization of | | | | | | | |
| | (1) Cash | | | | | | | |
| | (2) Other ass | ets | | 1 | a(2) | X | | |
| ь | b Other transactions: | | | | | | | |
| | (1) Sales of a | ssets to a noncharita | ble exempt organization | 1 | b(1) | X | | |
| | (2) Purchases | of assets from a no | ncharitable exempt organization | 1 | b(2) | X | | |
| | (3) Rental of | acilities, equipment, | or other assets | 1 | b(3) | X | | |
| | (4) Reimburs | ement arrangements | | 1 | b(4) | X | | |
| | (5) Loans or | oan guarantees | | 1 | b(5) | X | | |
| | (6) Performai | ice of services or me | embership or fundraising solicitations | 1 | b(6) | X | | |
| C | Sharing of faci | lities, equipment, ma | uling lists, other assets, or paid employees | | 1c | X | | |
| d | If the answer t | o any of the above is | "Yes," complete the following schedule. Column (b) should alway | ys show the fair market value of the goods, othe | r assets, | ·- | | |
| | or services giv | en by the reporting f | oundation. If the foundation received less than fair market value | in any transaction or sharing arrangement, show | ın | | | |
| | column (d) the | value of the goods, | other assets, or services received. | | | | | |
| (a)∟ | ine no (b) / | Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and share | ng arrangem | ents | | |
| | I | | N/A | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | • | | | | | | |

| 2a | Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described | | |
|----|---|-----|------|
| | in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | Yes | X No |

| b if res, complete the following schedule. | | |
|--|--------------------------|---------------------------------|
| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
| N/A | | |
| | | |
| | | |
| | | |
| | | |

| _ | | | <u> </u> | | | |
|-----|---------------|---|--------------------------------|----------------------|--------------|---|
| 1 | | enalties of perjury, I declare that I have examined this return, including acco | | | | d belief, it is true, correct, |
| 1 | and con | plete Declaration of preparer (other than taxpayer or fiduciary) is based on | all information of which prepa | irer has any knowled | ge | |
| 1 | | | . 0/21/ | 1 | | |
| 1 | | | 8/2/1/ | ▶ Pres | sident | |
| ч | हें | anature of officer or trustee | 104 | | | |
| Ŀ | 7 31 | mature of officerior trustee | Date | Title | | |
| : 1 | | Preparer's | | Date | Check if | Preparer's identifying number |
| Ы | ς > | | $1 \sim$ | 7-30-10 | self- | ¬ |
| 1 | 구하는 | | $\overline{}$ | 1 20 10 | employed L | <u> </u> |
| ı | Paid spare | Firm's name (or yours Marisol Delrey | | | EIN ▶ | |
| - | 면 취 % | L CO1 Dii i i i i i i i i i i i i i i i | o 12+h ₽1o | | | |
| -1 | ᇫᄀ | | | or | | |
| 1 | _ | address, and ZIP code Jacksonville, FL 32 | 204 | | Phone no. | (904) 854-8583 |

Form **990-PF** (2009)

| The Foley Family | | | 72642 | Page | <u> </u> | of | <u> </u> |
|---------------------------------------|--|---|-------|---------------------------------------|-------------------------------|-----------------------|----------|
| Part IV Capital Gains and Los | | | | | | | |
| | describe the kind(s) of property so ick warehouse; or common stock, 2 | | | v acquired urchase lonation (mo | ate acquired o., day, yr.) | (d) Date (mo., day | |
| 1a Iowa Telecom S | vcs, Inc. (50,00 | 0 shares) | | P 11, | 03/09 | 12/09 | 709 |
| b General Electr: | ic Co. (11,522 s | shares) | | P Vai | rious | 04/27 | 7/09 |
| c Bank of America | a (10,100 shares | 3) | | P 04, | 08/08 | 04/30 | 1/09 |
| d Home Depot, Inc | c. (13,800 share | es) | | P 04 | 08/08 | 04/30 | 709 |
| e JP Morgan Chase | e & Co. (9,100 s | shares) | | P Vai | cious | 04/30 | 7/09 |
| 1 Lender Process: | ing Services, Ir | nc. (155,610 shar | es) | D Vai | cious | Vario | us |
| g | | | | - | | | |
| h | | | | | | | |
| 1 | | | | | | | |
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| k | | | | | | | |
| T | | | | | | | |
| m | | | | | | | |
| n | | | | | | | |
| 0 | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | · | (h) Gain (e) plus (f) | | | |
| a 821,522. | | 590,690. | | | | 230,8 | 32. |
| b 138,031. | | 407,234. | | | < | 269,2 | |
| c 89,585. | | 402,462. | | | | 312,8 | |
| d 355,203. | | 401,492. | | | | <46,2 | |
| 200 000 | | 400,797. | | | | 100,7 | 77. |
| 6,245,752. | | 4,336. | | | 6, | 241,4 | 16. |
| g | | | | | | | |
| h | | | | | | | |
| 1 | | | | | | | |
| 1 | | | | | | | |
| k | | | | | | | |
| I | | | | | | | |
| m | | | | | | | |
| n | | | | | | | |
| 0 | | | | | | | |
| Complete only for assets showing | g gain in column (h) and owned by | the foundation on 12/31/69 | | (I) Losses (f | rom col. (h)) |) | |
| (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 | Gains | s (excess of col. but not less | | r col. (k), | |
| a | | | | | | 230,8 | |
| b | | | | | < | 269,2 | 03. |
| С | | | | | < | 312,8 | 77.: |
| c d | | | | | | <46,2 | |
| e | | • | | | | 100,7 | |
| f | | | | | 6, | 241,4 | 16. |
| g | | | | | | | |
| h | | | | | | | |
| 1 | | | | | | | |
| 1 | | | | | | | |
| k | | | | | | | |
| 1 | | | | | | | |
| m | | | | | | | |
| n | | | | | | | |
| 0 | ····· | | | | | | |
| 2 Capital gain net income or (net cap | pital loss) { If gain, also ente | er in Part I, line 7 0-" in Part I, line 7 | 2 | | 5, | 743,1 | 02. |

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

N/A

| Form 990 | O-PF G | ain or (Loss) f | from Sale | of A | ssets | Sta | tement 1 |
|----------|-----------------------------|-------------------------------|------------------------|------|-----------------|------------------|----------------|
| Descript | (a) tion of Property | • | | | anner quired | Date Acquired | Date Sold |
| Iowa Tel | lecom Svcs, Inc. | | s) | Pur | chased | 11/03/09 | 12/09/09 |
| | (b) Gross | (c) Cost or | (d) Expense | of | (e) | | (f) |
| _ | Sales Price | Other Basis | Sale | | Depre | c. Gain | or Loss |
| | 821,522. | 590,690. | | 0. | | 0. | 230,832. |
| Descript | (a) tion of Property | | | | anner quired | Date Acquired | Date Sold |
| General | Electric Co. (1 | | | Pur | chased | Various | 04/27/09 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. Gair | (f) or Loss |
| _ | 138,031. | 407,234. | | 0. | | 0. | <269,203.> |
| Descript | (a) tion of Property | , | | | anner quired | Date Acquired | Date Sold |
| Bank of | America (10,100 | _ shares) | | Pur | chased | 04/08/08 | 04/30/09 |
| | (b) Gross | (c) Cost or | (d) Expense | of | (e) | | (f) |
| | Sales Price | Other Basis | Sale | | Depre | c. Gain | or Loss |
| _ | 89,585. | 402,462. | | 0. | | 0. | <312,877.> |

| Descript | (a) tion of Property | | | | Manner cquired | | te ired | Date So | old |
|----------|-----------------------------|-------------------------------|------------------------|------|-------------------|----------|------------|-------------------|----------|
| Home Dep | pot, Inc. (13,80 | 0 shares) | | Pui | chased | 04/0 | 8/08 | 04/30 | /09 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss | S |
| _ | 355,203. | 401,492. | | 0. | | 0. | | <46,28 | 89.> |
| Descript | (a) tion of Property | | | | Manner cquired | | te ired | Date So | old |
| JP Morga | an Chase & Co. (| 9,100 shares) | | Pui | rchased | Vari | ous | 04/30 | /09 |
| | (b) Gross | (c) Cost or Other Basis | (d) Expense | of | (e) | _ | Co i o | (f) | ~ |
| _ | Sales Price 300,020. | 400,797. | Sale | 0. | Depre | 0. | ——— | or Loss <100,7 | |
| | | | (b) | | onated (e) | | ous | Variou | us |
| _ | (b) (c) (d) | Depre | c • | Gain | or Loss | S | | | |
| | 6,245,752. | 2,310,882. | | 0. | | 0. | | 3,934,8 | 70. |
| Capital | Gains Dividends | from Part IV | | | | | | | 0. |
| Total to | o Form 990-PF, P | art I, line 6a | | | | | | 3,436,5 | 56. |
| Form 990 | 0-PF Interest o | n Savings and T | emporary | Casl | n Invest | ments | Sta | tement | 2 |
| Source | | | | | | | | Amount | |
| Merrill | Lynch | | | | | | | 7,4 | 57. |
| Total to | o Form 990-PF, P | art I, line 3, | Column A | | | | | 7,4 | 57. |

| Form 990-PF Dividend | ds and | Inter | est — | from | Secui | rities | Statement | 3 |
|--------------------------------|----------------------|------------|----------|--------------|-------|------------------------------|---------------|-----------|
| Source | | Gross | Amo | unt | | ital Gains ividends | Column (A | ۲) |
| FIS Dividends | _ | | | 690. | | 0. | 53,6 | |
| LPS Dividends Merrill Lynch | | | | 845. 446. | | 0. 0. | 26,8 549,4 | |
| Other Fidelity Dividends | | | | 160. | | 0. | 79,1 | |
| Total to Fm 990-PF, Part I, | ln 4 = | - | 709, | 141. | | 0. | 709,1 | 41. |
| Form 990-PF | | Legal | Fee | s | | | Statement | 4 |
| Description | (a Exper Per E | ıses | | (b) Inve | | (c) Adjusted Net Incom | | |
| Annual report filing fees | | 81. | | | 0. | | | 81. |
| To Fm 990-PF, Pg 1, ln 16a | | 81. | | | 0. | | | 81. |
| Form 990-PF | Acc | counti | ng F | 'ees | .: ' | | Statement | |
| Description | (a Exper Per E | a) ises | Net | (b) Inve | | (c) Adjusted Net Incom | | |
| Tax return prep fees | | 239. | | | 239. | - | | 0. |
| To Form 990-PF, Pg 1, ln 16b | <u> </u> | 239. | | | 239. | | | 0. |
| Form 990-PF | | Tax | es | | | | Statement | 6 |
| Description | (a Exper Per E | ises | | (b) Inve | | (c) Adjusted Net Incom | | |
| Federal State | 20 | 0,050. | | | 0. | | | 0. 85. |
| To Form 990-PF, Pg 1, ln 18 | 20 |),135. | | | 0. | | | 85. |
| = | | | === | | | | | |

Total to Form 990-PF, Part II, line 10b

| Form 990-PF | Other E | xpenses | <u></u> | | Statement | 7 |
|---|--|---------|----------|--|--|--|
| Description | (a) Expenses Per Books | | | (c) Adjusted Net Incom | | |
| Bank Fees | 150. | 1 | 150. | | | 0. |
| To Form 990-PF, Pg 1, ln 23 | 150. | 1 | L50. | | | 0. |
| Form 990-PF | Corporat | e Stock | | | Statement | 8 |
| Description | | | Book | : Value | Fair Mark Value | et |
| AT&T, Inc. 12,700 shares BB&T Corp. 4,700 shares Du Pont De Nemoirs 8,700 share Fidelity Ntl Info Svcs 311,22 Fidelity Ntl Financial, Inc. Merck & Co. Inc. 10,100 share Pfizer, Inc. 15,100 shares Verizon Communications 10,800 Chevron Corp. Altria Group, Inc. 125,000 sl Boeing Co. 5,400 shares Caterpillar, Inc. 6,400 shares Coca Cola Co. 5,000 shares Frontier Communications Corp Kraft Food 9,500 shares Pepco Holdings, Inc. 10,000 sl | 22 shares 708,106 sha es 0 shares hares es 100,000 sha | | 2, 8, | 403,859. 172,660. 400,774. 977,176. 131,542. 403,719. 405,159. 391,561. 246,089. 425,073. 213,553. 213,695. 211,407. 725,970. 213,084. 172,132. | 355, 119, 292, 7,295, 9,531, 369, 274, 357, 246, 2,453, 292, 364, 285, 781, 258, | 239. 929. 107. 054. 669. 804. 368. 750. 000. |

17,707,453.

23,445,692.

| | t of Officers, D Foundation Mana | | State | ement 9 |
|---|-------------------------------------|-------------------|---------------------------------|----------|
| Name and Address | Title and Avrg Hrs/Wk | Compen- sation | Employee Ben Plan Contrib | |
| Lindsay E. Foley 160 Stageline Drive Whitefish, MT 59937 | President 20.00 | 48,000. | 0. | 0. |
| Carol J. Foley 133 Ponte Vedra Blvd Ponte Vedra Beach, FL 32082 | Secretary 0.00 | 0. | 0. | 0. |
| William P. Foley, II 133 Ponte Vedra Blvd Ponte Vedra Beach, FL 32082 | Director 0.00 | 0. | 0. | 0. |
| Alan L. Stinson 911 Wisconsin Avenue, Suite 203 Whitefish, MT 59937 | Director 0.00 | 0. | 0. | 0. |
| Ed Dewey 47 Via Alicia Santa Barbara, CA 93108 | Director 0.00 | 0. | 0. | 0. |
| Peter Sadowski 1401 Riverplace Blvd, Apt 2710 Jacksonville, FL 32207 | Director 0.00 | 0. | 0. | 0. |
| Totals included on 990-PF, Page 6 | , Part VIII | 48,000. | 0. | 0. |
| | XV - Line 1a oundation Manage | ers | State | ement 10 |

Name of Manager

Carol J. Foley William P. Foley, II

Form **8868**

(Rev. April 2009)

Department of the Treasury

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

OMB No. 1545-1709

| The Foley Family Charitable Foundation The Foley Family Charitable Foundation Number, street, and room or suite no. If a P.O. box, see instructions 601 Riverside Avenue, 12th Floor City, town or post office, state, and ZIP code. For a foreign address, see instructions. Jacksonville, FL 32204 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-E Form 990-E Form 990-E Form 990-F The books are in the care of P11 Wisconsin Avenue, Suite 203 - Whitefis Telephone No. (406) 863-2065 If the organization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization for each this box and attach a list with the names and EINs of all memiliance is for the organization for each return for the organization named above. If this store an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until August 15, 2010 If the organization's return for: X calendar year 2009 or The store of the group of the group of the exempt organization return for the organization named above. If this the organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 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. Balance Due, Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). | a previously filed Form 8868. leded) box and complete to request an extension of time matic extension of time to file one of the returns 8868 electronically if (1) you want the additional mposite or consolidated Form 990-T. Instead, a electronic filing of this form, visit Employer identification number 77-0472642 |
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| Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete and I only if other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of infelianceme tax returns. lectronic Filling (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of infelianceme tax returns. lectronic Filling (e-file), Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of closed below (in months for a corporation required to file Form 990-T). However, you cannot file Form 8869 electronically not automatic) 3-month extension or (2) you file Forms 990-EB, 6069, or 6870, group returns, or a composite or consoled our must submit the fully completed and signed daps 2 (Part III) of Form 8868. For more details on the electronic filling of www.rs.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization The Foley Family Charitable Foundation The Foley Family Charitabl | box and complete to request an extension of time matic extension of time to file one of the returns 3868 electronically if (1) you want the additional mposite or consolidated Form 990-T. Instead, e electronic filing of this form, visit Employer identification number 77-0472642 Form 5227 Form 6069 Form 8870 Whitefish, MT 59937 863-2065 x If this is for the whole group, check this and EINs of all members the extension will cover. If the cover in the cover in the cover is the cover in the cover. The cover is the cover in the c |
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| The Foley Family Charitable Foundation To Number, street, and room or suite no. If a P.O. box, see instructions 601 Riverside Avenue, 12th Floor City, town or post office, state, and ZIP code, For a foreign address, see instructions. Jacksonville, FL 32204 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-BL Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-PF Form 1041-A Form 990-PF Form 1041-A Lindsay E. Foley The books are in the care of \$\infty\$ 11 Wisconsin Avenue, Suite 203 - Whitefis Telephone No. \$\infty\$ (406) 863-3880 FAX No. \$\infty\$ (406) 863-2065 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return enter the organization required to file Form 990-T) extension of time until August 15, 2010 The quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until August 15, 2010 The difference of the group of the exempt organization return for the organization named above. The first is for part of the group of the exempt organization return for the organization named above. The first is for Form 990-PF or 990-T, or foles, this form, or, or frequired, deposit with FTD coupon or, or, or frequired, by using EFTPS (Electronic Federal Tax Payment System). | Form 4720 Form 5227 Form 6069 Form 8870 - Whitefish, MT 59937 863-2065 x If this is for the whole group, check the and EINs of all members the extension will cover. on of time until ation named above. The extension |
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| OCC INSTRUCTIONS. | 3c \$ 107,000 |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 | |



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