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SCANNED MAY 2 1 2010

EXTENSION GRANTED TO 08/16/10

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.

Department of the Treasury Internal Revenue Service

Form **990-PF**

OMB No 1545-0052

See Check all that apply. Infinial return Infi	For	calen	dar year 2009, or tax year beginning		, and ending		
Use the IRS Name of foundation A Employer identification number	GC	heck					1
Otherwise, PERNINOLZ FOUNDATION pint Production Produ	Use	the	Name of the state of		80	·——	number
print in the first ward area for PO be a number of male and delivered be seen addressed or Type. Q							
Set Specific Clay of two status and 2P code instructions in LEAR ANON, N. 70 88 33 H. Check type of organization: X. Section 501(c)(3) exempt private foundation Far market value of all assets at end of year of the free control of the free contr							· · · · · · · · · · · · · · · · · · ·
See Specific City or Lown, State, and 2/P code LESANON, NJ 08433 H Check type of organization: XJ Section 591(c)(3) exempt private foundation Section 4947(a)(1) noneempt chartable trust: Other (specific) Section 494		•	· ·	•			.20
Instructions LESP ANONN, NJ 08833 If Check type of organization: XI Section 501(c)(3) exempt private foundation Section 447(k) in nonement port attrable trust Fair market value of all assets at end of year of the free type o		• •	W. C/O MCCMDH MODOCAMIE	5; 3 WERNER W	AY ZUU		
Section 4947(a)(1) nonexempt charable trust		•	City or town, state, and ZIP code			D 1. Foreign organizations	s, check here
Farm market value of all assets at end of year	H	_				Foreign organizations me check here and attach co	peting the 85% test, proputation
The company of the	느			` _			
Part Analysis of Revenue and Expenses Chestorian (chimust be on cash basis.) Unider section 507(b)(1)(B), check here Depart Analysis of Revenue and Supenses Chestorian (chimusto b), closed from consistent columns (b), closed from consistent Chestorian (chimusto) Chestorian (chimusto) Chestorian			· —	•	Accrual	under section 507(b)(1	(A), check here
Part Analysis of Revenue and Expenses (a) Revenue and expenses (b) Not investment (c) Adjusted net income (c) Adjusted net income (d) Debursaments (c) Adjusted net (e) Adjusted net					hacre l		
The store of amounts in columns 6), co., and (shraw) not income in columns (income) in columns (income) in columns (income) income income in columns (income) income incom		•				i	7.0
1 Contributions, grifs, grants, etc., received 2 Cheek	٢٢٥	11 ()	(The total of amounts in columns (b), (c), and (d) may not	expenses per books			for charitable purposes
Check		1		15,698,799.		N/A	(cast sast only)
Page 2 Captal gain ret income (from Part IV, line 2) Captal gain ret income (from Ine 12) Captal gain ret income (from Ine 1		2	, 	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Sa Gross rents Determination come of docs		3	Interest on savings and temporary				
D Not rental moome or (loss) A Not son or (loss) from sale of assets not on line 10 B Not seal son fine fine all parts of the seal son for sale all assets on line fine all assets or line fine all assets on line fine all assets or line fine fine fine fine fine fine fine f		4	Dividends and interest from securities	39.	39.		STATEMENT 1
68 Net game of (test) from sale of assets not on line 10		5a	Gross rents				
		b	Net rental income or (loss)				
8 Net short-term capital gain 9 Income modifications 10a and divarvances b Less Cost of poods sold c Gross profit or (loss) 11 Other income 7,172. 0. STATEMENT 2 15,706,010. 39. 11 Other income 7,172. 0. O.	•	6a					
8 Net short-term capital gain 9 Income modifications 10a and divarvances b Less Cost of poods sold c Gross profit or (loss) 11 Other income 7,172. 0. STATEMENT 2 15,706,010. 39. 11 Other income 7,172. 0. O.	nue	b					
8 Net short-term capital gain 9 Income modifications 10a and divarvances b Less Cost of poods sold c Gross profit or (loss) 11 Other income 7,172. 0. STATEMENT 2 15,706,010. 39. 11 Other income 7,172. 0. O.	ě	7	- ·		0.		
10a Gross sales las returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 7,172. 0. STATEMENT 2 12-Total; Add lines 1 through 11 15,706,010. 39. 13 Compensation of oritices: directory, tuptees, etc 14 Other employee salaries and water size of the control		8	, -				
D Less Cost of goods sold C Gross profit or (loss)		1	Gross sales less returns				
1 Other income			414 416 4416 4416 4416 4416 4416 4416 4				 - · · · · · · · · · · · · · · · · · ·
11 Other income							
13 Compensation of officers infectors, type tees, etc 14 Other employee salaries and wages 15 Pension plans sembloyee benefits 16 Legal fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 Caption 14 Contributions (if negative, enter -0-) 29 Caption 20 Company 20 Company 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total expenses and disbursements b Net investment income (if negative, enter -0-) 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 28 Contributions (if negative, enter -0-) 29 Company 20 Company 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, grits, grants paid 26 Total expenses and disbursements b Net investment income (if negative, enter -0-) 20 Company 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses and disbursements b Net investment income (if negative, enter -0-) 30 Other expenses and disbursements of the publication of the			. , ,	7,172.	0.		STATEMENT 2
14 Other employee salaries and wages 15 Pension plans employee benefits 16a Legal fees 15 Pension plans employee benefits 16a Legal fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Г	-12-	Total-Add lines, 1 through 11	15,706,010.	39.		
15 Pension plans@mbbb@e benefits 16a Legal fees 2 5 TMT 3 2 128 0 0 0 0 0 0 0 0 0	\neg	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
16a Legal fees			Other employee salaries and wages				
16a Legal fees	;	15	Pension plans femployee benefits				
Total expenses and disbursements Add lines 24 and 25 Total expenses and disbursements Because of revenue over expenses	ıse	16a	Legal fees C STMT 3		l		····
Total expenses and disbursements Add lines 24 and 25 Total expenses and disbursements Because of revenue over expenses	Ģ	b	Accounting fees STMT 4	2,435.	1,218.		1,217.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A							
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ę			E00			
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	stra	l		300.	U •		<u> </u>
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ë	l			1		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Adn	l		-	<u> </u>	· · ·	<u> </u>
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	힏	ı					<u> </u>
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	<u>a</u>	l .		278.	135.		135.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	atin	24	•				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	per			5,341.	1,353.		3,480.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	0	25	Contributions, gifts, grants paid				
27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26	Total expenses and disbursements.				
8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A			Add lines 24 and 25	5,341.	1,353.		3,480.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		27	Subtract line 26 from line 12:				
c Adjusted net income (if negative, enter -0-)		а	Excess of revenue over expenses and disbursements	15,700,669.			
		1			0.		
	9235			And Mading of the last	41	N/A	Farm 000 DE (0000)

ГБ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u></u>
ك	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	71,077.	65,770.	65,770.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ▶			
	`	Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	١,	Other notes and loans receivable			
	\ ′	Less: allowance for doubtful accounts			
	١,	Inventories for sale or use			
ets					
Assets	,	Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations			
	l	Investments - corporate stock			
	Ι	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			-
		Less accumulated depreciation			
		Investments - mortgage loans			45 600 500
	13	Investments - other STMT 8	0.	7,177.	15,698,799.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe PREPAID EXCISE TAX)	0.	0.	500.
	_	Total assets (to be completed by all filers)	71,077.	72,947.	<u> 15,765,069.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	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 🕨)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	•
		Foundations that follow SFAS 117, check here			
	ļ	and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	71,077.	72,947.	
an	25	Temporarily restricted			
Ba	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here			
亞		and complete lines 27 through 31.]		4
Net Assets or	27	Capital stock, trust principal, or current funds			
ě	28	Paid-ın or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds		· · · · · · · · · · · · · · · · · · ·	
ē	30	Total net assets or fund balances	71,077.	72,947.	
2				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	31	Total liabilities and net assets/fund balances	71,077.	72,947.	
_				,	
LP	art	III Analysis of Changes in Net Assets or Fund Ba	llances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
•		st agree with end-of-year figure reported on prior year's return)		11	71,077.
9		r amount from Part I, line 27a)+	15,700,669.
		r increases not included in line 2 (itemize)		2	13,700,003.
		lines 1, 2, and 3		3	15,771,746.
		eases not included in line 2 (itemize)	CEE CMX	TEMENT 7 5	15,698,799.
		· · · · · · · · · · · · · · · · · · ·	SEE STA		
<u>6</u> _	i ota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (D), line 30		72,947.
					Form 990-PF (2009)

(a) List and desi	cribe the ki	nd(s) of property sold (e or common stock, 200 sh	g , real estate,		(b) I	low ac - Purc - Dona	nase i	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a NONE					 		2001		
b									
<u>c</u>		 			 				
<u>d</u>					-		- -		
(e) Gross sales price	(f) 1	Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (le (e) plus (f) min	
a									0
b									
<u> </u>	 		 						
<u>d</u>	 								
Complete only for assets show	ing gain in	column (h) and owned by	the foundation	on 12/31/69			(1)	Gains (Col (h) g	iain minus
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i) col (j), if any			còl	(k), but not less Losses (from c	than -0-) or
a									0
b	ļ								
<u>C</u>	-		+						
<u>d</u>	<u> </u>							 	
8	<u> </u>				$\overline{}$		<u> </u>		
2 Capital gain net income or (net c	•	(()	0- ın Part I, line		þ	2			0
Net short-term capital gain or (lo if gain, also enter in Part I, line 8	i, column (ind (6)		}			NT	/ n
If (loss), enter -0- in Part I, line (Part V Qualification I		ection 4940(a) fo	r Reduced	Tay on Ne	t Inv	3 eetn	cent Inc		/A
f section 4940(d)(2) applies, leave Was the foundation liable for the se f <u>"Yes," the foundation does not qu</u> Enter the appropriate amount in	ction 4942 alify under	tax on the distributable at section 4940(e). Do not c	omplete this pa	ırt .					Yes X N
(a)	each cold	(b)	illuctions belone	making any end	(C)	1		T _	(d)
Base period years Calendar year (or tax year beginn	nng in)	Adjusted qualifying di	stributions	Net value of n		rıtable	use assets	(col (b)	stribútión ratio) divided by col. (c)) • 41611
2008 2007			20,402.				3,449	<u>•</u>	• 41011
2006									
2005									
2004								-	
2 Total of line 1, column (d)								2	.41611
3 Average distribution ratio for the the foundation has been in exist	-		l on line 2 by 5,	or by the numbe	r of ye	ears		3	.41611
Enter the net value of nonchanta	able-use as	sets for 2009 from Part X	, line 5					4	152,127
Multiply line 4 by line 3								5	63,302
i Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6	0
7 Add lines 5 and 6								7	63,302
3 Enter qualifying distributions fro	ım Part XII	, line 4						8	3,480
if line 8 is equal to or greater that See the Part VI instructions	an line 7, cl	neck the box in Part VI, lin	e 1b, and comp	plete that part us	ng a 1	% tax	rate		
					_				Form 000 DE /200

	1 990-PF (2009) FERNHOLZ FOUNDATION		0403			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.	T	I Total			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1 1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	1			0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	1			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 500					
b	Exempt foreign organizations - tax withheld at source 6b	7	l			
C	Tax paid with application for extension of time to file (Form 8868)	7	1			
d	Backup withholding erroneously withheld 6d	٦	ļ			
7	Total credits and payments Add lines 6a through 6d	7			5	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5	00.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ 500 • Refunded ▶	11				0.
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 interver	ie in			Yes	
	any political campaign?			1a		X
b	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	ed or] !]
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	<u>.</u>		1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ O .			ļ		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			ļ		Į
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			48	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?			4b	Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>	X
_	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					Į
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law			77	
_	remain in the governing instrument?			6_	X	
7	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.			- 1		
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NJ			\ \ \ \ \		1
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)			ا ا	v	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar		_		17
40	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "yes" attach a schedule listing their pages and addresses			10	1	ιĀ

	990-PF (2009) FERNHOLZ FOUNDATION	90-04039	980	í	Page 5
Pa	art VII-A Statements Regarding Activities (continued)				
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address $ N/A $	į	13	Х	
14	The books are in care of ▶ DR. LUISA T. FERNHOLZ Located at ▶ C/O MCCABE ASSOC.; 3 WERNER WAY., LEBANON, NJ	≥908-70- ZIP+4 ≥08		930	
15		ZIP+4 -00	033		$\overline{}$
IJ	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	i an i	NT.	/ >	لـــا
Ď,	and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	15	IN	/ <u>A</u>	
F '6			······ [.	<u> </u>	NI -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		Yes	NO
٦a	During the year did the foundation (either directly or indirectly)	[TE]		1	
		es X No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	[42]			
		es X No			
		es X No		1	
		es X No		-	
	(5) Transfer any income or assets to a disqualified person (or make any of either available				,
		es 🗓 No 📗		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1	
	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)	es X No	[- 1	
b	If any 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	▶□			
C	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?		10		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))		`	1	
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	1g		1	
		es 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	t l			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions)	N/A	2b	1	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	,			
Ī	P			- 1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
Ju		es X No			
h	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons at		- (1	
J					
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to of holdings accounted by gift or beguest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period 2 (4 to 5-) and 4 to 6	· .		1	
	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	, N/A		1	
A -	Form 4720, to determine if the foundation had excess business holdings in 2009.)	IN/A	3b		<u>v</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e tnat		l	v
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b i	ĺ	Х

Form 990-PF (2009)

om 990-PF (2009) FERNHOLZ FOUNDATION			90-04039	00	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 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			s 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?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X 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)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or 1				
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 und		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					
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi					
expenditure responsibility for the grant?	. N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5 <i>(d)</i> .				
${\bf 6a}$ Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	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	nagers, Highl	У		
r aid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	1.10	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accor	xpense int, other
1-A and and one	to position	`enter -0-) '	compensation	allo	wances
SEE CHADIMENIA C		_	_		^
SEE STATEMENT 9		0.	0.	 	0.
	İ		i	}	
			ļ	<u> </u>	
	-				
Companyation of five highest-paid ampleyees (ather they they in	luded on line 4\ If none	enter "NONE "	<u> </u>	<u> </u>	
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE."	(d) Contributions to	(0)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	accou	int, other
NONE	devoted to position		compensation	allo	wances
NONE	1				
				1	
				1	
		-		1	
			<u> </u>	 -	
	l	<u>.L</u>	<u> </u>		
otal number of other employees paid over \$50,000			▶		0

3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	· ·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE	(1,), 1		
	_		
	7		
otal number of others receiving over \$50,000 for professional services Part [X-A] Summary of Direct Charitable Activities		<u> </u>	
	hinal reformation and the	1	
ust the foundation's four largest direct charitable activities during the tax year. Include relevant statis, number of organizations and other beneficiaries served, conferences convened, research papers pro	tical information such as the fuced, etc		Expenses
N/A			
		_	
D. A. D. D. C. D. D. D. C. D. D. D. C. D.			
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
N/A	IIII65 I did Z	-	Aillouit
	· -··	\dashv	
All other program-related investments. See instructions	·		
Total, Add lines 1 through 3		—	0

Form **990-PF** (2009)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	67,923.
	Fair market value of all other assets	1c	86,521.
d	Total (add lines 1a, b, and c)	1d	154,444.
e	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	154,444.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,317.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	152,127.
6	Minimum investment return. Enter 5% of line 5	6	7,606.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
-			7,606.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5	1	7,000.
2a	Tax on investment income for 2009 from Part VI, line 5 Income tax for 2009. (This does not include the tax from Part VI.) 28 29 6-		
b	Add lines 2a and 2b	20	926.
С 3	•	2c 3	6,680.
4	Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions	4	0,000.
-	Add lines 3 and 4	5	6,680.
5	Deduction from distributable amount (see instructions)	6	0,000.
6	, , , , , , , , , , , , , , , , , , , ,	7	6,680.
<u>-</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		0,000.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	3,480.
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:		
ā	Suitability test (prior IRS approval required)	3a	
b	1	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,480.
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	0.
б	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,480.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	e section
		 .	Form 990-DE (2000)

Form **990-PF** (2009

★ Part X;	Line 1	(\mathbf{c})):
-----------	--------	----------------	----

30,000 units Intech Investment Management LLC Prepaid excise tax

86,021 500 86,521 ĭ

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				6,680.
2 Undistributed income, if any, as of the end of 2009		-		
a Enter amount for 2008 only			0.	
b Total for prior years;	,	,, , , , , , , , , , , , , , , , , , ,		
· - · - · - · - · - · - · - · - ·	,F	0.		·
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
C FIOIII 2006		*	,	
dFrom 2007 eFrom 2008 24,855.		,		
f Total of lines 3a through e	24,855.			
4 Qualifying distributions for 2009 from	24,033.		· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4: ►\$ 3,480.	-			
a Applied to 2008, but not more than line 2a		, ,	0.	
b Applied to undistributed income of prior	*		<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions) **	3,480.	. ,		
d Applied to 2009 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009	6,680.			6,680.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:		,		,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,655.			
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.	<u> </u>		
8 Excess distributions carryover from 2004			-	
not applied on line 5 or line 7	0.		-	
9 Excess distributions carryover to 2010.	21 655			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	21,655.		1	
	,			
a Excess from 2005 b Excess from 2006			'	
c Excess from 2007				
dExcess from 2008 18,175.				
e Excess from 2009 3,480.		•		
3/100	** SEE STATEM	IENTO 10		Form 000 DE (0000)

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N/A

Form 990-PF (2009)

FERNHOLZ FOUNDATION

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NONE				
	ſ	1		
		1		
				i I
Total			▶ 3a	0.
b Approved for future payment				
NONE				
Total			> 3b	0.
923611 02-02-10				rm 990-PF (2009)

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

r gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	(e) Related or exempt
Program service revenue:	code	Amount	sion code	Amount	function income
	_				
	1 1	_			· · · · · · · · · · · · · · · · · · ·
	1				
	1 1				
	_				
Fees and contracts from government agencies		· - · · · - · · · · ·			
embership dues and assessments					
iterest on savings and temporary cash					
vestments ividends and interest from securities			14	39.	 -
et rental income or (loss) from real estate				33.	
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal	 				
operty					
ther investment income					
ain or (loss) from sales of assets other					
an inventory					
et income or (loss) from special events					
ross profit or (loss) from sales of inventory					
ther revenue				-	
INTECH INVESTMENT					
				İ	
MANAGEMENT LLC	523000	7,172.			
	523000	7,172.			
	523000	7,172.			
	523000	7,172.			
	523000	7,172.		39.	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e)				39.	7,21
inubtotal Add columns (b), (d), and (e) total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations IT XVI-B Relationship of Activitie 8 No. Explain below how each activity for which i	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions to verify calculations Relationship of Activitie e No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie e No. Explain below how each activity for which i	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	7,21
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ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accor	7,172. mplishment of Ex	emp	13	
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ubtotal Add columns (b), (d), and (e) ptal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) ptal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	
ubtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie No. Explain below how each activity for which is the foundation's exempt purposes (other the	s to the Accol	7,172. mplishment of Ex	emp	13	

			OLZ FO	UNDATION		90-040	3980	Page 13
Pa	art X\	Information Re Exempt Organ		Transfers To a	and Transactions an	d Relationships With Nonch	aritable	
1	Did th			in any of the followin	g with any other organization	described in section 501(c) of		Yes No
					7, relating to political organiza			
а		fers from the reporting found		•	-			
	(1) (•	,		1a(1)	X
		Other assets					1a(2)	Х
b		transactions.						
	(1) 8	sales of assets to a noncharita	able exempt or	ganization			1b(1)	X
	(2) F	Purchases of assets from a no	oncharitable ex	empt organization	ı		1b(2)	X
	(3) F	Rental of facilities, equipment,	, or other asset	ts		·	1b(3)	X
	(4) F	Reimbursement arrangements	3 .				1b(4)	X
	(5) L	oans or loan guarantees					1b(5)	X
	(6) P	Performance of services or me	embership or f	undraising solicitatio	ns		1b(6)	X
C		ng of facilities, equipment, ma					10	X
đ	If the	answer to any of the above is	s "Yes," comple	te the following sche	dule Column (b) should alway	ys show the fair market value of the goods	other ass	ets,
						in any transaction or sharing arrangement,		
	colun	nn (d) the value of the goods,	other assets,	or services received				
(a)	Line no	(b) Amount involved	(c) N	ame of nonchantable	exempt organization	(d) Description of transfers, transactions, an	d sharing am	angements
				N/A				
					<u> </u>			
								
		<u> </u>	Ш.					
2a					or more tax-exempt organizat	tions described		
		tion 501(c) of the Code (othe		501(c)(3)) or in sect	ion 527?		Yes	X No
b	If "Yes	s," complete the following sch		_				
		(a) Name of or	ganization		(b) Type of organization	(c) Description of relation	ship	
		N/A	<u></u>					
		·						
_								
	l Inder 5	engities of negrin I dealers that I	have evering it	nio ratum. Includina c	mnanying echodules and etat	ts, and to the best of my knowledge and belief, it	o truo	
					mpanying schedules and statemen all Information of which preparer ha		s true, correc	-iq
		1	: 1 -6	1	5m1= 1=	DDECTDENM		
2	Si	gnature of officer or trustee	- Light	-	5-13-10 Date	PRESIDENT		
0 1	, UI	22.0 or ormoor or tradice	_	_	Date	F 11110		

Form **990-PF** (2009)

Preparer's identifying number

908-704-1930

Sign Here

Preparer's

signature

if self-employed), address, and ZIP code Elemne B. Micake

MCCABE ASSOCIATES, LLC

3 WERNER WAY, SUITE 200 LEBANON, NJ 08833

5-11-2010

Date

Check if self-employed ► X

EIN ►

Phone no

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

Schedule of Contributors

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

90-0403980

	FERNHOLZ FOUNDATION	90-0403980
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	oundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foun	dation
	501(c)(3) taxable private foundation	
• •	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See instructions.
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 mplete Parts I and II.	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% supp 70(b)(1)(A)(vi), and received from any one contributor, during the year, a conn (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts	ontribution of the greater of (1) \$5,000 or (2) 2%
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from the stributions of more than \$1,000 for use exclusively for religious, charitable, so for cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is ch purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from use exclusively for religious, charitable, etc., purposes, but these contributions that were received during the year to complete any of the parts unless the General Rule applies to this organisable, etc., contributions of \$5,000 or more during the year.	outions did not aggregate to more than \$1,000. ar for an <i>exclusively</i> religious, charitable, etc.,
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does reform Part IV, line 2 of its Form 990, or check the box on line H of its Form 9 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act a	nd Paperwork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number

FERNHOLZ FOUNDATION

90-0403980

Part Í	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT & LUISA FERNHOLZ C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	\$ <u>15,698,799</u> .	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

٠..,

FERNHOLZ FOUNDATION

90-0403980

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	30,000 UNITS INTECH INVESTMENT MANAGEMENT LLC		
		\ \\$15,698,799.	12/30/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

FORM 990-PF DIVIDEN	DS AND INTER	REST FROM SEC	CURITIES	STATEMENT
SOURCE	GROS	CA S AMOUNT	APITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
HSBC		26.	0.	26
INTECH INVESTMENT MANAGEMENT LLC14	r	13.	0.	13
TOTAL TO FM 990-PF, PART I,	LN 4	39.	0.	39
FORM 990-PF	OTHER :	INCOME		STATEMENT
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTECH INVESTMENT MANAGEMENT	LLC	7,172	. 0.	,
TOTAL TO FORM 990-PF, PART I	, LINE 11	7,172	. 0.	-
			= 	= ==
FORM 990-PF	LEGA	L FEES		STATEMENT
FORM 990-PF DESCRIPTION	LEGAI (A) EXPENSES PER BOOKS	L FEES (B) NET INVEST MENT INCOM	(C) - ADJUSTED	STATEMENT (D) CHARITABL
DESCRIPTION	(A) EXPENSES	(B) NET INVEST MENT INCOM	(C) - ADJUSTED	STATEMENT (D) CHARITABL
DESCRIPTION LEGAL FEES	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTED E NET INCOME	STATEMENT (D) CHARITABLE PURPOSES
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A	(A) EXPENSES PER BOOKS 2,128	(B) NET INVEST MENT INCOM	(C) - ADJUSTED E NET INCOME	STATEMENT (D) CHARITABLE PURPOSES 2,128
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF	(A) EXPENSES PER BOOKS 2,128	(B) NET INVEST MENT INCOM	(C) ADJUSTED NET INCOME 0. (C) ADJUSTED	STATEMENT (D) CHARITABL PURPOSES 2,128 2,128 STATEMENT (D) CHARITABL
	(A) EXPENSES PER BOOKS 2,128 2,128 ACCOUNT: (A) EXPENSES	(B) NET INVEST MENT INCOM ING FEES (B) NET INVEST MENT INCOM	(C) ADJUSTED NET INCOME O. (C) ADJUSTED ADJUSTED E NET INCOME	STATEMENT (D) CHARITABL PURPOSES 2,128 2,128 STATEMENT (D) CHARITABL

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) - ADJUSTEI E NET INCON	
EXCISE TAX	,500.		0.	0.
TO FORM 990-PF, PG 1, LN 18 =	500.		0.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
FILING FEES OTHER EXPENSES	270. 8.	13	0.	135.
TO FORM 990-PF, PG 1, LN 23	278.	13	55.	135.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR FUN	D BALANCES	STATEMENT 7
DESCRIPTION				AMOUNT
EXCESS OF FMV OVER DONOR'S CO	ST ON DATE	OF CONTRIBU	TION	15,698,799.
TOTAL TO FORM 990-PF, PART II	I, LINE 5			15,698,799.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
30,000 UNITS INTECH INVESTMEN MANAGEMENT LLC	TT .	COST	7,177.	15,698,799.
TOTAL TO FORM 990-PF, PART II	, LINE 13	<u>—</u>	7,177.	15,698,799.

	T OF OFFICERS, I		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
E. ROBERT FERNHOLZ C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	DIRECTOR, SECO	RETARY	0.	0.
LUISA T. FERNHOLZ C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	DIRECTOR, PRES	SIDENT	0.	0.
RICARDO T. FERNHOLZ C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	DIRECTOR 0.00	0.	0.	0.
STEPHEN A. BRIGANTI C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	DIRECTOR 0.00	0.	0.	0.
DANIEL T. FERNHOLZ C/O MCCABE ASSOCIATES; 3 WERNER WAY, SUITE 200 LEBANON, NJ 08833	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT 10

PURSUANT TO REG. SECTION 53.4942(A)-3(D)(2), THE FERNHOLZ FOUNDATION ELECTS TO TREAT 2009 QUALIFYING DISTRIBUTIONS IN THE AMOUNT OF \$3,480 AS BEING MADE OUT OF CORPUS.

LUISA T. FERNHOLZ FOUNDATION MANAGER

5-13-10

DATE

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

E. ROBERT FERNHOLZ LUISA T. FERNHOLZ

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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	-6.46	▶ X
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 point of the part II unless you have already been granted an automatic 3-month extension on a previous		
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box ar	nd complete	
Part I only .		▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to require income tax returns.	uest an exten	sion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic expoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electrons automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electrowww.irs.gov/efile and click on e-file for Chanties & Nonprofits.	ectronically if or consolida	(1) you want the additional ated Form 990-T. Instead,
Type or Name of Exempt Organization	Emp	loyer identification number
FERNHOLZ FOUNDATION	9	0-0403980
File by the due date for filing your C/O MCCABE ASSOCIATES; 3 WERNER WAY, NO. 200		
retum See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEBANON, NJ 08833		
Check type of return to be filed (file a separate application for each return):		
Form 990-BL	form 4720 form 5227 form 6069 form 8870	•
DR. LUISA T. FERNHOLZ The books are in the care of COMCCABE ASSOC.; 3 WERNER WAY I Telephone No. D908-704-1930 FAX No. D908-287-2 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)	2255	▶ □
box ightharpoonup in the group, check this box ightharpoonup and attach a list with the names and EIN:	s of all memb	pers the extension will cover.
1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of the AUGUST 15, 2010, to file the exempt organization return for the organization nations for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning, and ending		The extension
2 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a 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.	3a	\$ 500.
b 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	\$ 500.
c 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) See instructions.	 3c	s 0.
		EO for payment instructions.