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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

2009

Departme Internal F	nt of the Revenue	e Treasury Service	Note: The foundation m	nay be able to us	e a copy of this	return to satisfy s	tate reportu	ng requirements		
For cal	endar	year 2009, or	tax year beginning	12/01	, 2009	, and ending	11/3	30 ,	2010	
<b>G</b> Che	eck all	that apply		tial Return of		· -	٦		Fin:	al return
	<del></del>	····	Amended return	L	Address of	hange	Name	change	entification nu	mhar
Use ti IRS lai	ne pel.	IRENE S. 8	& BARRY L. FISH	ER CHARI	TABLE		^	22-678		inder
Otherw prin		TRUST	100D TANE				В		umber (see the	instructions)
or typ	ie.   ;	11 RAVENSI	WOOD LANE N, NJ 07960						39-8512	
See Spe Instruct		.101d(1510III	N, NO 07500				C			pending, check here
H C	l_ heck	type of organiz	zation: X Section 50	1(c)(3) exem	npt private f	oundation	——  <sup>U</sup>			ting the 85% test, check
	Sec	tion 4947(a)(1	) nonexempt charitable	trust Oth	er taxable p	orivate <u>fo</u> unda	tion	here and att	ach computation	on n
		ket value of all ass rt II, column (c), III	ets at end of year J Ac	counting me		ash LAcc	rual		undation status on 507(b)(1)(A)	s was terminated ), check here
,, ►\$			·   L.	Other (specify)		 n cash basis )	F		ation is in a 60 on 507(b)(1)(B)	-month termination
<u>Part ľ</u>			evenue and					T		l
	Ex co sa	<b>(penses</b> (The lumns (b), (c), rily equal the a see the instructi	e total of amounts in and (d) may not neces- amounts in column (a) ons))	expenses	enue and per books	(b) Net invo			sted net ome	(d) Disbursements for charitable purposes (cash basis only)
	2		s, grants, etc, received (att sch) foundn is <b>not</b> req to att Sch B					<del></del>	<del></del>	-
	3	Interest on sa	vings and temporary					<del> </del>		
	4	cash investme	ents erest from securities		4,276.		4,276			
		Gross rents	erest from securities		4,270.		4,210	•		
	b	Net rental income or (loss)								
R E		Net gain/(loss) from	m sale of assets not on line 10 for all 33,925.		32,267.				l Ri	ECEIVE:)—
V E	7	assets on line 6a	icome (from Part IV, line 2)	<del> </del>		2	5,321		18	
N	8	Net short-term	n capital gain						17 0	
U E	9	Income modif Gross sales less returns and	ications I						iw	
		allowances							LOG	hr.
		Less Cost of goods sold			<u>.</u>				,	200
	L	Gross profit/(loss	s) (att sch) (attach schedule)					-		
	''	Outer income	(attach scriedule)							
	_		es 1 through 11		36,543.	2	9,597		0.	
	13	Other employee s	officers, directors, trustees, etc		0.					
			s, employee benefits		<del></del>		•	<del> </del>		
A		Legal fees (attach								
A D M	1	Accounting fees (	•		3,350. 5,769.		600 5,769			· · ·
o i	1	Other prof fees (a	attach sch) SEE ST 2	·	5, 109.		3, 109	•		
OPERAT	18	Taxes (attach schedule)	)(see instr)							
A A	19	Depreciation (sch) and depl	(attach							
N V	20	Occupancy								
	21		rences, and meetings			<u> </u>		<u> </u>		
A E N X D P	22	Printing and p Other expens	es (attach schedule)	-	-			-		
Ë			SEE STATEMENT 3	3	16.		16			
AND ENSES	24	Total operatinexpenses. Ad	ng and administrative Id lines 13 through 23		9,135.		6,385			}
3	25	Contributions, gif	ts, grants paid PART XV		27,000.					27,000
	26	Total expense Add lines 24	es and disbursements.	1	36,135.		6,385		0.	27,000
		Subtract line	26 from line 12:		20, 233.		<u> </u>	•	<u> </u>	27,000
	a	Excess of rev	renue over expenses ments		408.					
	١.	ariu uisbuise					3 212	1		

9-14

Form **990-PF** (2009)

C Adjusted net income (if negative, enter -0-)

TEEA0302L 07/06/09

Ŗ	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe	) 🗀		
E S	23	Total liabilities (add lines 17 through 22)		0.	0
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted	. [		
A S B S A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	► X		
E L T A	27	Capital stock, trust principal, or current funds			
ŚŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			
C D F	29	Retained earnings, accumulated income, endowment, or other funds		139,246.	139,654

139,246 139,654 139,654 139,246 Total net assets or fund balances at beginning of year- Part II, column (a), line 30 (must agree with 1 139,246. 2 408. 3

4

139,654

0.

578,136

139,654.

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize)

(see the instructions)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

see instructions. Also, see page 1, item l)

Total net assets or fund balances (see the instructions)

Partill Analysis of Changes in Net Assets or Fund Balances

Total liabilities and net assets/fund balances

end-of-year figure reported on prior year's return)

Accounts payable and accrued expenses

Grants payable

5 Total net assets or fund balances at end of year (line 4 minus line 5)- Part II, column (b), line 30 6 139,654. Form 990-PF (2009)

139,246.

0 E

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)  (b) How acqu P - Purcha D - Donate					nase	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 1400 SH LEUCADIA NATIONAL CORP COM D						3/25/99	10/07/10
b							
c							
e	·				_		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale	9		(h) Gain or (e) plus (f) m	inus (g)
s	33,925.			,604.			25,321.
b						···	
	<del> </del>					<del></del>	<del></del>
	<del></del>	ig gain in column (h) and owned by		<del></del>		(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar			gain minus column ( nan -0-) <b>or</b> Losses (fi	
8			· · · · · · · · · · · · · · · · · · ·				25,321.
<u>k</u>			<del></del>				
		······································					
			<del></del>				
						т	
	Capital gain net income or (net	_	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		25,321.
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) a	and (6).				
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see the instructions).	If (loss), enter -0-		3		0.
Pa	Qualification Under	Section 4940(e) for Reduced	Tax on Net Investmen	nt Incom	1 <b>e</b>		
Was	es,' the foundation does not qualit	on 4942 tax on the distributable am y under section 4940(e) Do not cor each column for each year; see the	nplete this part.			Yes	X No
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass		-	<b>(d)</b> Distribution lumn (b) divided	
	2008	34,996.	512	2,973.			0.068222
	2007	47,531.		,220.			0.050553
	2006	54,500.		,400.			0.051154
	2005	46,155.		7,069.			0.059396
	2004	41,503.		3,464.	·		0.058171
	Total of line 1, column (d)				2		0.287496
3	Average distribution ratio for the	5-year base period— divide the tota has been in existence if less than 5			3		0.057499
4	·				4		
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5					-	<del> </del>	561,552.
5	5 Multiply line 4 by line 3				5		32,289.
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		232.
7	Add lines 5 and 6				7		32,521.
8	Enter qualifying distributions fro	m Part XII, line 4			8		27,000.
		an line 7, check the box in Part VI,	line 1b, and complete that pa	art using a	1%	tax rate. See the	•
	Part VI instructions.		<u> </u>				

8b) X

Form 990-PF (2009)

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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

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

(or designate) of each state as required by General Instruction G? If 'No,' attach explanation

10

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and addresses

	990-PF (2009) IRENE S. & BARRY L. FISHER CHARITABLE	22-6786	312	Page <b>5</b>
Per	Statements Regarding Activities Continued			г
11	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 be August 17, 2008?	efore	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and e Website address  N/A	exemption application?	13	X
14	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Telephone no. ► 973	-539-8	512
•		ZIP + 4 ► 07960		<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu oForm 1041 — Chec	t i	N/F	
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15		N/A
Par	Statements Regarding Activities for Which Form 4720 May Be Requ	lired		IV IN-
٠.	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes No
1 4	a During the year did the foundation (either directly or indirectly)	☐Yes XN		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐Yes XN	, I	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X N		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X N	,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes XN		
	(6) Agree to pay money or property to a government official? <b>Exception.</b> Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after terminating of government service, if terminating within 90 days.)	on Yes XN	<b>)</b>	
١	b If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions desc Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the	cribed in e instructions)?	1 b	N/A
	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 except that were not corrected before the first day of the tax year beginning in 2009?	oted acts,	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	was a		
;	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes XN		
	If 'Yes,' list the years ▶ 20 , 20 , 20			
ı	b Are there any years listed in 2a for which the foundation isnot applying the provisions of sect (relating to incorrect valuation of assets) to the year's undistributed income? (If applying sect	tion 4942(a)(2) tion 4942(a)(2) to		
	all years listed, answer 'No' and attach statement - see the instructions.)		2 b	N/A
•	c If the provisions of section 4942(a)(2) are being applied to to the years listed in 2a, list the   20 , 20 , 20 , 20	e years here.		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes XN	o	
I	b If 'Yes,' did it have excess business holdings in 2009 as a result of(1) any purchase by the for disqualified persons after May 26, 1969;(2) the lapse of the 5-year period (or longer period by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beq (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 472 determine if the foundation had excess business holdings in 2009)	l approved juest; or	3b	N/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its			IN FI
	charitable purposes?		4 a	X
f	b Did the foundation make any investment in a prior year (but after December 31, 1969) that conjective its charitable purpose that had not been removed from jeopardy before the first date tax year beginning in 2009?	ould ay of	46	X
				·

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Form <b>990-PF</b> (2009) IRENE S. & BARRY			22-678	86312 Page 6
Part VII B Statements Regarding Activi	ties for Which Forn	n 4720 May Be Req	<u>uired (continued)</u>	
<ol> <li>5a During the year did the foundation pay or inc</li> <li>(1) Carry on propaganda, or otherwise attern</li> </ol>		on (control 404E(c))?	□ ∨ [⊽]	
(2) Influence the outcome of any specific pu			∐ Yes X	No
on, directly or indirectly, any voter regist  (3) Provide a grant to an individual for trave	ration drive? `			No No
(4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section	than a charitable, etc. o	rganization described		
(5) Provide for any purpose other than religi	ous, charitable, scientifi	c, literary, or		No
educational purposes, or for the preventi	•			No
b If any answer is 'Yes' to 5a(1)-(5), didany of described in Regulations section 53.4945 or (see instructions)?	in a current notice regar	duality under the exception ding disaster assistance	ions	5b N/A
Organizations relying on a current notice reg	ardıng dısaster assıstan	ce check here	▶ []	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respo If 'Yes,' attach the statement required by Re			N/A Yes	No
6a Did the foundation, during the year, receive a on a personal benefit contract?	,		∐ Yes X	No .
<b>b</b> Did the foundation, during the year, pay prer	niums, directly or indirec	ctly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the four	ndation a party to a prof	nibited tax shelter transa	ction? Yes X	No
<b>b</b> If yes, did the foundation receive any procee	ds or have any net incor	me attributable to the tra	ansaction?	7b N/A
Rant VIII Information About Officers, I and Contractors	Directors, Trustees,	Foundation Manag	gers, Highly Paid E	imployees,
List all officers, directors, trustees, foundations	on managers and their	compensation (see inst	ructions)	<del></del>
	(b) Title and average	T	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
_IRENE_S_FISHER	TRUSTEE	0.	0.	0
11 RAVENSWOOD LANE	0			
MORRISTOWN, NJ 07960				
BARRY L FISHER	TRUSTEE	0.	0.	0
11 RAVENSWOOD LANE MORRISTOWN, NJ 07960	0			
2 Compensation of five highest-paid employe				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	-			
	-			
				_
Total number of other employees paid over \$50,00	10		<b>•</b>	. (
BAA	TEEA0306L (	07/06/09		Form <b>990-PF</b> (2009
	. 30			,-,

# Form 990-PF (2009) IRENE S. & BARRY L. FISHER CHARITABLE 22-6786312 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see in enter 'NONE.'	nstructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
i		
February of others account to 000 for markets and account	<b>.</b>	
Total number of others receiving over \$50,000 for professional services		
Partix: A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
2		
3		
4		
PartiX:B Summary of Program-Related Investments (see instru	uctions)	
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount
1 N/A		
		·
2		
All other program-related investments See instructions.		
3		
Total. Add lines 1 through 3	<b></b>	0
BAA		Form <b>990-PF</b> (200

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets a Average monthly fair market	not used (or held for use) directly in car	rying out charitable, etc, purposes.	1 a	556,720.
<b>b</b> Average of monthly cash bal			1b	13,384.
c Fair market value of all othe			1c	
d Total (add lines 1a, b, and c	,		1d	570,104.
, , , , ,	, age or other factors reported on lines 1a	a and 1c		
(attach detailed explanation)	,	1 e 0	.	
2 Acquisition indebtedness app			7 2	0.
3 Subtract line 2 from line 1d	•		3	570,104.
4 Cash deemed held for charit (for greater amount, see inst	able activities. Enter 1-1/2% of line 3 tructions)		4	8,552.
5 Net value of noncharitable-u	use assetsSubtract line 4 from line 3. E	nter here and on Part V, line 4	5	561,552.
6 Minimum investment return	Enter 5% of line 5		6	28,078.
	ount (see instructions) (Section organizations check here ►	4942(j)(3) and (j)(5) private ope and do not complete this p		ndations
1 Minimum investment return	from Part X, line 6		1	28,078.
2a Tax on investment income for	or 2009 from Part VI, line 5	2a 464		
b Income tax for 2009 (This d	oes not include the tax from Part VI.)	2b		
c Add lines 2a and 2b			2c	464.
3 Distributable amount before	adjustments. Subtract line 2c from line	1	3	27,614.
4 Recoveries of amounts treat	ed as qualifying distributions		4	
5 Add lines 3 and 4			5	27,614.
6 Deduction from distributable	amount (see instructions)		6	
7 Distributable amountas adju	isted. Subtract line 6 from line 5. Enter	here and on Part XIII, line 1	7	27,614.
PartXII Qualifying Distrib	utions (see instructions)			
1 Amounts paid (including adm	ninistrative expenses) to accomplish character total from Part I, column (d), Iir	aritable, etc, purposes:	1 a	27,000.
b Program-related investments		10 20	1b	27,000.
· ·	sets used (or held for use) directly in car	rrying out charitable, etc. purposes	2	
•		rying out onamiazio, etc, purposse		
<ul> <li>a Suitability test (prior IRS app</li> </ul>	fic charitable projects that satisfy the:		3a	
<b>b</b> Cash distribution test (attach	, , , , , , , , , , , , , , , , , , ,		3b	
•	d lines 1a through 3b. Enter here and or	n Part V, line 8, and Part XIII, line 4	4	27,000.
5 Foundations that qualify und	er section 4940(e) for the reduced rate	of tax on net investment income		
Enter 1% of Part I, line 27b	(see instructions)	or tax or flot irrodulon irrodulo.	5	
6 Adjusted qualifying distribu	tionsSubtract line 5 from line 4		6	27,000.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
Distributable amount for 2009 from Part XI, line 7		-		27,614.
2 Undistributed income, if any, as of the end of 2009:				27,014.
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 6, 424.				
<b>b</b> From 2005 8, 192.		İ		
c From 2006 2,316.				
<b>d</b> From 2007 567.				
e From 2008 9,355.				
f Total of lines 3a through e	26,854.			
4 Qualifying distributions for 2009 from Part		<del></del>		
XII, line 4 ► \$ 27,000.				
a Applied to 2008, but not more than line 2a			0.	
			- 0.	
<b>b</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				27,000.
e Remaining amount distributed out of corpus	0.			27,000.
5 Excess distributions carryover applied to 2009	614.			614.
(If an amount appears in column (d), the	<u> </u>			014.
same amount must be shown in column (a) )				i
6 Enter the net total of each column as				
indicated below:	05.040			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	26,240.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed 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.		
a Undustributed income for 2009. Subtract line As from				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			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) (see instructions)	0.			
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		· · · · · ·		
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	5,810.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	20,430.			
10 Analysis of line 9.	20, 430.			
a Excess from 2005 8,192.				
b Excess from 2006 2,316.				
c Excess from 2007 567.				
d Excess from 2008 9,355.				
e Excess from 2009				

Form 990-PF (2009) IRENE S. & BARRY				<u>22-6786312</u>	
PantXIV Private Operating Foundation					N/A_
1a If the foundation has received a ruling or on its effective for 2009, enter the date of the	ruling	·		_	<del></del>
<b>b</b> Check box to indicate whether the foundate		rating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities	<u> </u>				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(HI)					
<ul><li>(3) Largest amount of support from an exempt organization</li></ul>					
(4) Gross investment income			<u></u>		
Supplementary Information assets at any time during the	(Complete this e year — see ir	part only if the structions.)	organization ha	ad \$5,000 or mor	e in
Information Regarding Foundation Managers as List any managers of the foundation who close of any tax year (but only if they have NONE)	nave contributed m	ore than 2% of the than \$5,000). (See	total contributions re section 507(d)(2).)	eceived by the found	lation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a cor 0% or greater inter	poration (or an equa est.	ally large portion of t	he ownership of
2 Information Regarding Contribution, Grancheck here X If the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	nakes contributions	to preselected cha	arıtable organizations	s and does not accepanizations under other	ot unsolicited er conditions,
<b>a</b> The name, address, and telephone number	er of the person to	whom applications	should be addressed	<b>i</b> :	
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors:

Page 11

3_	Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t		
	, Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor		Purpose of grant or contribution	Amount	
		substantial contributor	recipient			
a SEE	Name and address (home or business)  Paid during the year  STATEMENT 4	substantial contributor	recipient			
	Total			► 3a	27,000.	
	Approved for future payment	· · · · · · · · · · · · · · · · · · ·			27,000.	
	Total			► 3b		

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514		
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)	
a			<b> </b>			
b	_		<u> </u>			
С						
d			<u> </u>			
e						
f						
<b>g</b> Fees and contracts from government agencies			1			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			1. 1			
4 Dividends and interest from securities			14	4,276.		
5 Net rental income or (loss) from real estate		· · · · · · · · · · · · · · · · · · ·	L			
a Debt-financed property						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income		_				
8 Gain or (loss) from sales of assets other than inventory			18	32,267.		
9 Net income or (loss) from special events		-				
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
С						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)				36,543.		
13 Total. Add line 12, columns (b), (d), and (e)				13	36,543.	
(See worksheet in the instructions for line 13 to verify c	alculations.)			•		

### Part XVII-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) (See the instructions)
N/A	
<u>.</u>	
-	

### ParitxXVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de re a Tr (1) (2) b Or (1) (2) (3) (4) (5) (6) c Sh	escribed in section lating to political or ansfers from the rectangle of t	501(c) of the Code rganizations? eporting foundation to a noncharitable esets from a nonchares, equipment, or ot arrangements uarantees services or member equipment, mailing of the above is 'Yesets, or services gives	ritable exempt organization	a) organizations) organization of:  cions employees chedule. Column	(b) should always	show the fair n	et value ın	X X X X X X X X
(a) Line			ne of noncharitable exempt organiz		Description of transfe			nts
N/A						,,	3 3	
	_				<del></del>			
	_							
	_			+				
				<del></del>	<del> </del>			
<del></del>						<del></del>		
-							<del></del>	
de	escribed in section 'Yes,' complete the	501(c) of the Code e following schedule		3)) or in section	527?		Yes X	]No
N1 / 7	(a) Name of or	rganization	(b) Type of orga	nızatıon	(c) [	Description of re	lationship	
N/A								
					<del></del>			
• • • • • • • • • • • • • • • • • • • •		·			····			
compl	penalties of perjury, I dect ete Declaration of prepa	are that I have examined this rer (other than taxpayer of	s return, including accompanying sche fiduciary) is based on all informatio	dules and statements, a on of which preparer h	and to the best of my known as any knowledge		true, correct, and	
S I G N	Signature of officer or tru	istee		Date Date	·	Title		
H E Paid	Preparer's signature	SHERRY CAMM	Ch se	neck if (Se	parer's Identifying nur e <b>Signature</b> in the ins 'A	nber trs)		
pare		CAMMEYER & 0			EII	37./3		
Use Only	yours if self- employed), address, and	PO BOX 300						
	ZIP code	MARLBORO, N	J 07746-0300		Ph	none no ► (7	32) 409-00	
BAA							Form 990-PF	(2009)

009 . IRE		FEDERAL STATEMENTS IE S. & BARRY L. FISHER CHARITABLE				
		RUST		22-67863		
STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES						
ACCOUNTING FEES	EXPE PER I \$	A) (B) N ENSES INVEST BOOKS INCO 3,350. \$ 3,350. \$	MENT ADJUSTED ME NET INCOME 600.	(D) CHARITABLE PURPOSES  \$ 0		
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES			<del></del>			
INVESTMENT ADVISORY FEES	EXPE PER I \$	A) (B) N ENSES INVEST BOOKS INCO 5,769. \$ 5 5,769. \$ 5	MENT ADJUSTED	(D) CHARITABLE PURPOSES  \$ 0		
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES						
BANK FEES		(A) (B) ENSES INVEST BOOKS INC  16. \$ 16. \$		(D) CHARITABLE PURPOSES		
STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	AR					
NAME AND ADDRESS	DONEE <u>RELATIONS</u>	FOUND- ATION HIP STATUS	PURPOSE OF GRANT	AMOUNT		
NY PRESBYTERIAN/WEILL CORNELL 525 EAST 68TH ST NEW YORK, NY 10021	NONE	PUBLIC	IRIS CANTOR WOMEN'S HEALTH CENTER ENDOWMENT	\$ 10,00		
ALVIN AILEY DANCE THEATER 405 WEST 55TH STREET	NONE	PUBLIC	UNRESTRICED CONTRIBUTION	2,0		

2009

## FEDERAL STATEMENTS IRENE S. & BARRY L. FISHER CHARITABLE TRUST

PAGE 2

22-6786312

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
ALVIN AILEY AMERICAN THEATER 405 WEST 55TH STREET NEW YORK, NY 10019	NONE	PUBLIC	FISHER FUND FO CHILDREN	R \$	12,000.
ST HUBERTS 575 WOODLAND AVENUE MADISON, NJ 07940	NONE	PUBLIC	UNRESTRICTED		1,000.
3RD LAW DANCE THEATER 2026 19TH ST BOULDER, CO 80302	NONE	PUBLIC CH	UNRESTRICTED		1,000.
NEW VERNON VOLUNTEER FIRE DEPARTMENT PO BOX 143 NEW VERNON, NJ 07976	NONE	PUBLIC CH	UNRESTRICTED		1,000.
			TO	TAL \$	27,000.

2009

### FEDERAL SUPPLEMENTAL INFORMATION

PAGE 1

IRENE S. & BARRY L. FISHER CHARITABLE TRUST

22-6786312

IRENE S. & BARRY L FISHER CHARITABLE TRUST STATEMENT OF INVESTMENTS 12/1/09-11/30/10

DESCRIPTION	# SHARES	COST	MARKET VALUE
BERKSHIRE HATHAWAY	1	12,432	120,200
DIME BANCORP NEW LITIGATION TRACKING	4,400		1,958
LEUCADIA NATIONAL CORP	7,500	8,882	194,702
LOEWS	1,200	7,786	44,892
PFIZER	2,400	12,727	39,120
PNC FINANCIAL SVCS	1,041	25,851	56,057
SNAP ON TOOLS	800	21,680	42,344
TELEPHONE DATA SYSTEMS (OI	LD) 483	9,084	17,233
TELEPHONE DATA SYSTEMS (NE	EW) 1,583	28,322	48,740
	TOTAL	126,764	565,246
		2=====	=5222222

SCHEDULE OF NET GAIN FROM SALE OF ASSETS PAGE 1 LINE 6(A)

DESCRIPTION 4,400 SH TELEPHONE DATA SYSTEMS DATE ACQUIRED (TRANSFERRED TO FOUNDATION) 11/1/88 HOW ACQUIRED: DONATED

HOW ACQUIRED: DONATED
GROSS SALES PRICE 33,925
COST OR OTHER BASIS 1.658

USI OR OTHER BASIS 1.658

GAIN (LOSS) 32,267 (TO PAGE 1 LINE 6 (A)

NET GAIN (LOSS) FROM SALE OF ASSETS

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

OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service		File a sepa	rate application for ea	cn return.				
• If you are	filing for an A	utomatic 3-Month I	Extension, comp	lete only Part and che	ck this box		-	► X	
-	-		•	Extension, complete o		age 2 of this	form).	ليت	
-	-	•	•	an automatic 3-month	•	-	•		
				Only submit origina					
A corporation	roquired to fil	o Form 000 T and	roguesting on al	stamatic 6 manth autom	an abaal the		omeniata Dant I a		
				itomatic 6-month extending trusts in the standard structure in the standard structure in the standard structure in the standard structure in the structure in t				_	
income tax re		uing 1120-0 mers)	, partiicisiiips, n	LIMICS, and trusts mus	st use Follii 70	04 to reques	t ari exterision c	ii iiine to me	
returns noted the additiona Form 990 T	l below (6 mon I (not automatı Instead, you m	ths for a corporation	on required to file on or (2) you file completed and	orm 8868 if you want a e Form 990-T). Howeve e Forms 990-BL, 6069, signed page 2 (Part II) & Nonprofits	er, you cannot f or 8870, group	file Form 886 returns, or a	8 electronically a composite or o	ıf (1) you want consolidated	
	Name of Exempt C	)rganization					Employer identific	ation number	
Type or print	IRENE S. TRUST	& BARRY L.	FISHER CHAI	RITABLE			22-678631	2	
File by the		id room or suite number	If a P O box, see inst	ructions			122 0,0001		
due date for filing your return See	11 RAVENS	WOOD LANE							
instructions		office, state, and ZIP cod	e For a foreign addre	ss, see instructions	<del></del>				
	MORRISTON	N, NJ 07960							
Check type of		filed(file a separate	application for	each return):					
Form 990		`	∫Form 990-T (c	•		Form 47	20		
Form 990	)-BL		Form 990-T (section 401(a) or 408(a) trust) Form 5227						
Form 990	)-EZ		Form 990-T (trust other than above) Form 6069						
X Form 990	)-PF		Form 1041-A	ŕ		Form 88			
If the org If this is the extension I request that I request the extension The ext	for a Group Reis box.   Sion will cover st an automatic 7/15 cension is for the calendar year	not have an office turn, enter the orgalit it is for part of the case of the c	anization's four one group, check as for a corporation the exempt organization for.	FAX No. Pness in the United State ligit Group Exemption I this box I and at on required to file Formalization return for the and ending 11/30	Number (GEN) tach a list with n 990-T) extent organization na	the names a			
2 If this to	ax year is for le	ess than 12 months	s, check reason:	Initial return	Final retu	rn 🔲 (	Change in accou	Inting period	
		r Form 990-BL, 99 See instructions	0-PF, 990-T, 472	0, or 6069, enter the te	entative tax, les	ss any	3a \$	10.	
		r Form 990-PF or 9 or year overpayme		refundable credits and credit	l estimated tax	payments	3b \$	1,814.	
deposit	e <b>Due.</b> Subtract with FTD coup structions	line 3b from line 3 ion or, if required,	Ba Include your by using EFTPS	payment with this form (Electronic Federal Ta	, or, if required x Payment Sys	l, stem).	3c \$	0.	
Caution. If yo payment inst		make an electroni	c fund withdrawa	al with this Form 8868,	see Form 8453	3-EO and Fo	rm 8879-EO for		
BAA For Pri	vacy Act and P	aperwork Reducti	on Act Notice, s	ee instructions.			Form 88	68 (Rev. 4-2009)	

Form 8868	(Rev 4-2009)			Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part Hand check th	ıs box		<b>▶</b> X		
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previous	isly filed For	m 8868	_		
	are filing for an Automatic 3-Month Extension, complete only Part (on page 1)			_		
Partu	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	l (no copi	es need	ed).		
	Name of Exempt Organization	Employer ide	er identification number			
Type or print	IRENE S. & BARRY L. FISHER CHARITABLE TRUST	22-6786	6786312			
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use o	nly			
File by the extended due date for filing the	CAMMEYER & COMPANY PO BOX 300					
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	MARLBORO, NJ 07746-0300					
Check type	e of return to be filed(File a separate application for each return):					
Form 9	90 X Form 990-PF Form 1041-A		For	m 6069		
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720		For	m 8870		
Form 9	90-EZ Form 990-T (trust other than above) Form 5227					
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension on a prev	ously filed	Form 886	8.		
• The bo	oks are in care of ► BARRY L. FISHER	-				
Telepho	one No. ► 973-539-8512 FAX No. ►					
• If the o	rganization does not have an office or place of business in the United States, check this box	-		▶ □		
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		. If	this is for the		
whole grou	ıp, check this box ► . If it is for part of the group, check this box and attach a list w	ith the nam	 es and Ell	Ns of all		
members t	he extension is for					
4 I requ	uest an additional 3-month extension of time until 10/15 , 20 11.					
<b>5</b> For c	alendar year $\_$ , or other tax year beginning $12/01$ , 20 $09$ , and ending $\_$	11/30	, 2	10 10		
6 If this	s tax year is for less than 12 months, check reason. Initial return			nting period		
	in detail why you need the extension ALL THE INFORMATION NEEDED TO FII	E A TIM	ELY AN	D		
ACC	URATE INCOME TAX RETURN IS NOT YET AVAILABLE.					
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any efundable credits. See instructions	8a	\$	464.		
paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimation tents are tents made. Include any prior year overpayment allowed as a credit and any amount paid previous.	ed tax usly				
with f	Form 8868	8b	\$	1,814.		
c Balar with F	<b>nce Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, depo FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See inst	sit s 8c	\$	0.		
	Signature and Verification					
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my l implete, and that I am authorized to prepare this form	knowledge and b	elief, it is trui	e,		
Signature 🕨	Title ► TRUSTEE	D	ate_►			
BAA	FIFZ0502L 03/11/09		Form 88	68 (Rev 4-2009)		