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<b>.</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))  For calendar year 2015 or other tax year beginning 7/01, 2015, and ending 6/30, 2016							_	OMB No 1	545 0687		
									20	15		
	•	1	• •							10	20	1.0
Depar	tment of the Treasury		on about Form 990-T an							Ope	rio Pable	Inspection for
	al Revenue Service	Jo not	enter SSN numbers on this fo					ization is a 501				inspection for italians Only
Α	address change		\			hanged and see ins	structions		Į C	(Emplo	yees trust	ation number see
	xempt under section		FOURNIER FAMIL			LION			ĺ	instruct	•	
	X 501( C )( 3 )		18670 MACALPIN  BEND, OR 97702		r				-		13073	
		ν(e)   · ·	DEMB, OR STICE							codes	(See instru	ctions)
	_	D(a)										
	529(a) Book value of all assets a	- Crous	avametras sumbas (Cas					<del></del>				
Ç	end of year	O Chas	exemption number (See							<del></del>		<del></del>
	814,95	2. G Chec	k organization type	<u>► X</u>	501(c	corporation	50	(c) trust	<u> </u>	(a) trus	t 📋	Other trust
₩ [	Describe the organiz	zation's primar	y unrelated business ac	tivity								
1 5	During the tax year	was the corno	ration a subsidiary in a	n affiliati	ed an	OUD OF S DRIED	) cuber	liani controlli	ad arou	02	Yes	No X
			fying number of the par		_	-	((-3003)	nary controll	sa groo <sub>i</sub>	ρ.	□,62	[V]
	The books are in care			ent corp	Orall	711		Telephone nu	ımher▶	(503	) 615	-9410
			Susiness Income	<del></del>		(A) Inco		<del></del>	penses	(303		
	Gross receipts or		usiness income	···		(A) IIICO	ine	(D) LX	DEIISES	1 (A)	(C)	Mei Markaren
	Less returns and allow		c Bala	ance	1 c							
	Cost of goods sold	· · · · · · · · · · · · · · · · · · ·		-	2			400		200	7 600	
	Gross profit Subti			ļ	3			TO POL TO		675		- ST - C
	a Capital gain net in			}	4 a			7.76 × 6.1		200		
	o Net gain (loss) (Form 4	-		}	4 b	<del></del>		TOTAL STATE			<del> </del>	
	Capital loss deduc	· ·	r j (auacie i om 47 sr j	}	4 c							
			and S corporations		40							<del></del>
_	(attach statement)			ST 1	5	7	7,536					
6	Rent income (Sch	edule C)		- [	6			Ţ <u>.</u>				
7	Unrelated debt-fin	anced income	(Schedule E)	[	7							
8	Interest, annuities, roya	alties, and rents fr	om controlled organizations (so	thedule F)	8							
9	investment income of a	section 501(c)(7)	, (9), or (17) organization (Sch	h <b>G)</b>	9							
10	Exploited exempt	activity income	e (Schedule I)		10							
11	Advertising incom-			[	11							
12	Other income (Sec	e instructions,	attach schedule)	ĺ				200	253191			
					12				7.76			
	Total Combine lin			[	13		7,536			0.		7,536
Pai	划滅 Deductio	ns Not Take	en Elsewhere (See	instruc	tion	s for limitati	ons or	n deductioi	ns)(E	xcept	for	
	contributi	ons, deduct	ions must be direct	ly conr	necte	ed with the i	unrela	ted busine	ss inc	ome)		
_	-		ors, and trustees (Sched	dule K)		R	FCF	IVED_	⊢	14	_	
15	Salaries and wage					_			S -	15		
16	Repairs and maint	tenance				اما				16		<del></del>
17	Bad debts	L. I. S.				ica V	lOV ≟	A 2016	!(^\	17		
18	Interest (attach so	•							121 -	18		
19	Taxes and license						(-1)	NUT	,	19		
20		•	structions for limitation i	ruies)				1 4		20		
21	Depreciation (atta	•					21	<u> </u>		秀塚 201		
22	•	cialmed on So	chedule A and elsewhere	e on rell	urn	[_2	2 a			22 Ь		
23	Depletion	060	nache n-+						}	23		
24	Contributions to d		risation plans						-	24	<del></del>	
25	Employee benefit		al. da 15						-	25		
26	Excess exempt ex								-	26		
27 28	Excess readership Other deductions								ŀ	28		
29	Total deductions.								-	29		
30			me before net operating	loss de	ducti	on Subtract li	ne <b>29</b> fr	om line 13	-	30		7,536
31			nited to the amount on					EMENT 2	-	31		7,536
			me before specific dedu		ubtra				-	32		0

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

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Form <b>990-T</b>	(2015) FOURNIER FAMILY F	OUNDATION			93-	-1307301	Page 2
Part III	Tax Computation						1
35 Organ	uzations Taxable as Corporations. Se	e instructions for tax comp	utation			77.4	
Contre	olled group members (sections 1561 a	and 1563) check here 🕨 🦳	See instri	uctions and	5	**************************************	,
a Enter	your share of the \$50,000, \$25,000, a	and \$9,925,000 taxable incol	me bracke	its (in that orde	n F		
(1) \$	(2)  \$	(3)  \$			i i		
	organization's share of (1) Additional			\$		43.9	
	Iditional 3% tax (not more than \$100,0		•	\$		લ્ડિક	
	ne tax on the amount on line 34	,			<u> </u>	35 c	0.
36 Trusts	s Taxable at Trust Rates See instruct	ions for tax computation. In	come tax	on the amount	ţ	<b>深</b> 重	
	e 34 from Tax rate schedule o				▶	36	
	tax. See instructions	Ξ ,	-		▶	37	<del></del>
_	native minimum tax				ļ	38	
	. Add lines 37 and 38 to line 35c or 3	5. whichever applies			ļ	39	0.
	Tax and Payments	-			<del></del>	<del></del>	
12 20 4 7 7	on tax credit (corporations attach Forn	n 1118 truste attach Form 1	116\	40 a		867548	<del></del>
	= -	ii 1110, liusts attacii i oiiii i	110)	40 b	<del></del>		
	credits (see instructions)	(cas instructions)	;	<del></del>			
	ral business credit Atlach Form 3800			40 c		/# <u> </u>	
	t for prior year minimum tax (attach F credits Add lines 40a through 40d	OIIII 6601 OF 6627)		400		400	^
					-	40 e	<u>0.</u>
	act line 40e from line 39	Dr 9611 Dr 960	7 🗆 50500	0066		41_	0.
		[]-0111 <b>6</b> 911 []-0111 603	/ LI FORIII	0000		40	
	ther (attach schedule)				1	42	
	tax Add lines 41 and 42	2215		1	ļ	43	0.
_	ients. A 2014 overpayment credited to	2015		44a			
	estimated tax payments			44b			
	eposited with Form 8868			44 c			
	gn organizations Tax paid or withheld	at source (see instructions	)	44 d		<i>3.1</i> 2	
	up withholding (see instructions)	4 1. =	4	44e			
	t for small employer health insurance		41)	44 f			
	<b>—</b>	rm 2439	-			<b>3</b> 5	
L F	orm 4136Ot	her T	otal 🏲	44 g		A.L	
45 Total	payments Add lines 44a through 44g	i				45	0.
46 Estim	nated tax penalty (see instructions) C	heck if Form 2220 is attache	ed		▶ 🔲 ا	46	
47 Tax d	lue If line 45 is less than the total of I	ines 43 and 46, enter amou	int owed		<b>—</b>	47	
	payment. If line 45 is larger than the t			overpaid	▶	48	
-	the amount of line 48 you want. Crei				Refunded >	49	
	Statements Regarding Certain			ation (see upst	<u> </u>		
25 7 C C 25	1					or 2	Van Ma
	y time during the 2015 calendar year, did						Yes No
	cial account (bank, securities, or other) in a						李令 影
•	rt of Foreign Bank and Financial Acco	•					_ X
2 Durin	g the tax year, did the organization re	ceive a distribution from, or	was it the	e grantor of, or	transferor to,	a foreign trust?	X
If YE	S, see instructions for other forms the	eorganization may have to f	ile				
3 Enter	the amount of tax-exempt interest received	ed or accrued during the tax :	year 🛰	\$ -	0 -		15 15 15 15 15 15 15 15 15 15 15 15 15 1
Schedule	e A — Cost of Goods Sold. Ente	er method of inventory valuation	on 🟲				<del></del>
	itory at beginning of year	1		entory at end o	f vear	6	<del></del>
2 Purch	· · · · · · · · · · · · · · · · · · ·	2	+	st of goods sol	-	35-73	
	of labor	3		6 from line 5		<b>3</b>	
			and	in Part I, line	2	7	
4 a Auguo	onal section 263A costs (attach schedule)		1				Yes No
<b>h</b> an			8 Do	the rules of sec	ction 263A (wil	th respect to	<b>有是人一类是</b> 。
b Other o (atlach		4 b		perty produced			著のまで、
5 Total	. Add lines 1 through 4b /	5		the organization			]
	Under penalties of perjury, I declare that I have obelief, it is true_correct, and complete_Declarate	examined this return including according	panying sche	dules and statement	ts and to the best	of my knowledge and	
Sign	belier, it is true correct, and complete Declarati	on or preparer (other than taxpayer)			ni preparei nas any	May the IRS discus:	
Here	Signature of officer		<b>6</b> ▶ ‡	PRESIDENT		the preparer shown	below (see
	Signature of officer	, , , , ,	'	ioc		X	Yes No
D !	Print/Type preparer's name	Preparer's signature		Date / /	Check if	PIIN	
Paid	CARL W FOSTER	1 ( ) X \ 3	424	11/4/16	self employed	P000092	266
Pre-	Firm's name FOSTER & ASSO	CIATES, CPA, LLC	J.	-: / · / · / ·	Firm s EIN	46-188112	
parer Use		RTON-HILLSDALE HW	V #13		5 6111	10 TOOTIT	<u>.•</u>
Only			T #TW		Phone no	/503) 00	7 2612
	PORTLAND, OR	97225	110/1E	<del></del>	FINITE IN	(503) 29	990-T (2015)
BAA		TEEA02021, 10	פו עבו נ			ruim	JJU-1 (ZUIJ)

Schedule C - Rent Incom	ne (From Real		d Persor	nal Property	Le	ase				ty) (see instructions)
1 Description of property		<u> </u>							<del></del>	
(1)							<del></del>			······
(2)										
(3)			<del></del>							<del></del>
(4)	2 Rent received	or accrued								<del></del>
(a) From personal pr	operty	(b) From re	eal and pe	rsonal propert	ν					ctly connected with
(if the percentage of rent property is more than 10 more than 50%	0% but not ]	(If the perce	entage of ceeds 50%	rent for persor 6 or if the rent or income)	ıai		the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)										····
(3)			· · · · · ·			-+			-	
Total	Т	otal		·		-	···			<del></del>
(c) Total income. Add totals of here and on page 1, Part I, line		2(b) Enter				h	b) Total deductro ere and on page 1, line 6, column (B	Part	er ►	
Schedule E - Unrelated	Debt-Financed	Income (see	instructio	ns)						
1 Description of de	ebt-financed propei	rty	or alloc	income from able to debt-	3		debt-f		ed p	ed with or allocable to property
			financ	ed property	de	(a) Straight line depreciation (attach sch)			(b) Other deductions (attach schedule)	
(1) (2)		·····	<del></del>		+-		····	-		
(3)		<del></del>			+-					
(4)			·		+-					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or or allocable to de property (attach		ebt-financed div		,	7 Gross incon reportable (colum column 6)		2 x   (column 6 x tot		Allocable deductions (column 6 x total of plumns 3(a) and 3(b))
(1)				કૃ						
(2)			<u> </u>	90		<del></del> -				<del></del>
(3)	<del></del>		<del> </del>	9						
<u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<u> </u>		L			iter h	ere and on pa	ge 1	Ent	er here and on page 1
Totals				,	Pa	art I,	line 7, column	(A)	Pai	rt I, line 7, column (B)
Total dividends-received deduc	ctions included in	column 8			L			-		
Schedule F - Interest, A	nnuities, Royal	ties, and Re	nts Fro	n Controlle	d 0	rga	nizations (s	ee ins	truc	ctions)
		Exempt Con	trolled Or	janizations						
1 Name of controlled organization	2 Employer identification number	3 Net uni income (see instri	(loss)	4 Total of sp payments	Total of specified bayments made that is included the controlling organization gross income		uded i olling ion's	d in connected with income in column !		
(1)										<u> </u>
(2)				 						<del> </del>
(3)							<del> </del>			
Nonexempt Controlled Organiza	ations			L			1			L
7 Taxable Income 8 Net unrelated 9 Total of		nts made I included in the						11 Deductions directly connected with income in column 10		
(1)										
(1) (2) (3)										<del></del>
(3)										
(4)				here and d	on <b>p</b>		id 10 Enter I, Part I, line (A)		and	lumns 6 and 11 Enter d on page 1, Part I, line 8, column (8)
Totals		· , · · · ·								5 000 T (001

Form 990-T (2015) FOURNIER FAM	MILY FOUNDATI	ON					307301	Page 4
Schedule G - Investment Inco	ome of a Section	501(	c)(7), (9)	), or <mark>(17) O</mark> rgaı			ns)	
1 Description of income	2 Amount of Inc.	ome	direc	Deductions city connected ach schedule)	4 Set-asides (attach schedule)		5 Total deductions and set asides (column 3 plus column 4)	
(1)								
(2)							]	· · · · · · · · · · · · · · · · · · ·
(3)							<u> </u>	
(4)						**		
Totals ►	Enter here and on p Part I, line 9, colur	oage 1, nn (A)					Enter her Part I, lir	re and on page 1, ne 9, column (B)
Schedule I — Exploited Exemp	t Activity Incom	ν <u>α Ω</u>	nor Tha	n Advorticina	ncome (coe is	at the same		
Schedule 1 - Exploited Exemp	2 Gross			1		T		7.5
1 Description of exploited activity	unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	attrib	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)						1		
(3)			~			-		
(4)						_		
Totals	Enter here and on page 1, Part I, line 10, column (A)	on page 1,						Enter here and on page 1, Part II, line 26
Schedule J — Advertising Inco								
Part Income From Periodic	als Reported or	1 a Co	nsolida	ted Basis				
1 Name of periodical	2 Gross advertising income	adv	Oirect ertising osts	4 Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute col 5 through 7	5 Circulation income		adership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)			···	The state of the s				
_(2)						<del> </del>		
(3)		<b> </b>				-		
(4)		<u> </u>		25 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		ļ		
Totals (carry to Part II, line (5)) Part II: Income From Periodic	cals Reported or	ı a Se	parate I	Basis (For each	periodical listed i	n Part I	I, fill in col	umns 2 through
7 on a line-by-line basis )	· · · · · · · · · · · · · · · · · · ·	<del></del>			·	-,		<del>-</del>
1 Name of periodical	2 Gross advertising income	adv	Oirect ertising osts	4 Advertising gain of (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)	<b></b>			<del>                                     </del>	ļ	<u> </u>		ļ
(2)	+	<del> </del>	<del></del>	<del> </del>	<del> </del> -	-	<del>.</del>	<del> </del>
(4)	-	<del> </del> -		+	<del> </del>	+		<del> </del>
	<del></del>			<b>为好学会是会是</b>	L	E-MANUEL PROPERTY.		
Totals from Part I ►			····					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on Part colu	here and page 1, 1, line 11, imn (B)					Enter here and on page 1, Part II, line 27
Schedule K — Compensation	of Officers, Dire	ctors	, and Tr	ustees (see inst	ructions)			
1 Name				2 Title	3 Percent time devo to busine	ted		ation attributable ated business
						ક		
						%		
						8		
	···			-		ક		
Total Enter here and on page 1. Par	III. line 14		-			▶		

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## **FEDERAL STATEMENTS**

PAGE 1

**CLIENT FOU21455** 

## **FOURNIER FAMILY FOUNDATION**

93-1307301

11/04/16

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STATEMENT 1 FORM 990-T, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	GROSS NCOME		INCOME (LOSS)
EV ENERGY PARTNERS, LP	\$ 9,739.	\$ 2,203. TOTAL	\$ 7,536. \$ 7,536

## STATEMENT 2 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	0.	RIGINAL LOSS	LOSS PREVIOUSLY USED	<i>r</i>	 LOSS AVAILABLE
6/30/11 6/30/12 6/30/13 6/30/14 6/30/15 NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS		13,661. 18,324. 9,838 4,854.	\$ AXABLE INCOME)	0 0 0 0	\$ 6,906 13,661. 18,324. 9,838. 4,854. \$ 53,583. \$ 7,536. \$ 7,536.