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Form 990-PF

Department of the Treasury

Internal Revenue Service

EXTENSION FIRED

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

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

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number The Fourth Corner Foundation, Inc. 14-1799997 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 578 Hitchcock Hill Road 802-875-4238 City or town, state, and ZIP code C If exemption application is pending, check here Windham VERMONT 05369 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end J Accounting method X Cash F If the foundation is in a 60-month termination Other (specify) of year (from Part II, col (c), under section 507(b)(1)(B), check here line 16) ▶ \$ 450,274 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see instructions)) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 30.238 A COLOR 4.28 48/10 ~7 3 Check ▶ If the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 0 0 4 Dividends and interest from securities 6,163 6.163 6,163 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 0 À. Ľ, **b** Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain 1 3 4 3 3 4 Income modifications 7.5 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 0 0 11 Other income (attach schedule) 0 12 Total. Add lines 1 through 11 6.163 36.401 6,163 13 Compensation of officers, directors, trustees, etc 0 Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 0 0 16 a Legal fees (attach schedule) 575 0 0 575 b Accounting fees (attach schedule) perating and Administrative 45 0 c Other professional fees (attach schedule) 100 17 Interest 150 0 0 150 Taxes (attach schedule) (see instructions) 0 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 4.880 0 Other expenses (attach schedule) 0 4.880 24 Total operating and administrative expenses. 5,650 5,705 Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 5,650 0 0 5,705 27 Subtract line 26 from line 12 30.751 a Excess of revenue over expenses and disbursements. 6,163 **b Net investment income** (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 6.163

23

		Ralance Shoots Attached schedules and amounts in the description column	Beginning of year	End (of year
r a		, should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	13,453	13,859	13,859
	3	Accounts receivable 0			
	ŀ	Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			3 (%)
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	l o	0	O
	7	Other notes and loans receivable (attach schedule)	-		2000
		Less allowance for doubtful accounts	0	0	0
Ø	8	Inventories for sale or use			
šet	9	Prepaid expenses and deferred charges			
Assets	10 a	I Investments—U.S. and state government obligations (attach schedule)	0	0	0
		Investments—corporate stock (attach schedule)	372,780	372,780	436,415
	l	: Investments—corporate bonds (attach schedule)	0		0
	11			1350 P. L. T.	1,000
	' '	Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			<u>~</u>
	13	Investments—other (attach schedule)	0	0	0
	14				
	'	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe Erica Schmidt Painting)	1,400		
	16	Total assets (to be completed by all filers—see the	1,400		
	'0	instructions Also, see page 1, item I)	387,633	386,639	450,274
	17	Accounts payable and accrued expenses .	307,000	300,000	450,274
	18	Grants payable			
Liabilities	19	Deferred revenue			
≣	20	Loans from officers, directors, trustees, and other disqualified persons	715	715	
abi	21	Mortgages and other notes payable (attach schedule)	0		
Ξ	22	Other liabilities (describe	0		
	23	Total liabilities (add lines 17 through 22)	715		
		. 🗖	1 10	, , , , , , , , , , , , , , , , , , , ,	, ,
တ္ဆ		Foundations that follow SFAS 117, check here	İ		
ၓၟ	١	and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
	25	Temporarily restricted			
פ	26	Permanently restricted			
٦		Foundations that do not follow SFAS 117, check here			esu di Color di Color
Net Assets or Fund B	27	and complete lines 27 through 31.	356 600	205.024	
Š	27	Capital stock, trust principal, or current funds	356,680	385,924	
šě	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ŝ	29	Retained earnings, accumulated income, endowment, or other funds.	250,000	205.024	4-14-14-14-14-14-14-14-14-14-14-14-14-14
7	30	Total net assets or fund balances (see instructions)	356,680	385,924	
ž	31	Total liabilities and net assets/fund balances (see	257.005	200 000	*
В-	-	Instructions) .	357,395	386,639	×(3)
	it III	Analysis of Changes in Net Assets or Fund Balances	20 (must see see see	T	<u>.</u>
1		net assets or fund balances at beginning of year—Part II, column (a), line	e 30 (must agree with		050.000
_		f-year figure reported on prior year's return)		1	356,680
_		amount from Part I, line 27a	along of Occupies	2	30,751
3		increases not included in line 2 (itemize) Unrealized Gains in V	alues of Securities	3	0
_		nes 1, 2, and 3		. 4	387,431
5		ases not included in line 2 (itemize) Unrealized Loss in Values of		5	792
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 30	6	386 639

(a) List and describe th	nd Losses for Tax on Investi e kind(s) of property sold (e.g., real estate, se, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
b				
С				
d				· ·
е				
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n or (loss) (f) minus (g)
a 0	0	0		0
b 0	0	0		0
<u>c</u> 0	0	0		0
<u>d</u> 0	0	0		0
e 0	0	0		0
Complete only for assets show	ving gain in column (h) and owned by	the foundation on 12/31/69	1	l (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		t less than -0-) or from col (h))
a 0	0	0		_0
b 0	0	0		0
c 0	0	0		0
d 0	0	0		0
<u>e</u> 0	0	0		0
2 Capital gain net income or		enter in Part I, line 7 ter -0- in Part I, line 7	2	0
If gain, also enter in Part I,	or (loss) as defined in sections 1 line 8, column (c) (see instructio		3	0
Part V Qualification Und	der Section 4940(e) for Redu	iced Tax on Net Investm	ent Income	
If "Yes," the foundation does n	eave this part blank he section 4942 tax on the distrib ot qualify under section 4940(e). ount in each column for each yea	Do not complete this part.	· · · · · · · · · · · · · · · · · · ·	
(a)	dult in each column for each yea	<u></u>	any entre	(d)
Base period years	(b)	(c) Net value of noncharitable-use a	Dis	tribution ratio
Calendar year (or tax year beginning i			(COI (D)	divided by col (c))
2010	4,92		1,207	0.014029
2009	3,98		5,345	0 015542
2008	6,30	··-	2,559	0 020822
2007	42,10		3,156	0 119233
2006	5,0	18 264	1,491	0 018972
			. 2	0 188598
	or the 5-year base period—divide undation has been in existence if			0 037720
4 Enter the net value of none	charitable-use assets for 2011 fro	m Part X, line 5	. 4	453,004
5 Multiply line 4 by line 3 .			. 5	17,087
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		. 6	62
7 Add lines 5 and 6			. 7	17,149
	ns from Part XII, line 4 er than line 7, check the box in F			10,056
the Part VI instructions		and the man to the complete	part doning d	

their names and addresses

orm	1990-PF (2011) The Fourth Corner Foundation, Inc.	1799997	Pa	ge 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see ins	structions)		
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter "N/A" on line 1 1	1	23	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	
3	Add lines 1 and 2	1	23	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1	23	
6	Credits/Payments Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 143	1.4.4.		
	Exempt foreign organizations—tax withheld at source . 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c 0			
	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d	1	43	
8	Enter any penalty for underpayment of estimated tax. Check here		<u> </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-	20	
11	20		0	
a	rt VII-A Statements Regarding Activities	10000	_	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Y	es	No
	participate or intervene in any political campaign? .	1a	_	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
	instructions for definition)?	1b	S07 20 12	<u> X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c	Medical o	<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$	_ # 		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	, 4 2	Ş	"
2	on foundation managers \$	2		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	الخطة	<u>^</u>
3	If "Yes," attach a detailed description of the activities	. 9 4		
J	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? <i>If "Yes," attach a conformed copy of the changes</i>	3		X
4 2	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	+	â
	of "Yes," has it filed a tax return on Form 990-T for this year?	4b N	/A	<u>^</u>
5 ~	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	"	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			7
	By language in the governing instrument, or	1 2 3		
	By state legislation that effectively amends the governing instrument so that no mandatory directions		3	
	that conflict with the state law remain in the governing instrument?	6 >	₹	UNIC STATE OF THE PARTY OF THE
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XI	v 7)	(
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)			#
	DE, VT		in;	1
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		Ç,	
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b >		
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV .	9)	<u> </u>	
10	Did any pareons become substantial contributors during the tay year? If "Vas " attach a schedule listing	1 1	- 1	

14-1799997 Page 5 The Fourth Corner Foundation, Inc. Part 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 Х Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www thefourthcornerfoundation.org Telephone no ► 802 875 4238 The books are in care of ► Robert F Shannon Located at ► 576 Hitchcock Hill Road Windham VT ZIP+4 ▶ 05359 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year No Yes At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No During the year did the foundation (either directly or indirectly) X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? X No Yes (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) 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 instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 2011? 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)) At the end of tax year 2011, did the foundation have any undistributed income (lines 6d Yes X No and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions) N/A If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business Yes X No enterprise at any time during the year? If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011) 3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

4b

Form	990-	PF (2011) The Fourth Corner Foundation	n In	ıc					1	4 -179	9997	ı	Page 6
Pa	rt VI	I-B Statements Regarding Activitie	_		n 47	720 May Be R	eauir	ed (continued					
5a	Durii (1)	ng the year did the foundation pay or incur any Carry on propaganda, or otherwise attempt to Influence the outcome of any specific public on, directly or indirectly, any voter registration	amo infli elect	ount to uence legislation (ion (see section 4	sect	tion 4945(e))?	• •	Yes	_	No No	, ,	,	
		Provide a grant to an individual for travel, stud	dy, o	or other similar pur	•			. Yes	X	No))) () ()	
		Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 494 Provide for any purpose other than religious,	\$ 0(d)	(2)? (see instruction	ons))		Yes	X] No			
b		educational purposes, or for the prevention o y answer is "Yes" to 5a(1)–(5), did any of the ti	f cru	elty to children or	anın	nals?	ns des	Yes	X	No			
_	Reg	ulations section 53 4945 or in a current notice in initiations relying on a current notice regarding	rega	rding disaster assi	stan	ice (see instructio			· 广	j	5b	N/A	
	If the	e answer is "Yes" to question 5a(4), does the forecause it maintained expenditure responsibilities," attach the statement required by Regulation	ound y for ons s	ation claim exemp the grant? section 53 4945–5	ition (d)	from the		. Yes		No			
6a		he foundation, during the year, receive any fur niums on a personal benefit contract?	ıds, (directly or indirectl	y, to	pay		Yes	X	No		**************************************	
b		he foundation, during the year, pay premiums, es" to 6b, file Form 8870	dıre	ctly or indirectly, o	n a	personal benefit o	contrac	::?		1	6b		X
		ny time during the tax year, was the foundation es," did the foundation receive any proceeds o	•	•				Yes	X	No	7b	, 💖	X
	art \	and Contractors				-				d Em	ploy	ees,	
_1	List	all officers, directors, trustees, founda							s).				
		(a) Name and address	, ,	Title, and average hours per week evoted to position		c) Compensation f not pald, enter -0-)	en	d) Contributions to aployee benefit plans deferred compensation			•	se acco	
		Shannon hcock Hill Road Chester VT 05739	Pre	sident/Secretary 5 00		0			0				0
				.00		0			0				0
				.00		0			0				0
	Cor	npensation of five highest-paid employ	ees	.00 other than the	ose	included on li		-see instructio	0 ns).	If no	ne.		0
_		er "NONE."			_								
(a)	Name	e and address of each employee paid more than \$50,0	000	(b) Title, and avera hours per week devoted to position	•	(c) Compensation	on	(d) Contributions t employee benefit plans and deferre compensation	t		-	se acco	
NO	ŅĒ.												

Form 990-PF (2011)

Pai	Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		.
	purposes	<u>'</u>	
а	Average monthly fair market value of securities .	1a	445,512
b	Average of monthly cash balances .	1b	14,391
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	459,903
е	Reduction claimed for blockage or other factors reported on lines 1a and	•	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	
3	Subtract line 2 from line 1d	3	459,903
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions) .	4	6,899
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	453,004
6	Minimum investment return. Enter 5% of line 5		22,650
Par	The composition of the composit		
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2011 from Part VI, line 5	0	
b	Income tax for 2011 (This does not include the tax from Part VI) .	0	
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	0
4	Recoveries of amounts treated as qualifying distributions	4	_
5	Add lines 3 and 4	. 5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Par	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	5,705
b	Program-related investments—total from Part IX-B	<u>1b</u>	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes .	2	4,351
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	. 3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	10,056
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 (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	10,056
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	er the foundation	

qualifies for the section 4940(e) reduction of tax in those years

e Excess from 2011

Pai	rt XIV Private Operating Foundations (s	ee instructions an	d Part VII-A, qu	estion 9)		
	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2011, enter	ation letter that it is a p	rivate operating	. •	8/13/1998	3
	Check box to indicate whether the foundation is a p	orivate operating found	lation described in	section	X 4942(j)(3) or	4942(j)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	Ì	(2) 7-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed .	6,163	5,358	6,169	7,845	25,535
b	85% of line 2a	5,239	4,554	5,244	6,668	21,705
С	Qualifying distributions from Part XII,					
	line 4 for each year listed .	10,056	4,927	3,984	6,300	25,267
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c	10.056	4,927	3,984	6,300	25,267
3	Complete 3a, b, or c for the	10,056	4,921	3,904	0,300	23,201
	alternative test relied upon					
а	"Assets" alternative test—enter	450.074	400.040	247 224	220.004	4 450 500
	(1) Value of all assets .	450,274	428,246	347,384	226,694	1,452,598
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	450,274	428,246	347,384	226,694	1,452,598
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	15,100	11,707	8,545	10,085	45,437
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)	30,238	28,638	40,326	29,955	129,157
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	30,230	520	40,320	10	530
	(3) Largest amount of support from an exempt organization	0	0	0	0	0
	(4) Gross investment income .	6,163	5,357	6,169	7,845	25,534
Pa	rt XV Supplementary Information (Cor	nplete this part o	nly if the foun	dation had \$5,0	00 or more in	
	assets at any time during the ye	ar—see instruction	ons.)			
	Information Regarding Foundation Manag List any managers of the foundation who have con before the close of any tax year (but only if they ha	tributed more than 2%	of the total contrib nan \$5,000) (See s	utions received by th ection 507(d)(2))	e foundation	
Rol	bert F Shannon List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ion of the	
2	Information Regarding Contribution, Gran	t, Gift, Loan, Scho	larship, etc., Pro	grams:		
	Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d	contributions to prese	lected charitable or	ganizations and does		
а	The name, address, and telephone number of the	person to whom applic	cations should be a	ddressed		
b	The form in which applications should be submitted	d and information and	materials they shou	uld include		
	Any submission deadlines			·		
d	Any restrictions or limitations on awards, such as t factors.	oy geographical areas,	charitable fields, ki	inds of institutions, o	r other	

Total

Form	n 990-PF (2011) The Fourth Corner Foundation, I	nc.		14-17	99997 Page 1
Pa	rt XV Supplementary Information (continu	ied)			
3	Grants and Contributions Paid During th	e Year or Approved	for Future f	Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
	Total			▶ 3 a	
b	Approved for future payment	T			
	, , , , , , , , , , , , , , , , , , , ,			:	
]			
		1	j		
			[

Part XV	I-A Analysis of Income-Producing Acti	vities				
Enter gro	oss amounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	on 512, 513, or 514	(e)
1 Progr	ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_			0	<u> </u>	0	(
. —		•	- 0	 -	0	· · · · · · · · ·
		-		 	0	
c _			0	 	0	
<u> </u>			0		0	
			0	1	0	· ·
'	ees and contracts from government agencies	-		<u> </u>		
_	bership dues and assessments .					
	est on savings and temporary cash investments					
	ends and interest from securities					6,163
	ental income or (loss) from real estate	18 C. S.				200.07.0
	ebt-financed property .	20040837 NBV-1-4 W	1964 4 (3-43 8/2 DP).	27 July 2014 1880	ACCOMPANY OF THE PROPERTY OF T	1.44.00 (1.14.14.14.14.14.14.14.14.14.14.14.14.14
	ot debt-financed property			<u> </u>	<u></u>	
	ental income or (loss) from personal property					
	r investment income .					
					0	
	or (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory		0		0	
_	r revenue a		0	-	0	
b		-	<u>0</u>	 	0	
. –			0		0	
d		-	0		0	
e	otal Add columns (b), (d), and (e)					
	I. Add line 12, columns (b), (d), and (e)	10 (4. % 10 m / 13 / 14 m / 15	<u> </u>		13	6,163
	ksheet in line 13 instructions to verify calculations)					0,100
	I-B Relationship of Activities to the Ac	complishment	of Exempt P	urposes		
Line No.					mportantly to	
▼	the accomplishment of the foundation's exempt					ctions)
3	Provides Funding for operation of the Foundar	tion				
4	Provides Funding for operation of the Foundar					
8	Provides Funding for operation of the Foundar					
			· · ·			

Roger Dumas

► H&R Block

Firm's address 98 Allen Street, Rutland, VT 05701

Firm's name

Preparer

Use Only

			Comer Come					14-170			
Part	XVII	Information Re Exempt Organi		sfers To and T	ransactions	and Re	lationships W	ith Noncharit	able		
1 C	ud the	organization direct		angage in any of the	he following wi	th any of	her organization	described		Yes	No
		ion 501(c) of the Co									-110
		zations?	ac (cca	300(10)1 (0)(0)	organizations,			, to pointed.	,		l
	-	ers from the reportin	a foundation to	a noncharitable (overnt organi	ration of			1		
	i) Ca		-	· · · · · · · ·		allon or			1a(1)	\vdash	X
•	•	her assets							1a(2)	1	X
	•	ransactions				•		· · ·			
		les of assets to a no	oncharitable exe	empt organization		_			1b(1)		X
		rchases of assets fr							1b(2)		X
		ntal of facilities, equ							1b(3)		Х
		imbursement arrang	•						1b(4)		Х
(5) Lo	ans or loan guarante	es						1b(5)		Χ
((3) Pe	rformance of service	es or membersl	hip or fundraising	solicitations .				1b(6)		Х
c S	harin	g of facilities, equipr	nent, mailing lis	sts, other assets,	or paid employ	ees			1c		X
v	alue d	nswer to any of the of the goods, other a n any transaction or	ssets, or service	es given by the re	eportina founda	ation. If the	he foundation re	ceived less that	n fair m	arket	
(a) Lir	ne no	(b) Amount involved	(c) Name	of nonchantable exemp	ot organization	(d) De	scription of transfers,	transactions, and sl	haring arr	angeme	ents
			0								
			0			 					
			0								
			0			 	·				
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			0			+					
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			0								
			0								
			0								
			0					···			
d	escrit	foundation directly oned in section 501(c)," complete the folloon) of the Code (d						es [] No	
		(a) Name of organizati	on	(b) Type	e of organization		(c)	Description of relation	onship		
						·					
						_					
											
						·····					
	Ur	nder penalties of perjury, I declar	re that I have examined	this return, including accomi	panying schedules and	statements. a	nd to the best of my know	ledge and belief, it is true	 9,	_	
o:	I 00	rrect, and complete Declaration									
Sig		A w/	^/	~/ /				May the IRS of with the preparation			
Her	e 🕨	/mw/1.5	m-	18/11/12	Directo	r		instructions)?			No
	' '	Signature of officer or trus	tee	Date	Title						
Paid		Print/Type preparer's	name	Preparer's signature			Date	Check I if	PTIN		

(802) 775-1679

self-employed P00134264

Firm's EIN - 03-0317865

Phone no

8/12/2012

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

The Fourth Corner Foundation, Inc. 14-1799997 Organization type (check 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 foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more **>** \$ _____ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number 14-1799997

The Fourth Corner Foundation, Inc 14-1799997						
	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Robert F Shannon 576 Hitchcock Hill Road Windham VT 05359 Foreign State or Province Foreign Country	\$ 30,238	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Foreign State or Province Foreign Country	\$ <u>0</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)			

Name of organization

The Fourth Corner Foundation, Inc

Employer identification number 14-1799997

Part II	Noncash Property (see instructions) Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	535 Shares Medco Health Solutions, Inc	\$ 30,238	12/22/2011
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	

Employer identification number

Name of org				Employer identification number				
	Corner Foundation, Inc	individual aa	ntributions to section F	14-1799997				
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry							
		•						
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) > \$							
	Use duplicate copies of Part III if addition			, , , , , , , , , , , , , , , , , , , ,				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(a) Transfer of aift							
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relation			ip of transferor to transferee				
(a) No	For Prov Country	ı						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(0, 000 0. g.m.)						
			•					
		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee				
	For Prov Country							
(a) No. from	(b) Purpose of gift	10	e) Use of gift	(d) Description of how gift is held				
Part I	(b) Fullpose of gift	,		(d) Description of now girt is field				
		(e) 1	Transfer of gift					
		` ,	J					
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee				
	F D							
(a) No.	For Prov Country	Γ	<u> </u>					
from	(b) Purpose of gift	(c	c) Use of gift	(d) Description of how gift is held				
Part I			·					
		<u> </u>		<u> </u>				
		(e) T	Fransfer of gift					
	Transferse's name address ===	7ID + 4	Dalatianak	in of transforor to transforos				
	Transferee's name, address, and	4IF T 4	Relationsr	ip of transferor to transferee				
	Country Country	· ·	i					

Form 8868

(Rev January 2012)

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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. 								
a corporat 8868 to re Return for	c filing (e-file). You can electronically file Filion required to file Form 990-T), or an additional equest an extension of time to file any of the Transfers Associated With Certain Personals). For more details on the electronic filing of	onal (not a forms liste al Benefit C	nutomatic) 3-month extension of tim d in Part I or Part II with the excepti contracts, which must be sent to the	e. You car on of Forn IRS in pa	n electro n 8870, per fori	onically t Informa mat (see	file Form ation	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
Part I only All other o	tion required to file Form 990-T and request corporations (including 1120-C filers), partner income tax retums.		MICs, and trusts must use Form 70	04 to requ	est an	extensio		
Enter filer's identifying number, see instru								
Type or	po vi					er identification number (EiN) or		
print	The Fourth Corner Foundation, Inc.							
File by the	·					number	(SSN)	
due date for filing your	576 HILCHCOCK HIII ROOU							
return See	See City, town or post office, state, and ZIP code. For a foreign address, see instructions							
ınstructions Windham VERN 05369								
Enter the Return code for the return that this application is for (file a separate application for each return)								
Application		Return	Application				Return	
is For		Code	Is For				Code	
Form 990		01	Form 990-T (corporation)				07	
Form 990-BL		02	Form 1041-A				08	
Form 990-EZ		01	Form 4720				09	
Form 990-PF		04	Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11	
Form 990)-T (trust other than above)	06	Form 8870				12	
Telephone No ► 802 875 4238 FAX No. ► If the organization does not have an office or place of business in the United States, check this box								
	tax year beginning , and ending . the tax year entered in line 1 is for less than 12 months, check reason. Initial return Final return Change in accounting period							
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
non	nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					\$	123	
					143			
	estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using				1 20	–		
				, using	3с	s	0	
EFTPS (Electronic Federal Tax Payment System) See instructions. Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions								