See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2008	Prior 3 years (b) 2007	(c) 2006	(d) 2005	(e) Total
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					
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)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year – see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

SEE STATEMENT 8

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 9

b The form in which applications should be submitted and information and materials they should include.

SEE STATEMENT FOR LINE 2A

c Any submission deadlines

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

SEE STATEMENT FOR LINE 2A

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* SEE STATEMENT 10				
Total			► **3a**	117,200.
b *Approved for future payment*				
Total			► **3b**	

STATEMENT 7 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DENNIS S. VAUGHN 221 SOUTH SEVENTH ST ASPEN, CO 81611	DIRECTOR 0	$ 0.	$ 0.	$ 0.
	TOTAL	$ 0.	$ 0.	$ 0.

STATEMENT 8
FORM 990-PF, PART XV, LINE 1A
FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

GAIL A. JAQUISH
STEVEN C. KENNINGER

STATEMENT 9
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:	
NAME:	JAQUISH & KENNINGER FOUNDATION
CARE OF:	
STREET ADDRESS:	PO BOX 129
CITY, STATE, ZIP CODE:	LAKE TAHOE, NV 89448
TELEPHONE:	775-588-4646
FORM AND CONTENT:	PRE-PRINTED FORM APPLICATION SHOULD BE USED. APPLICATION MATERIALS SHOULD INCLUDE THE APPLICATION, EVIDENCE OF TAX EXEMPT STATUS, APPLICANT BACKGROUND INFORMATION, PRIOR AND CURRENT YEAR BALANCE SHEETS AND INCOME STATEMENTS, AND PROPOSED BUDGET FOR EXPENDITURE OF GRANT FUNDS REQUESTED.
SUBMISSION DEADLINES:	NONE
RESTRICTIONS ON AWARDS:	NONE

STATEMENT 10
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND-ATION STATUS	PURPOSE OF GRANT	AMOUNT
SALEM MULTICULTURAL INSTITUTE P.O. BOX 4611 SALEM, OR 97302	NONE	509(A)(1)	PROMOTION OF MULTICULTURAL AWARENESS	$ 15,000.

STATEMENT 10 (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
NATIONAL MULTIPLE SCLEROSIS SOCIETY 700 BROADWAY, SUITE 810 DENVER, CO 80203	NONE	509(A)(1)	SUPPORT MEDICAL RESEARCH FOR THE TREATMENT, PREVENTION AND ULTIMATELY CURE FOR MS	$ 1,000.
STANFORD UNIVERSITY 326 GALVEZ ST STANFORD, CA 94305	NONE	509(A)(1)	DEPARTMENT OF ATHLETICS FOR PHYSICAL EDUCATION AND RECREATION	11,200.
DOUGLAS COUNTY 1594 ESMERALDA AVE, RM 307 MINDEN, NV 89423	NONE	509(A)(1)	COMMUNITY PLANNING	2,000.
PACIFIC LEGAL FOUNDATION 10360 OLD PLACERVILLE RD SACRAMENTO, CA 95827	NONE	509(A)(1)	LEGAL DEFENSE OF AND RESEARCH ON PROPERTY RIGHTS AND FREE SPEECH PROTECTION IN AMERICA	5,000.
AMERICAN CANCER SOCIETY 1599 CLIFTON RD NE ATLANTA/GA/30329-4251,	NONE	509(A)(1)	MEDICAL RESEARCH - SUPPORT RELAY FOR LIFE EVENT	1,000.
KEEP MEMORY ALIVE 9101 WEST SAHARA AVE, PMB 105-177 LAS VEGAS, NV 89117	NONE	509(A)(1)	LOU RUVO BRAIN INSTITUTE FOR PROGRAMS TO SUPPORT RESEARCH ON MEMORY DISORDERS	15,000.
TAHOE RIM TRAIL ASSOCIATION 948 INCLINE WAY INCLINE VILLAGE, NV 89451	NONE	509(A)(1)	ENHANCE PUBLIC RECREATIONAL TRAIL SYSTEM	1,000.
AMERICAN BRAIN TUMOR ASSN 2720 S RIVER ROAD DES PLAINES, IL 60018	NONE	509(A)(1)	SUPPORT BRAIN TUMOR RESEARCH	1,000.
US AIRFORCE ACADEMY 2354 FAIRCHILD DRIVE, SUITE 6F106 USAF ACADEMY, CO 80840	NONE	509(A)(1)	SUPPORT INTERNATIONAL PROGRAM	10,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 700 BROADWAY, SUITE 810 DENVER, CO 80203	NONE	509(A)(1)	MEDICAL RESERACH TO ADVANCE TREATMENT AND CURE FOR MS	5,000.

STATEMENT 10 (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
ASPEN WRITERS' FOUNDATION 110 EAST HALLAM STREET, SUITE 116 ASPEN, CO 81811	NONE	509(A)(1)	SUPPORT LITERARY ARTS	$ 10,000.
U.S. NAVAL ACADEMY 291 WOOD ROAD, BEACH HALL ANNAPOLIS, MD 21402	NONE	509(A)(1)	INTERNATIONAL PROGRAM	15,000.
STANFORD UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	NONE	509(A)(1)	SUPPORT HOOVER INSTITUTION TO ADVANCE SCHOLARLY RESEARCH ON PRINCIPLES THAT DEFINE A FREE SOCIETY	25,000.
			TOTAL	$ 117,200.

Grant Application

Name of Applicant Non-Profit Organization:

_____

Date of Grant Application: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Applicant Telephone: _____ FAX: _____

Applicant E-mail: _____

Applicant Non-Profit Organization IRS TAX ID # _____

Amount of Grant Request: _____

Describe proposed use of potential grant funds. Attach additional pages to provide more detailed information about proposed use of funds to assist review of grant application.

_____

_____

_____

_____

Print Name & Title of person submitting grant application:

_____

Signature of person submitting grant application:

_____

Include with Grant Application:

A. Documentary proof of Applicant Non-Profit IRS tax-exempt status;
B. Applicant Non-Profit resume/background information;
C. Applicant Non-Profit prior year & current year-to-date balance sheet & income statement;
D. Proposed Budget for expenditure of potential grant funds.

Grant Application will be reviewed after receipt of all materials requested above in A-D.
All Grant Applications are subject to approval by the Foundation Board of Trustees.

Submit by U.S. Mail to: Jaquish & Kenninger Foundation, P.O. Box 129, Lake Tahoe, NV 89448.