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## Form 990-PF

# **Return of Private Foundation**

#### or Section 4947(a)(1) Nonexempt Charltable Trust Treated as a Private Foundation

2009

OMB No. 1545-0052

<del>€=</del> 3
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SCANNED

		venue Service	Note: The fou	ndati	on may be able	e to use a conv	of this return to	satisfys	state re	portina require	ements	
_			or tax year beginnir		, , , , , , , , , , , , , , , , , , , ,	,,		009, an				, 20
		all that apply.	Initial retur		17	Initial return	of a former p				Final retu	
u C	HECK	an mar appry.	Amended		.n. 📋	Address	•			∟ e change	J i mai retu	111
		mo Nama affi	<del></del>	etul		Audiess	ciralige		Ivaili		or laborates	antian numbar
	the									, ,		cation number
	label rerwi	~	UNDATION							<del></del>	58711	
Ju	print	· I Mullibel all	nd street (or P.O. box r			delivered to st	reet address)	Room/s	suite			r (see instructions)
o	r typ	e. 9425 C	ANYON MESA		RIVE					(702)	363-0	663
See	Spe	cific City or tow	n, state, and ZIP co							C If exemp	t. application	is pending, check here 🕨 📙
Inst	ructi	ons. LAS VE	GAS NV 891							D 1. Fore	gn organiz	ations, check here ►
н с	heck	type of organizat	tion: X Section	501(	c)(3) exemp	t private foui	ndation					ons meeting the 85% od attach computation
§	Sectio	n 4947(a)(1) non	exempt charitable tr	ust	Other	taxable priva	te foundation	1			e foundation ted under s	n status was
Fa	ır ma	rket value of all a	ssets at end of	J	Accounting	method: X	Cash	Accrua	d			k here ▶
ye	ar (fr	om Part II, col. (c)	), line 16)		Other (sp	pecify)					undation is	in a 60-month
▶ \$			14,605	(Pa	art I, column	(d) must be	on cash bas	ıs)				k here ▶
Pa	rt I		enue and Expense	S		enue and						(d) Disbursements
			unts in columns (b),			enue and ises per	(b) Net in		nt	(c) Adjus		` for charitable
			t necessanly equal t nn (a) (see instructions		· .	oks	inco	rne		incor	ne	purposes (cash basis only)
	1	Contributions, gifts	, grants, etc , received		<u> </u>	15,050	· · · · · · · · · · · · · · · · · · ·			·····		
	2	(attach schedule) .	foundation is <b>not</b> requach Sch. B	ured		,		•••••	_			
	3		ach Sch. B and temp. cash investm		ļ	<u></u>	· · · · · · · · · · · · · · · · · · ·					
	Δ	_	nterest from securitie						-+			
			nerest nom secunde				<u> </u>		$\dashv$			
		Net rental		• •			ļ	<del></del>				
R		income or (loss)										
Ε		Net gain/(loss) from Gross sales price fo	i sale of assets not on lin or	ie 10						·····		
٧	_	all assets on line 6a			<b></b>				${}$			
E N	7		ome (from Part IV, line 2)		ļ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<del></del>	0	·		
U	8		capıtal gain		ļ						0	
Ē	10 -	Income modifica Gross sales less	itions		ļ						0	
		rtns. & allowances Less Cost of		_0_	ļ							
	_	goods sold · · ·			ļ	·····						
	i .		loss) (attach schedu	•								
	11	•	ittach schedule)				ļ					
_	12		1 through 11	••-		15,050	ļ		0		0	
O P	13		etc			0						
Ε	14	• •	salaries and wages				ļ					
R	15	•	employee benefits									
T			h schedule)									
1	ı	_	(attach schedule) ‡			950	ļ	95	50			
N G	С	Other profession	nal fees (attach sched	ule)	ļ							
&	17	InterestREC										
A	18		edule) (see instructions									
Ô	19	repreciation (all	ash schiland deplet	on								
М	20	Seanbally	· · · · · · · · · · · · · · · · · · ·									
N	21	u '	ces, and meetings.									
E	22	Printing: Pil	Tegorbánie									
Х	23		(attach schedule).	ŧ.2		220						
P E	24	•	and administrative									
Ν			lines 13 through 23			1,170		95	50		0	00
S	25	-	ifts, grants paid			1,100	1	·····	·		<del></del>	1,100
S	26		sements. Add lines 24 ar			2,270	-	95	50	· · · · · · · · · · · · · · · · · · ·	0	1,100
	27	Subtract line 26				······································		~!i-~!i			·····	
		Excess of rever	nue over expenses			12,780						
	ь		income (if neg., ente			<u> </u>	<u> </u>	**********	0		***************************************	
	1		come (if neg., enter -0						_		0	
_							<del>4</del>					<del></del>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2009)

Attached schedules and amounts in the Beginning of year End of year description column should be for Part II Balance Sheets (a) Book Value (b) Book Value (c) Fair Market Value end-of-year amounts only. (See inst.) Cash -- non-interest-bearing ....... 1,257 14,232 14,232 Savings and temporary cash investments ...... 2 3 Accounts receivable ▶ Less: allowance for doubtful accts. ▶ Pledges receivable ▶ Less: allowance for doubtful accts. ▶ 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) . . Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts Ś Inventories for sale or use ....... E Prepaid expenses and deferred charges ...... 10a Investments -- US and state govt. obligations (attach sch) **b** Investments -- corporate stock (attach schedule) . . . . . . . . . 11 Investments -- land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 12 13 Investments -- other (attach schedule) ..... 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) . . . . . . . . Other assets (describe ► SEE ATTACHMENT #3 568 373 373 15 Total assets (to be completed by all filers -- see the 14,605 1,825 14,605 17 18 ABILLI 19 20 Loans from officers, directors, trustees, and other disqualified persons . . 21 Mortgages and other notes payable (attach schedule)..... 22 Other liabilities (describe > E 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. ΝF Unrestricted .... U 24 Е Ŧ N D 25 26 ASSET В Foundations that do not follow SFAS 117, ck. here ▶ Α and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds ...... 1,825 14,605 N S 28 Paid-in or capital surplus, or land, bldg., and equipment fund ΟĚ Retained earnings, accumulated income, endowment, or other funds. . . . 29 Rs 30 Total net assets or fund balances (see the instructions) . . . 1,825 14,605 31 Total liabilities and net assets/fund balances (see the inst ) 1,825 14,605 Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year -- Part II, column (a), line 30 (must agree with 1,825 2 Enter amount from Part I, line 27a ..... 2 12,780 Other increases not included in line 2 (itemize) ▶ 3 4 14,605 Decreases not included in line 2 (itemize)▶ 5 14,605 Total net assets or fund balances at end of year (line 4 minus line 5) -- Part II, column (b), line 30 ....... 6 6

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Form 990-PF (2009)

Ρ	age	

Part IV Capital Gains			icome			
(a) List and describe t	and Losses for Tax on Inv he kind(s) of property sold (e.g., re		(b) Howacquire	d (c) Date	acquired	(d) Date sold
2-story brick wareho	ouse; or common stock, 200 shs. M	LC Co.)	P Purchase D Donation		day, yr)	(mo , day, yr.)
1a						
b						· · · · · · · · · · · · · · · · · · ·
<u>C</u>				_	.,	<del></del>
<u>d</u>						
<u>e                                      </u>	<del></del>					<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 107	est or other basis expense of sale		(h) Gain (e) plus (f)	
a		-				
<u>b</u>		ļ		<del> </del>		
d l						
е			<del></del>	+		
	owing gain in column (h) and owne	d by the found	dation on 12/31/69		Carpa (Cal	(h) gain minus
(I) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	excess of col. (i) r col (j), if any			(h) gain minus ess than -0-) <b>or</b> om col. (h))
a			-			
b						
C					- 	·
d						
e		also enter in P enter -0- ın F		<u> </u>		
If gain, also enter in Part I, iir If (loss), enter -0- in Part I, Ii	r (loss) as defined in sections 1222 ne 8, column (c) (see the instruction ne 8	s)	<u></u>	3		0
	Jnder Section 4940(e) for livate foundations subject to the sec				come	
section 4940(d)(2) applies, leav	ve this part blank.					
	section 4942 tax on the distributab qualify under section 4940(e). Do r			enod?		. Yes X No
1 Enter the appropriate amount	nt in each column for each year, se	e the instruction	ons before making any	entries		
<b>(a)</b> Base period years Calendar year (or tax year beg. in	(b) Adjusted qualifying distribu	tions	(C)  Net value of  noncharitable-use assets	i	Distr (col. (b) d	(d) ribution ratio ivided by col (c))
2008		69	1,8	25		0.476164
2007	1,1			14	·	1.297593
2006	1,0	00	8	29	<del> </del>	1.206273
2005			· · · · · · · · · · · · · · · · · · ·			
2004		<u></u> l .				<del></del>
	r the 5-year base period divide			<del></del>	!	2.980030
	been in existence if less than 5 year				·	0.993343
4 Enter the net value of nonch	nantable-use assets for 2009 from I	Part X, line 5		4		3,427
				r		
5 Multiply line 4 by line 3				5	<b>i</b>	3,404

3,404

1,100

7

instructions.

JVA

7 Add lines 5 and 6 . . . . . . .

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

Enter qualifying distributions from Part XII, line 4.....

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 se	ee the	Instructi	ons)	
1 a	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 ruling letter if necessary see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		,, ., , , .	
	here  and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%				
	of Part I, line 12, col. (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			0
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	· · · · ·		0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			0
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				_
7	Total credits and payments. Add lines 6a through 6d	7			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10		10			
11	Enter announced mile to the personal to be a second to the	11			
-	t VII-A Statements Regarding Activities		<u>F</u>	Yes	l Na
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip intervene in any political campaign?			165	No X
	· · · · · · · · · · · · · · · · · · ·		··   14	<del> </del>	
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instruction definition)?		1ь		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis		10	<del> </del>	
	or distributed by the foundation in connection with the activities	,,,cu			
_	Did the foundation file Form 1120-POL for this year?		1c	İ .	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		``   <u>''</u>		
u	(1) On the foundation > \$ 0 (2) On foundation managers > \$	0	, [		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-		I
·	on foundation managers • \$ 0				ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	1	X
-	If "Yes," attach a detailed description of the activities		``	<del>                                     </del>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
Ū	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		з	1	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				Х
	If "Yes," attach the statement required by General Instruction T.				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				I
	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		ŧ		1
	conflict with the state law remain in the governing instrument?		. 6_		X
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & F	art XV	/. <b>7</b>		X
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)				
	► NONE		_		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or		_		1
	designate) of each state as required by General Instruction G? If "No," attach explanation		8b		X
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," co	omplet	e		
	Part XIV		ء ا		X
10	Did any persons become substantial contributors during tax year? If "Yes," attach a schedule listing their names				
	and addresses		10		X

20 , 20 , 20

Did the foundation hold more than a 2% direct or indirect interest in any business

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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 2009?............

3b

2b

X

X

X

		-PF (2009)JMP FOUNDATION 20-					Page 6		
Par	l VI	I-B Statements Regarding Activ	vities for Which	Form 4720 May Be	Required (continue	d)	···		
5 a	Dur	ring the year did the foundation pay or incur	r any amount to:				1 1		
	(1)	Carry on propaganda, or otherwise attempt	ot to influence legislati	on (section 4945(e))?	Yes X	No			
	(2)	Influence the outcome of any specific pub	lic election (see sectio	n 4955); or to carry					
		on, directly or indirectly, any voter registra				t			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4)			•			1 1		
		in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instri	uctions)	U Yes X	No			
	(5)	Provide for any purpose other than religion	•	•					
		educational purposes, or for the preventio	n of cruelty to children	n or anımals?	[ Yes X	No			
þ	lf a	ny answer is "Yes" to 5a(1)-(5), did <b>any</b> of t	the transactions fail to	qualify under the excepti	ons described in				
		gulations section 53.4945 or in a current not		•	•	5b	X		
	Org	ganizations relying on a current notice regar	ding disaster assistant	ce check here			i i		
C		ne answer is "Yes" to question 5a(4), does t		•					
	bed	cause it maintained expenditure responsibili	ty for the grant?		. N/A UYes U	No			
	lf "	Yes," attach the statement required by Regu	lations section 53.494	5-5(d).					
6a	Did	the foundation, during the year, receive an	y funds, directly or inc	lirectly, to pay premiums			1 1		
	on	a personal benefit contract?			Yes X	No	1 1		
þ	Did	the foundation, during the year, pay premit	ums, directly or indired	ctly, on a personal benefit	t contract?	6b	X		
		Yes" to 6b, file Form 8870							
7a	At a	any time during the tax year, was the founda	ation a party to a proh	ibited tax shelter transact	ion? Yes 🛚	No	1 1		
ь	If y	es, did the foundation receive any proceeds					X		
Pai	t V		Directors, Truste	es, Foundation Ma	anagers, Highly Pa	aid Emple	oyees,		
		and Contractors							
1	Lis	t all officers, directors, trustees, foundati	on managers and the	eir compensation (see ti	ne Instructions).				
		(a) Name and address	(b) Title, and avg. hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans		se account, llowances		
CEI	7 7	ATTACHMENT #5	devoted to position	(ii iiot paia, ciito. c ,	and deferred comp.	Other a			
ונוני	- L	TIACIMENI #5							
						İ			
				-					
_	<u></u>	managed an of the black and a state of	l	Included as the state		<del></del>			
2		mpensation of five highest-paid employe one, enter ''NONE."	es (otner than those	included on line 1 s	ee tne instructions).				
			/LA Title 1	<del>                                     </del>	(d) Contributions to	T	<del></del>		
(a	ı) Na	ame and address of each employee paid	(b) Title, and avg. hours per week	(c) Compensation	èmployee benefit		se account,		
		more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other a	llowances		
NOI	JE:				Compensation				
1101	111								
				i					
Total	l nur	mber of other employees paid over \$50,000	L	<u> </u>	L	.L	<b>▶</b> 0		
- 500	. Hul	mode of other employees paid over \$30,000	<u> </u>		<u> </u>	<u> </u>			

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Part VIII Information About Officers, Directors, Trustees	s, Foundation Managers, High	ly Paid Employees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (	see the instructions) if none enter "	NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Type of solvies	(o) compensation
	•	
	ļ -	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include released or organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1		
2		
3		<u> </u>
3		
4		
		l

Part IX-B   Summary of Program-Related Investments (see the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See the instructions.	
3	
Total. Add lines 1 through 3	
NA 09 990PE7 TWE 22185 Convents Forms (Software Only) 2000 TW	Farm 000 DE (0000)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign found see the instructions.)	dations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	3,106
С	Fair market value of all other assets (see the instructions)	1c	373
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,479
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,479
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	the instructions)	4	52
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,427
6	Minimum Investment return. Enter 5% of line 5	6	171
Pa	TXI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating	<del>' - ' - ' '</del>	
	foundations and certain foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	171
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)	1 1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	171
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4	5	171
6	Deduction from distributable amount (see the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		·
	line 1	7	171
Pai	t XII Qualifying Distributions (see the instructions)	<u> </u>	
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	1,100
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		<del></del>
	Enter 1% of Part I, line 27b (see the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,100
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t		
	qualifies for the section 4940(e) reduction of tax in those years.		
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Par	t XIII   Undistributed Income (see t	the instructions)	· <del></del>	<del>,</del>	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				171
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
	From 2005				
	From 2006				
	From 2007 1,186				
	From 2008				
	Total of lines 3a through e	2,855			
4	Qualifying distributions for 2009 from Part XII,				
٠	line 4 ▶ \$ 1,100				
2	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
N	(Election required see the instructions)				
_	Treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
C	·				
لم	(Election required see the instructions)				171
	Applied to 2009 distributable amount	2 704			1/1
_ e	• • • • • • • • • • • • • • • • • • • •	3,784			2 055
5	Excess distributions carryover applied to 2009	2,855			2,855
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	Indicated below:				
	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	3,784			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
C	Enter the amount of prior years' undistributed		1		
	income for which a notice of deficiency has been	!			
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
c	Subtract line 6c from line 6b. Taxable		_		
	amount see the instructions				
e	Undistributed income for 2008 Subtract				
	line 4a from line 2a. Taxable amount				
	see the instructions				
1	Undistributed income for 2009. Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2010				
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see				
	the instructions)				
8	Excess distributions carryover from 2004				
-	not applied on line 5 or line 7 (see the				
	Instructions)				
9	Excess distributions carryover to 2010.		<del> </del>	<del>                                     </del>	<del> </del>
3	-	3 704			
40	Subtract lines 7 and 8 from line 6a	3,784	<b></b>	<del> </del>	
10	Analysis of line 9				
	Excess from 2005				
	Excess from 2006				
	Excess from 2007 1,186	,			
	Excess from 2008				
•	Excess from 2009 1,100		1	1	1

Par	XIV Private Operating Found	ations (see instru	ctions and Part VII-A	, question 9)		
1a	If the foundation has received a ruling or	determination letter	that it is a private op	erating		
	foundation, and the ruling is effective for	2009, enter the date	of the ruling	•	N/	A
b	Check box to indicate whether the found	ation is a private op	erating foundation de	escribed in section	4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	4,1,	
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for each	(2) 2000	(2) 2000	(0, 255)	(4) 2000	
	year listed					ļ
	85% of line 2a	<del></del>			-	
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct exempt act.					
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:					
а	"Assets" alternative test enter:					
_	(1) Value of all assets					
	(2) Value of assets qualifying under		<u> </u>		<del> </del>	
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test enter 2/3 of min 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					
Par	t XV   Supplementary Informati	on (Complete	this part only if	the foundation	n had \$5,000 or	more in assets
	at any time during the ye				•	
1	Information Regarding Foundation Ma					
•	List any managers of the foundation who	_	nore than 2% of the t	otal contributions re	eceived by the founda	ation before the
_	close of any tax year (but only if they hav				,	
	NONE	o communica more	ιπαπ φο <sub>ι</sub> σσσ <i>).</i> (σσσ σ			
h	List any managers of the foundation who	OWD 10% OF MOTO	of the stock of a corr	oration (or an equi	ally large portion of th	e ownershin
	of a partnership or other entity) of which		-		any large portion or an	o owneromp
	NONE	and iouridation rids	a 1070 or greater little	, oot,		
2	Information Regarding Contribution, G	ront Cift Loon C	helarobin etc. D	AFRICA		
2						
	Check here ► X if the foundation only					
	requests for funds. If the foundation make	es gitts, grants, etc.	(see the instructions	i) to individuals or d	rganizations under of	ner conditions,
	complete items 2a, b, c, and d.			<del> </del>	<del></del>	
а	The name, address, and telephone num	ber of the person to	whom applications	should be addresse	ed.	
b	The form in which applications should be	e submitted and info	ormation and materia	ls they should inclu	de.	
	Any submission deadlines:					
•	, m, castillooidii adaaliiloo.					
ч	Any restrictions or limitations on awards,	such as by geogram	hical areas, charitah	ale fields kinds of in	estitutions or other fac	ctors:
u	The state of a state of the sta	ozon as by geograp	Jinoar areas, Crianiab	ao neios, kinas of fi	ontations, or other la	

Part XV Supplementary Information (continued)

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		
Name and address (home or business)  a Paid during the year  SEE ATTACHMENT #6		recipient		
Total	<u> </u>		<b>.</b> 3a	1,100
b Approved for future payment		<del></del>		1,100

Mary Will	6	Daladanalda	- 4	A -Alvelat	4-	41	Accomplishment	-4	Example Diver	
Pan Avi	- CJ -	Relationship	OT	ACTIVITIES	τO	ιne	Accomplishment	OI	Exempt Purp	oses
***************************************										

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organizations					_
1	Did the organization directly or indirectly engage in	any of the following with any other	organization described in section		Yes	No
	501(c) of the Code (other than section 501(c)(3) or	ganizations) or in section 527, relati	ng to political organizations?			
а	Transfers from the reporting foundation to a nonch	aritable exempt organization of.				į
	(1) Cash			1a(1)	<b>i</b>	Х
	(2) Other assets			1a(2)		X
b	Other transactions:					
_	(1) Sales of assets to a noncharitable exempt org	anization		1b(1)	i	Х
				1b(1)		X
	• •	· •		<del></del>		X
	(3) Rental of facilities, equipment, or other assets			1b(3)		
	(4) Reimbursement arrangements			1b(4)	-	X
	(5) Loans or loan guarantees			1b(5)	<u> </u>	X
	(6) Performance of services or membership or fur	-		1b(6)		X
С	Sharing of facilities, equipment, mailing lists, other			1c		X
d	If the answer to any of the above is "Yes," complet					
	goods, other assets, or services given by the repor			in any tra	insactio	חנ
	or sharing arrangement, show in column (d) the va	due of the goods, other assets, or s	ervices received.			
a) ı	ine no (b) Amount involved (c) Name of nonchar	itable exempt organization (d) Des	cription of transfers, transactions, and sh	aring arran	gements	
	(0) (12.10 01 (12	(-,				
2 a	Is the foundation directly or indirectly affiliated with	, or related to, one or more tax-exe	mpt organizations described in			
	section 501(c) of the Code (other than section 501		, ,	. Пүе	s X	No
h	If "Yes," complete the following schedule.	(0),(0)) 0 00020 02		. 🗀		J · · -
	(a) Name of organization	(b) Type of organization	(c) Description of re	lationshir	`	
	(a) Name of organization	(b) Type of organization	(c) Description of te	auonsinp		
	Under penalties of perjury, I declare that I have examined this true, correct, and complete. Declaration of preparer (9ther tha	return, including accompanying schedules	s and statements, and to the best of my k	nowledge a	ind belie	f, it is
	The control of the co		/ A	icago.		
s	6 Xem fech	15/7	1/10 \ Preside	not.		
1	Signature of officer or trustee	Date	Tifle			
G N	- Signature of Children of Madrido	Date	Prepar	er's identi	fving	
''	Paid / /	/	Chack if 🖂 .	r (see <b>Si</b> g		a in
	Pre-	/	Sell-elliployed 🗀		<sub>j</sub> rratur€	<i>)</i> 111
벋	par- Preparer's	11/19/11	the ins	tructions)		
E R	er's signature	w 10/7/10				
Ë	Use Firm's name (or yours TERRY PR		LC EIN ▶			
	Only if self-employed), 4460 S H	IGHLAND DR STE 33	O Phone no.			
ļ	address, and ZIP code SALT LAK			990		
	**************************************	<del></del>			DE	

### 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, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

**Employer Identification number** 

JMP FOUNDATION 20-1658711 Organization type (check one). Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 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, aggregate 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 aggregate 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 during the year . . . . . . ▶ \$ 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 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).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

of Part I

20-1658711 JMP FOUNDATION

Pan I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_1_	C JESSE PECK  9425 CANYON DRIVE  LAS VEGAS NV 89144	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_2_	C JESSE PECK 9425 CANYON DRIVE LAS VEGAS NV 89144	\$\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)

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# SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B  OPEN TO PUBLIC INSPECTION For calendar year 2009, or tax period beginning , and ending .							
Name of Organization  JMP FOUNDATION	<u> </u>	Employer Identification Number 20-1658711					
Accounting Category	Amount	Net Investment Income	Adjusted	Disbursements for			
AUDIT & TAX PREPARATION	950	950	Net Income	Charity			
Total	950	950					
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	•	cation Number 20-1658711	Amortization	Period	00000.09	Total Amortization	812
	and ending	Employer Identification Number			617	Adjusted	
			Amount	Amortized	974	Net Investment	
LINE 23	eginning		Date	Acquired	10-31-20	Current Year	195
90-PF PAGE 1, PART I,	For Calendar year 2009, or tax year period beginning	FOUNDATION	Description of Expenses		<u>ш</u>		Total
	OPEN TO PUBLIC INSPECTION	JMP			ORGANIZATION EXPENSE		

## OTHER EXPENSES SCHEDULE

PEN TO PUBLIC	Anumania di bassississ	. ف		
SPECTION For calendar year 2009, or me of Organization	tax period beginning	, and e		entification Number
1P FOUNDATION			20-1658	
Description of Activity	Revenue and	Net Investment	Adjusted	Disbursements for
	Expenses	Income	Net Income	Charity
NUAL REPORT FEE	25			
				}
				İ
				ľ
				1
To	tal 25			1

		<u> </u>		
SCHEDULE OF		1 5		
ATTACHMENT 3: PAGE 1 - 990-PF PAGE 2, P OPEN TO PUBLIC	AKI II, LINE	T 2		
INSPECTION For calendar year 2009, or tax period beginning	, and endi	ng	•	
Name of Organization	· <u></u> ·	Employer Ident	fication Number	
JMP FOUNDATION		20-1658711		
Description of Other Assets	Beginning	End	EOY FMV	
SEE ATTACHMENT #2	of Year 568	of Year 373	(990-PF Only) 373	
SEE ATTACHMENT #2	568	3/3	3/3	
		ľ		
		İ		
Totals	568	373	373	
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BOOKS ARE	IN CARE OF
ATTACHMENT 4 - 990-PF PAGE 5, PART VII-	A. LINE 14
OPEN TO PUBLIC	
** =	, and ending .
Name of Organization	Employer Identification Number
JMP FOUNDATION	20-1658711
Part VII-A - Line 14	
Individual Name	C JESSE PECK
Street Address	9425 CANYON MESA DRIVE
U S Address	
Zip code 89144-1525 City LAS VEGAS	State NV
or	
Foreign Address	
City	
Province or State	
Country	
Postal code	
Phone Number	(702)363-0623
Fax Number	

. '						
CURRENT OFFIC	ERS, DIRECTOR	S, TRUSTEES,	AND KEY EMPLO	DYEES		
ATTACHMENT 5: PAGE 1 - 99	00-PF PAGE 6	PART VIII				
OPEN TO PUBLIC	O II INGE O,					
INSPECTION For calendar year 2009, or tax period beginning , and ending .						
Name of Organization				tification Number		
JMP FOUNDATION	(D) 7.11	(0) 0	20-16587			
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account		
C JESSE PECK	The per Week	not para, enter of	Ben Tians a Bon Bonip.	CONST 7 MOVIA NOSS		
9425 CANYON MESA DRIVE	PRESIDENT-DIR					
LAS VEGAS, NV 89144-1525	2.00	0	0	0		
	1					
			1			
			1			
		{	1	l		

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#### GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 6: PAGE 1 990-PF PAGE 11, PART XV LINE 3A OPEN TO PU INSPECTION For calendar year 2009, or tax period beginning , and ending

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L0819F

Employer Identification Number

09\_EOPFGR152

Name of Organization JMP FOUNDATION	Employer Identification Number 20-1658711					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution			
AMERICAN HEART						
ASSOCIATION		İ				
PO BOX 78851 PHOENIX, AX 85062-8851		į		400		
SALVATION ARMY				400		
LAS VEGAS, NV		]		100		
UNLV BOARD OF REGENTS						
LAS VEGAS, NV				100		
LAS VEGAS OPERA THEATRE						
LAS VEGAS, NV				500		
		}				
	1					
	1	L	1	1,100		