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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

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 2009

	alen	dar year 2009, or tax year beginning	·	, and e	ilumy		
G C	heck	all that apply Initial return	Initial return of a fo	•	· —	Final return	1
		Amended return	Address chang	<u></u>		Name change A Employer identification	number
	the	RS Name of foundation				A chiployer identification	
	abel. erwis	, JOBAR FOUNDATION				22-6033089)
	print	Number and street (or P O box number if mail is not d	elivered to street address)		Room/suite	B Telephone number	
	type	10 10 21221111011211 21211112	AY			(973)992-6	300
See Instr	-	City of town, State, and ZIP Code				C If exemption application is p	. —
		LIVINGSTON, NJ 0/039				D 1. Foreign organizations	s, check here
H C	_ `	type of organization X Section 501(c)(3) e		4		Foreign organizations me check here and attach co	omputation
		tion 4947(a)(1) nonexempt charitable trust rket value of all assets at end of year J Account	Other taxable private founda	Accr	ual	E If private foundation sta under section 507(b)(1	
		· 1 —	ther (specify)	^	uar	F If the foundation is in a	
,,,,		121,765. (Part I, cold		oasis)		under section 507(b)(1	
	rt l	Analysis of Revenue and Expenses	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco	ome	income	(cash basis only)
		Contributions, gifts, grants, etc., received	4,000.			N/A	
	_	Check X if the foundation is not required to attach Sch. B	10		10		STATEMENT
	3	Interest on savings and temporary cash investments	12. 5,273.		$\frac{12.}{5,273.}$		STATEMENT 2
	4	Dividends and interest from securities Gross rents	3,213.		5,213.		DIAIDHMAI.
		Oruss rents Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10	309.				111111111111111111111111111111111111111
2		Gross sales price for all assets on line 6a 2,770.					
Revenue	7	Capital gain net income (from Part IV, line 2)			309.		
"	8	Net short-term capital gain		*************************************			
	9	Income modifications Gross sales less retums					
		and allowances Less Cost of goods sold			uz un la a dur	<u></u>	
		Gross profit or (loss)			·····		
		Other income		, , , , , , , , , , , , , , , , , , , ,			
	12	Total. Add lines 1 through 11	9,594.		5,594.		
	13	Compensation of officers, directors, trustees, etc	0.		0.		
	14	Other employee salaries and wages					
တ္တ	15	Pension plans employes benefits LVED	 			-	-
enses	h	Accounting take 1					-
Ϋ́	C	Other professional fees AUG 0 3 2010	\$1 · · · · · · · · · · · · · · · · · · ·				
ve E	17	Other profess long fees AUG 0 3 2010					
rati	18						
inis(19	Depreciation and deprehanDEN, ITT	!				
		Occupancy					
ΑÞ		Travel, conferences, and meetings					
gar		Printing and publications Other expenses STMT 3	30.		0.		
.= 1		Total operating and administrative	301			 	·
per		expenses. Add lines 13 through 23	30.		0.	_	
0	25	Contributions, gifts, grants paid	4,959.				4,95
	26	Total expenses and disbursements.	4 000		•		4 05
		Add lines 24 and 25	4,989.		0.		4,95
ŀ	27	Subtract line 26 from line 12	4,605.				
ŀ	a	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	7,003.		5,594.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
- 1	J	Adjusted net income (if negative, enter -0-)			- ,	N/A	
	C						
92350 02-02 1 3 0)1 -10	LHA For Privacy Act and Paperwork Reduction	Act Notice, see the instruct	ions			Form 990-PF (20

Fo	rm 99	0-PF (2009) JOBAR FOUNDATION		22-6	5033089 Page 2
	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	arı	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		2,052.	3,625.	3,625.
		Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			**************************************
	4	Pledges receivable -		1	
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
ASS	9	Prepaid expenses and deferred charges			
•	1	Investments - U S and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		1	
		Less accumulated depreciation			
	1	Investments - mortgage loans	111,882.	114,914.	118,140.
	13	Investments - other STMT 4	111,002.	114,714.	110,140.
	14	Land, buildings, and equipment basis			
	_	Less. accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers)	113,934.	118,539.	121,765.
_	1	Accounts payable and accrued expenses			······································
	18	Grants payable			
S	19	Deferred revenue			
iţie	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
ت	1	Other liabilities (describe)			
	23	Total Habilities (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.			
ĕ	24	Unrestricted			
lan	25	Temporarily restricted			
8	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
tso	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	113,934.	118,539.	
ž	30	Total net assets or fund balances	113,934.	118,539.	
			112 024	110 520	
_	31	Total liabilities and net assets/fund balances	113,934.	118,539.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	113,934.
2	Ente	r amount from Part I, line 27a		2	4,605.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	118,539.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		118,539.

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	AR FOUNDATION		 			0033089 Page 3
Part IV Capital Gains a	and Losses for Tax on Ir	nvestmen	t Income	176311		
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)				P - Purchase D - Donation	(c) Date acqu (mo , day, y	
1a VANGUARD GNMA	P	VARIOU	S VARIOUS			
b CAPITAL GAINS	DIVIDENDS					
<u>C</u>					 	
<u>d</u>		 		<u> </u>		
8	(f) Depreciation allowed	(a) Co	st or other basis	' 	(h) Gain o	r (loce)
(e) Gross sales price	(or allowable)		expense of sale		(e) plus (f) r	
a 2,550.	<u> </u>		2,46	1.		89.
b 220.						220.
C						
d						
е						
Complete only for assets showin	g gain in column (h) and owned by	the foundation	on 12/31/69		(I) Gains (Col. (I	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col (i) col (j), if any		col (k), but not le Losses (fron	
a						89.
b						220.
С						
d						
е						
2 Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	} 2		309.
3 Net short-term capital gain or (los	•					
If gain, also enter in Part I, line 8,		(0)		<i>]</i>		
If (loss), enter -0- in Part I, line 8				J 3		N/A
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investment I	ncome	
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	icome)		
If section 4940(d)(2) applies, leave th	us part blank					
Was the foundation liable for the sect			•	riod?		Yes X No
if "Yes," the foundation does not quali Enter the appropriate amount in e	ach column for each year, see instr			96		
(a)		dottoria botoro	Thaking any one			(d)
Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharitable-use ass	ets (col	Distribution ratio (b) divided by col (c))
2008	14 (11)	3,738.	• • •	136,30		.394069
2007		6,951.		156,6		.044365
2006		2,616.	,	134,02		.019519
2005		5,424.	_	113,5	12.	.047783
2004		3,635.		111,6	11.	.032568
2 Total of line 1, column (d)					2	.538304
3 Average distribution ratio for the 5	i-year base period - divide the total	on line 2 by 5,	or by the number	of years		
the foundation has been in existen	ice if less than 5 years				3	.107661
						445 000
Enter the net value of noncharitable	le-use assets for 2009 from Part X,	line 5			4	117,392.
S. Marikari bara dibi bara O						12,639.
Multiply line 4 by line 3					5	12,039
Cotos 10/ of act investment incom	o /10/ of Dort I line 07h)					56.
6 Enter 1% of net investment incom	(170 UI FAIL I, IIII (2/0)				6	
7 Add lines 5 and 6					7	12,695.
, maa mios J alla O					-	22,000
8 Enter qualifying distributions from	Part XII, line 4				8	4,959.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% tax rate.		
See the Part VI instructions						

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2009 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2009) JOBAR FOUNDATION			22-60330	89	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	Required (contin	ued)		
	n 4945(e))? r to carry on, directly or indire n described in section or educational purposes, or for the exceptions described in ctions)? ere	ctly, Ye Ye Ye Ye Regulations	ued) s X No	5b	Page 6
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax significant but the foundation receive any proceeds or have any net income attributed. Information About Officers, Directors, Truston.	N 5-5(d). pay premiums on ersonal benefit contract? helter transaction? able to the transaction?	/A Ye	es X No	6b 7b	X
Paid Employees, and Contractors	···			_	
1 List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) F	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	accou	nt, other wances
ABNER BENISCH 345 EISENHOWER PKWY LIVINGSTON, NJ 07039	FOUNDATION MA		compensation O .	allov	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	/d\0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E accou alloy	xpense nt, other wances
Total number of other employees paid over \$50,000					

Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)	agers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	mpensation
NONE			
	<u> </u>	-	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			
<u> </u>	an auch as the		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the	Expens	Ses
1 N/A	-		
I W/A			
2			
3			
4			
		 	
Part IX-B Summary of Program-Related Investments		Amoui	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 N/A		Allioui	iil
1N/A			
2			
All other program-related investments. See instructions			
3			
			
Total. Add lines 1 through 3	>		0.
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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
·	Average monthly fair market value of securities	1a	116,341.
	Average of monthly cash balances	1b	116,341. 2,839.
	Fair market value of all other assets	10	
d		1d	119,180.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	119,180.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,788. 117,392.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	117,392.
6	Minimum investment return. Enter 5% of line 5	6	5,870.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	5,870.
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)		
C	Add lines 2a and 2b	2c	112.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	112. 5,758.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,758.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	5,758.
	art XII Qualifying Distributions (see instructions)		
1_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	10	4,959.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 1b	1,000
	Program-related investments - total from Part IX-B	2	····
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	-	
-	Amounts set aside for specific charitable projects that satisfy the	3a	
a	Suitability test (prior IRS approval required)	3b	
4	Cash distribution test (attach the required schedule)	4	4,959.
-	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	-	4/333.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	5	0.
6	Income Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,959.
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years	Calling 10	1 (110 3000011

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				5,758.
2 Undistributed income, if any, as of the end of 2009.	######################################			
a Enter amount for 2008 only			0.	j
b Total for prior years:				
··	Hitti	0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008 41,803.	41 002			
f Total of lines 3a through e	41,803.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 4,959.			0.	
a Applied to 2008, but not more than line 2a			V •	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	<u></u>			
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •]		· ····································	4,959.
d Applied to 2009 distributable amount	0.			4,000.
e Remaining amount distributed out of corpus	799.	***************************************		799.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	,,,,,			733.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	41,004.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010		***************************************	**************************************	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	41.00			
Subtract lines 7 and 8 from line 6a	41,004.		·····	·
10 Analysis of line 9				:
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 41,004.	3			
e Excess from 2009	1			Form 990-PF (2009)

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

c Any submission deadlines

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation status of recipient **Amount** Name and address (home or business) a Paid during the year SEE STATEMENT 6 **▶** 3a 4,959. Total b Approved for future payment NONE Total 0.

	<u> </u>		22-0	033089 Pag
		Excluded b	v section 512, 513, or 514	(e)
(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
				·
	<u> </u>			
_				
_				
		1 1 1	10	
				
		14	5,2/3.	
		- 		
				
		18	309	
		10	307.	
	Unrelated b (a) Business code	Unrelated business income (a) (b) Business code Amount	Unrelated business income Excluded business income (a) (b) Exclusion code Code	Unrelated business income Excluded by section 512, 513, or 514 (a) (b) (c) (d) (d) (d) (exclusion code (exclu

10 Gross profit or (loss) from sales of inventory 11 Other revenue

12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations)

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	
+	

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5,594.

<u> </u>	rm 990-	2009) JOBAN	C FOUNDATION		22-0	033003	Pa	ge 13
F	art X		-	o and Transactions ar	nd Relationships With Nonc	charitable	9	
1	Did th	Exempt Organ		wing with any other organization	described in section 501(c) of		Yes	No
•				527, relating to political organiz				
		· ·	dation to a noncharitable exempt					
	(1) (•	•		1a(1)		Х
		Other assets				1a(2)		Х
	b Other	transactions						
	(1) 8	Sales of assets to a noncharita		16(1)		X		
			oncharitable exempt organization	n		15(2)		Х
	(3) F	Rental of facilities, equipment,	, or other assets			15(3)		Х
	(4) F	Reimbursement arrangements	3			1b(4)		Х
	(5) L	oans or loan guarantees				1b(5)		X
			embership or fundraising solicit	ations		1b(6)		X
	c Shari	ng of facilities, equipment, ma	ailing lists, other assets, or paid	employees		1c		X
	d If the	answer to any of the above is	"Yes," complete the following s	chedule Column (b) should always	ays show the fair market value of the god	ods, other ass	ets,	
	or se	vices given by the reporting 1	foundation. If the foundation rec	eived less than fair market value	in any transaction or sharing arrangeme	ent, show in		
	colun	nn (d) the value of the goods,	other assets, or services receive	ed				
(a) Line no	(b) Amount involved		able exempt organization	(d) Description of transfers, transactions	, and shanng an	rangeme	ents
			N/A	<u> </u>				
			<u> </u>					
		· · · · · · · · · · · · · · · · · · ·						
								
			<u> </u>					
					<u> </u>			
2		•	•	one or more tax-exempt organiza	tions described			_
			er than section 501(c)(3)) or in s	section 527?		L Yes	Δ	□ No
	b it Yes	s," complete the following sch		(b) Type of organization	(c) Description of relat	honohio		-
-		(a) Name of org	Janization	(D) Type of Organization	(c) Description of relati	Juliship		
_		IV/ A	 					
-					 			
	Under o	enalties of penury. I declare that I h	nave examined this return, including a	accompanying schedules and statemen	nts, and to the best of my knowledge and belief	it is true, corre	ect.	
				on all information of which preparer h		,	,	
	X	(Ilmer "	Donisch	17/30/10	~ Trystee			
ē	Si	gnature of officer or trustee	1100	Date	Title			
Ĭ		Preparer's	7 44	Da	ter / Check if Pr	reparer's identify	ying nun	nber
Sign Here	r. ₹	signature	a hills	CAA F	70/10 Self- employed ►			
7)	Paid Preparer's Use Only	MICC	& COMPANY, LI	IP /	EIN ►		· ·	
	Prep Jse	1 mm 0 mm 0 (0.) 00 10	EISENHOWER PAR		LINE		_	
	~ ~		NGSTON N.I 070	Phono no 97	3_994_	940	n	

FORM 990-PF INTEREST ON SAV	INGS AN	ID TEM	PORARY CA	SH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
SOVEREIGN BANK							12.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				12.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
VANGUARD	_		5,493.		220.	5,2	73.
TOTAL TO FM 990-PF, PART I, 1	LN 4 =		5,493.		220.	5,2	73.
FORM 990-PF	TO	HER E	XPENSES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B		(B) NET INVE MENT INC				
MISC EXPENSE		30.		0.			0.
TO FORM 990-PF, PG 1, LN 23		30.		0.			0.
FORM 990-PF	OTHE	R INV	ESTMENTS			STATEMENT	4
DESCRIPTION			LUATION ETHOD	ВОС	OK VALUE	FAIR MARKE	r
VANGUARD GNMA FUND			FMV		114,914.	118,1	40.
TOTAL TO FORM 990-PF, PART II	I. LINE	13			114,914.	118,14	40.

FORM 990-PF	EXPLANATION	CONCERNING	PART	VII-A,	LINE	8B	STATEMENT	5
				-				

EXPLANATION

NJ REGULATIONS DO NOT REQUIRE PRIVATE FOUNDATIONS WITH \$10,000 OR LESS IN GROSS PUBLIC CONTRIBUTIONS TO REGISTER OR PROVIDE A COPY OF THE FORM 990-PF TO THE STATE ATTORNEY GENERAL.

• • • • • • • • •	NTS AND CONTRIBUTIONS AID DURING THE YEAR	STATEMENT 6	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHING AND PURPOSE OF GRANT		AMOUNT
AMERICAN JEWISH COMMITTEE THE JACOB BLAUSTEIN BLDG, 165 EAST 56TH STREET NEW YORK, NY 100222746		PUBLIC CHARITY	100.
JEWISH FAMILY SERVICE OF METROWEST 256 COLUMBIA TURNPIKE, SUITE I FLORHAM PARK, NJ 07932	NONE CHARITABLE 105	PUBLIC CHARITY	50.
LIVINGSTON FIRST AID SQUAD 62 SOUTH LIVINGSTON AVE LIVINGSTON, NJ 07039	NONE CHARITABLE	PUBLIC CHARITY	35.
OCEAN REEF MEDICAL CENTER (ORMCF) 50 BARRACUDA LANE KEY LARGO, 33037	NONE CHARITABLE FL	PUBLIC CHARITY	300.
PLANNED PARENTHOOD OF METRO NO 606 CENTRAL AV EAST ORANGE, N 07018		PUBLIC CHARITY	250.
TEMPLE SHAREY TEFILO -ISRAEL 432 SCOTLAND ROAD SOUTH ORANG NJ 07079		PUBLIC CHARITY	2,674.

JOBAR FOUNDATION			22-6033089
ST. BARNABAS MEDICAL CENTER 94 SHORT HILLS ROAD LIVINGSTON, NJ 07039	NONE CHARITABLE	PUBLIC CHARITY	1,050.
THE JEWISH STUDIES PROGRAM AT KEAN UNIVERSITY	NONE CHARITABLE	PUBLIC CHARITY	500.
TOTAL TO FORM 990-PF, PART XV, LI	:NE 3A		4,959.

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Rovenuo Service 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 il unless you have already been granted an automatic 3-month extension on a previously filed Form 8888. 0.11 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ______ All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Employer identification number Name of Exempt Organization Type or print 22-6033089 JOBAR FOUNDATION File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. 345 EISENHOWER PARKWAY filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. LIVINGSTON, NJ 07039 Check type of return to be filed (file a separate application for each return): Form 990-T (corporation) Form 990 Form 4720 Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-BL Form 6089 Form 990-EZ Form 990-T (trust other than above) Form 8870 X Form 990-PF Form 1041-A TAXPAYER • The books are in the care of ▶ 345 EISENHOWER PARKWAY - LIVINGSTON, NJ 07039 Telephone No. ► 973-992-6300 FAX No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box > ... If it is for part of the group, check this box > ... and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2009 or tex year beginning , and ending If this tax year is for less than 12 months, check reason: ____ initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 56. nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated 344. tax payments made. Include any prior year overpayment allowed as a credit. 3ь

Caution. If you are going to make an electronic fund withdrawal with this Form 8888, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).

Form 8868 (Rev. 4-2009)

See instructions.