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Form **990-PF**

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 2009

OMB No 1545-0052

		t of the Treasury venue Service	N	lote. The for			ed as a Priva to use a copy of thi				rting require	ments		ZUU9
		dar year 2009,					, 2009			nding		1, 200	9	
		all that apply		Initial retur			Initial return of a				Γ	Final retui		
				Amended r			Address cha	-			Name chang	je		
Use	the	IRS Name of fo	oundation								A Employe	r identificatio	n numb	er
	abel.													
	erwi				OUNDAT			-			 	204232	1	·
	print r type		•		r if mail is not de		•			Room/suite	B Telephor		000	
	Spe	.;;; 5 1 1 0			CIRCLE	500	JTH	-				-348-8		
	ructio	La City of tow		nd ZIP code	7603	1						on application is		·
н с	hack	type of organiz					rivate foundation			. .	, , , , , , ,	n organization organizations nere and attach o	IS, CNECK neeting the	inere □□ ≥ 85% test, □□
	_				· · · · · · · · · · · · · · · · · · ·		xable private found	lation						
l Fa		rket value of all			J Accountir				Accr	rual		foundation st ction 507(b)(
		Part II, col (c),		, , , ,		ner (spe								nth termination
<u> </u>		. , , ,		L , 879.	(Part I, colui	mn (d)	must be on cash	basis.)				ction 507(b)(
Pa	ırt l	Analysis of R	evenue an	d Expenses	d (d) may not) Revenue and	(b) N	let in	vestment	i	justed net	(1	d) Disbursements
		(The total of amo necessarily equa	the amoun	its in column (a	(a) may not	exp	enses per books		inco	ome	in	come		chantable purposes (cash basis only)
	1	Contributions,	-			,	200,000.	ļ			N	/A		
	_	Check Interest on saving		in is not required to	attach Sch B									
	3	cash investments					339.	· -		339.			STA	TEMENT
	4	Dividends and	interest fro	om securities	•			 			-			
		Gross rents Net rental income	//					-		••••	<u> </u>	····		
	۱ ـ	Net gain or (loss)	_	acceta not on	una 10				111.11			· · · · · · · · · · · · · · · · · · ·		-
nue	b	Gross sales nace		assets not on	ine io			 		·····	<u> </u>		-	-
Revenue	7	Capital gain net in	come (from	Part IV, line 2)				†		0.	-	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	-
œ	8	Net short-term	capital gai	ın										
	9	Income modific												
	10a	Gross sales less and allowances	returns					ļ.,,,,						
	!	Less Cost of goo		l				ļ						
		Gross profit or	(loss)					<u> </u>						
		Other income	o 1 throug	.h. 4.4	}		200,339.	 		339.				
	13	Total. Add line Compensation of					0.	+		0.			-	(
		Other employed			, 516			1						
	15	Pension plans,		•										
Operating and Administrative Expenses	16a	Legal fees	· •	ST	МТ 2		3,408.			0.				(
pen	b	Accounting fee	s											
ξЩ	C	Other profession	nal fees		ļ					KEC	EIVED			
₹. ₹.	17	Interest			,				뎄			٦٢		
stra	18	Taxes			}				8	NOV 1	5 2010	11	ļ	
نق	19 20	Depreciation ar	ia depletio	n	}				_[L	-	
Adn	20 21	Occupancy Travel, conferen	neae and	maatinge	ł					OGDE	N, UT		-	
ď	22	Printing and pu		•	}			 			,		+	
g a	23	Other expenses			мт з		52.	,		0.			+	
atir	24	Total operating				•								
beı		expenses Add	lines 13 t	hrough 23			3,460.			0.				
J	25	Contributions,					25,000.							25,000
	26	Total expenses		ursements.			20 455			•				0 = -
	07	Add lines 24 an		-			28,460.	 	_	0.	ļ		-	25,000
		Subtract line 26			İ		171,879.							
		Net investment					1/1,0/9.	<u> </u>		339.		············	-	
		Adjusted net in			F			-		337.	NT	/A	-	
92350)1 !-10					Act Noti	ice, see the instru	tions			1 14	-		m 990-PF (20

p	34	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	beginning of year	End of ye	ar
	1		(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing		151 050	
		Savings and temporary cash investments		171,879.	171,879.
	3	Accounts receivable			
	1	Less allowance for doubtful accounts	7		
	4	Pledges receivable -			
	1	Less allowance for doubtful accounts			
	_	Grants receivable			···
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			·
	7	Other notes and loans receivable			
	ļ _	Less allowance for doubtful accounts			
ets	8	Inventories for sale or use	-		
Assets	9	Prepaid expenses and deferred charges			
_		Investments - U S and state government obligations			
	I	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	I	Investments - other	1 1 1 10 10001011111-11		
	14	Land, buildings, and equipment basis			
	-	Less accumulated depreciation			
	15	Other assets (describe		- W	
_	16	Total assets (to be completed by all filers)	0.	171,879.	171,879.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				_	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	1	Foundations that follow SFAS 117, check here			
ç	1	and complete lines 24 through 26 and lines 30 and 31.			
S C	24	Unrestricted	<u>-</u>		
alaı	25	Temporarily restricted			
E B	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.			
ţ	l	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
۲	29	Retained earnings, accumulated income, endowment, or other funds	0.	171,879. 171,879.	
ž	30	Total net assets or fund balances	0.	171,879.	
				171 070	
_	31	Total liabilities and net assets/fund balances	0.	171,879.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)	• •	1	0.
		amount from Part I, line 27a		2	171,879.
		r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	171,879.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	171,879.
_					

	cribe the kind(s) o	of property sold (e g amon stock, 200 shs	, real estate,	i income] P	How ac - Purc - Dona			acquired lay, yr)	(d) Date sold (mo , day, yr)	
1a											
b NC	NE				_						
C		·			-				· ·		
<u>d</u>					-						
e	T .m =				<u> </u>						
(e) Gross sales price		ation allowed lowable)		st or other basis expense of sale					iain or (loss) s (f) minus (
3											
<u>b</u>											
C											
d											
e Operation and the second and	<u> </u>	. 4.3	41 6 1 4	40.04.00							
Complete only for assets show	1		1			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or					
(i) F M V as of 12/31/69		sted basis 12/31/69		cess of col (i) col (j), if any			<u> </u>		Losses (from col. (h))		
a											
b										·	
С		_									
d											
e											
2 Capital gain net income or (net c	apital loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}	2					
3 Net short-term capital gain or (lo	ss) as defined in	sections 1222(5) an	nd (6)		١ , ١						
If gain, also enter in Part I, line 8											
Part V Qualification L		40.40() (لب	3_					
f section 4940(d)(2) applies, leave Was the foundation liable for the set f "Yes," the foundation does not qua	ction 4942 tax on alify under section	4940(e) Do not co	mplete this pa	irt .						Yes No	
1 Enter the appropriate amount in (a)	each column for		uctions before	making any enti						(d)	
Base period years Calendar year (or tax year beginn	ing in) Adj	(b) usted qualifying dis	tributions	Net value of no	(c) oncha		use asset	s	Dietribuition ratio		
2008										· · - · · · · · · · · · · · · · · · · · · ·	
2007	ļ										
2006											
2005											
2004									T		
5. T . J.											
2 Total of line 1, column (d)					_			2		·-	
3 Average distribution ratio for the			on line 2 by 5,	or by the number	r of ye	ars					
the foundation has been in existe	ence it less than 5	years						3	· -		
4 Enter the net value of noncharita	ble-use assets for	2009 from Part X,	line 5					4			
Multiply line 4 by line 3								5			
5 Enter 1% of net investment inco	me (1% of Part I,	line 27b)						6			
7 Add lines 5 and 6								7			
3 Enter qualifying distributions fro	m Part XII, line 4							8			
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the	e box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax	rate				

Forn	1 990-PF (2009) J & L FREEDOM FOUNDATION	26-204	2321		Page 4
Pá	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - see	instru	ictio	ns)
18	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)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			7.
	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			7.
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			7.
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
b	Exempt foreign organizations - tax withheld at source 6b				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
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			7.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶	11			
Pέ	rt VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	+
	any political campaign?		1a		X
þ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or			
	distributed by the foundation in connection with the activities.				Х
	c Did the foundation file Form 1120-POL for this year?				
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 \$ 0 .				
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers ► \$O.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
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				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law		v	
_	remain in the governing instrument?		6	X	ļ
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	ļ,
	If "Yes," complete Part II, col. (c), and Part XV.				1
Вa	Enter the states to which the foundation reports or with which it is registered (see instructions)				}
	TX				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			17	1
_	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 calei	ndar			1,,
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X

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

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X

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	···-1
5a During the year did the foundation pay or incur any amount to			-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No	
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indir		[[]	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	·	ın Regulations	37/3	
section 53 4945 or in a current notice regarding disaster assistance (see instri	<u>.</u>		N/A	5b
Organizations relying on a current notice regarding disaster assistance check to				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to				
expenditure responsibility for the grant?		I/A 🗀 Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.494	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Y6	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	Y6	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
LESLIE SVOBODA	PRESIDENT	,	`	
3410 CROSSGATE CIRCLE SOUTH]			
COLLEYVILLE, TX 76034	0.00	0.	0.	0.
JOSEPH O. SVOBODA	SECRETARY			
3410 CROSSGATE CIRCLE SOUTH]			
COLLEYVILLE, TX 76034	0.00	0.	0.	0.
	1			
			:	
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
Total number of other employees paid over \$50,000			•	0

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Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, 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) Compensation
NONE	(b) Type of Service	(c) compensation
	†	
	7	
	_	
	_	
T 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
		 -
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	ical information such as the	Expenses
1 N/A	2000, 010	·
2		
3		
4		
Part IX-R Cummany of Duagram Deleted Investments		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on li	ines 1 and 2	Amount
1 N/A	ilies i aliu z	Ainount
2		
-		
All other program-related investments. See instructions		
3		

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0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations m	ust complete this part. Foreign	foundations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	etc nurnoses		
а	Average monthly fair market value of securities	,, οιο , ραιροσσο	1 _a	0.
	Average of monthly cash balances		1b	0. 171,811.
	Fair market value of all other assets		10	· · · · · · · · · · · · · · · · · · ·
d	Total (add lines 1a, b, and c)		1d	171,811.
е	Reduction claimed for blockage or other factors reported on lines 1a and			•
	· · · · · · · · · · · · · · · · · · ·	1e	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	171,811.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,	see instructions)	4	2,577.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on	Part V, line 4	5	169,234.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHO	RT TAX PERIOD	6	7,349.
P	art XI Distributable Amount (see Instructions) (Section 4942(j)(3) and foreign organizations check here	d (j)(5) private operating foundation	ns and certain	-
1	Minimum investment return from Part X, line 6		1	7,349.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	7.	·
b	Income tax for 2009 (This does not include the tax from Part VI)	2b		
C	Add lines 2a and 2b		2c]	7.
3	Distributable amount before adjustments Subtract line 2c from line 1		3	7,342.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	7,342.
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 3	KIII, line 1	7	7,342.
P	art XII Qualifying Distributions (see instructions)		,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	25,000.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	le, 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	d Part XIII, line 4	4	25,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	tment		
	income Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	25,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years with 4940(e) reduction of tax in those years	nen calculating whether the foundat	ion qualifies for th	e section

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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.		10010 phot to 2000	2000	2003
line 7				7,342.
2 Undistributed income, if any, as of the end of 2009			· · · · · · · · · · · · · · · · · · ·	7,342.
a Enter amount for 2008 only			0.	
b Total for prior years:	··········	an a samulada e e e e e e e e e e e e e e e e e e		H-111111 . 1111
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009	'	V •		· · · · · · · · · · · · · · · · · · ·
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	0			
f Total of lines 3a through e	0.	***************************************		
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 25,000 .				
a Applied to 2008, but not more than line 2a		,	0.	.,.,.,
b Applied to undistributed income of prior		_		
years (Election required - see instructions)		0.	· · · · · · · · · · · · · · · · · · ·	
c Treated as distributions out of corpus				·
(Election required - see instructions)	0.			,
d Applied to 2009 distributable amount				7,342.
e Remaining amount distributed out of corpus	17,658.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	17 650			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	17,658.	•••		
b Prior years' undistributed income Subtract		0		
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.			
The state of the s				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	17,658.			
l l	17,030.	·		
O Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 17,658.				1

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Part XIV Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo		•	▶		
b Check box to indicate whether the found		ig foundation described i	n section	4942(J)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
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 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)	ia				
(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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation whe year (but only if they have contributed in			ributions received by the	foundation before the clos	e of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	on of the ownership of a pa	rtnership or
NONE		· -			
2 Information Regarding Contributi	on Grant Giff Loca	Scholambin ata D-	ograme'	-	
				ot accept unsolicited reque	sete for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and	d
a The name, address, and telephone numl JOE SVOBODA, 817-348	per of the person to whom			, , , , , , , , , , , , , , , , , , , ,	12.
3410 CROSSGATE CIRCL	E SOUTH, CO				
b The form in which applications should b LETTER	e submitted and informat	ion and materials they sh	ould include		
c Any submission deadlines NONE					
d Any restrictions or limitations on awards NONE	, such as by geographica	ıl areas, charitable fields,	kinds of institutions, or c	ther factors	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid duning the year MONMOUTH COLLEGE 700 EAST BROADWAY MONMOUTH, IL 61462		501(C)(3)	SCHOLARSHIP	25,000.
Total	<u> </u>	1	<u>▶ 3a</u>	25,000.
b Approved for future payment NONE				
Total			▶ 3h	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	0000				
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	339.	 .
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate					**********
a Debt-financed property				.	
b Not debt-financed property		****			
6 Net rental income or (loss) from personal			1 1		
property			 		
7 Other investment income			1		
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events	 				
O Gross profit or (loss) from sales of inventory					<u> </u>
1 Other revenue					
ā	1			·	
b	I				
<u> </u>					
d					
2 Subtotal Add columns (b), (d), and (e)		0.	 	339.	0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	339.
See worksheet in line 13 instructions to verify calculations)					337
					-
Part XVI-B Relationship of Activities	to the Accor	mplishment of Ex	cempt P	urposes	
Line No. Explain below how each activity for which inc	come is reported in	column (e) of Part XVI-A	contribute	d importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other than	n by providing fund	is for such purposes)		·	
		_			
		_			
					
					
		.			
					
					
		 .			-
					<u></u>

			FREEDOM FOUL		26-20			ge 13
P	art X	VII Information Re Exempt Organ		To and Transactions ar	nd Relationships With Nonch	aritable	•	
1	Did ti	ne organization directly or indi	rectly engage in any of the fo	ollowing with any other organization	described in section 501(c) of		Yes	No
	the C	ode (other than section 501(c)(3) organizations) or in sect	ion 527, relating to political organiz	ations?			
1	a Trans	sfers from the reporting found	ation to a noncharitable exen	npt organization of				
	(1)	Cash				1a(1)		Х
	(2)	Other assets				1a(2)		Х
	b Other	r transactions						
	(1)	Sales of assets to a noncharita	ible exempt organization			16(1)		Х
		Purchases of assets from a no		tion		1b(2)		Х
		Rental of facilities, equipment,	· -			1b(3)		Х
		Reimbursement arrangements				1b(4)		X
		Loans or loan guarantees				1b(5)		X
		Performance of services or me	embership or fundraising soli	citations		1b(6)		Х
4	c Shari	ing of facilities, equipment, ma	uling lists, other assets, or pa	aid employees		10		Х
		•	•	• •	ays show the fair market value of the good:		ets.	L <u>-</u>
					in any transaction or sharing arrangement		,	
		nn (d) the value of the goods,			,	,		
(a)) Line no	(b) Amount involved		iritable exempt organization	(d) Description of transfers, transactions, as	nd sharing ar	rangeme	ents
	•		N.	/A				
		· · · · · · · · · · · · · · · · · · ·	-					
								
							-	
				·	· · · · · · · · · · · · · · · · ·			
2		e foundation directly or indirection 501(c) of the Code (othe	•	o, one or more tax-exempt organiza	ations described] No
1		s," complete the following sch		ii section 327		Yes	41	_ I/IO
	<u>u 11 16</u>	(a) Name of org		(b) Type of organization	(c) Description of relatio	nshin		
		N/A	,u	(b) Type of Organization	(c) bosonphon of foliation	p		
								-
								· ·
				ng accompanying schedules and stateme sed on all information of which preparer h	nts, and to the best of my knowledge and belief, it as any knowledge	is true, corre	ect,	
		202	hade	11/10/10	Trustre			
are.	S	gnatu e of officer or trustee	-	Date	Title			
Ĭ	<u> </u>	Propagar's		Да	 	arer's identif	ying nun	nber
Sign Here	Paid Preparer's Use Only	signature	me Ch	الا لمسل	self- employed >	onzai	121	77
<i>.,</i>	Pa a o	Firm's name (or yours LIGH	TFOOT GUEST I	MOØRE & CO., P.C	- citible year	SKUL	 (-
	rep Jse	if self-employed). 1501	LBJ FREEWAY	SUITE 500		<u>- </u>	•	
	<u> </u>	address, and ZIP code DALI	LBJ FREEWAY AS, TX 75234	6051	Phone no (97	2) 24	3-6	500
_								

(972) 243-6500 Form **990-PF** (2009)

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

Employer identification number

2009

J & L FREEDOM FOUNDATION 26-2042321 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation X 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. J 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).

LHA 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)

	1	1	
Page	l of		of Part I

Name of organization

Employer identification number

J & L FREEDOM FOUNDATION

26-2042321

Part i	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	JOE & LESLIE SVOBODA 3410 CROSSGATE CIRCLE SOUTH COLLEYVILLE, TX 76034	\$\$	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	
		\$	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.)	
(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)	

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH I	NVESTMENTS	STATEMENT	1	
SOURCE				AMOUNT		
BANK OF AMERICA				339.		
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=	3	39.	
FORM 990-PF	LEGAL	FEES		STATEMENT	2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI			
•	3,408.	0.			0.	
TO FM 990-PF, PG 1, LN 16A	3,408.	0.			0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOMI			
OFFICE EXPENSES	52.	0.			0.	
TO FORM 990-PF, PG 1, LN 23	52.	0.			0.	

Form 8	3868 (Rev 4-2009)			Page 2		
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		0060	▶ X		
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	FOIIII	0000.			
Par	·······	opies i	needed).			
_	Name of Exempt Organization			Employer identification number		
Туре	or					
print	J & L FREEDOM FOUNDATION	FREEDOM FOUNDATION 26-20				
extended due dat	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only				
filing the return See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLLEYVILLE, TX 76034						
Chec	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	== :	orm 5227 orm 6069	Form 8870		
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8	368.		
	J & L FREEDOM FOUNDATION e books are in the care of 3410 CROSSGATE CIRCLE SOUTH - COLLEYVIL		тх 7	6034		
Te	lephone No. ► 817-877-0001 FAX No. ► 817-877-0002					
• If t	he organization does not have an office or place of business in the United States, check this box			▶ □		
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	s is fo	r the whole	e group, check this		
box		memt	ers the ex	tension is for.		
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.	D = 0	21	2000		
5 For calendar year, or other tax year beginning <u>FEB 18, 2009</u> , and ending <u>DEC 31, 2009</u>						
6 If this tax year is for less than 12 months, check reason: X Initial return Final return Change in accounting period						
•	7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE					
	ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLE RETURN.	IL	AND A	CCURATE		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			-		
	nonrefundable credits. See instructions.		\$	0.		
b						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868.		8b	\$	0.		
С						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c_	\$	0.		
	Signature and Verification					
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ie, correct, and complete, and that I am authorized to prepare this form	best o	f my knowl	edge and belief,		

Title 🕨

Date -

Signature >