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Form **990-PF**

Return of Private Foundation

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

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note The foundation r	nay be able to use a copy of this		orting requirements.	2009
For calendar year 2009, or tax year beginning		, and ending		
G Check all that apply Initial return	Initial return of a fo	ormer public charity	Final return	
Amended return	Address chan	ge	Name change	
Use the IRS Name of foundation			A Employer identification	number
label.	MILY ECHNIDAMIC	NT.	26 6140417	
Otherwise, JERRY E. PONCHER FA		Room/suite	36-6140417 B Telephone number	
or type C/O RSM MCGLADREY 5	•	4	424-652-70	70
See Specific City or town, state, and ZIP code	70 Bill Cook R	<u> </u>	C If exemption application is pe	
	5-5612		D 1 Foreign organizations	check here
H Check type of organization: X Section 501(c)(3	B) exempt private foundation		Foreign organizations mee check here and attach cor	eting the 85% test, putation
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	 E If private foundation stat	us was terminated
_	unting method. X Cash	Accrual	under section 507(b)(1)(A), check here
(from Part II, col. (c), line 16) \$\ 1,896,638. (Part I, c)	Other (specify)		F If the foundation is in a 6	
			under section 507(b)(1)(
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may n necessarily equal the amounts in column (a))	ot (a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Contributions, gifts, grants, etc., received			N/A	(cash basis only)
2 Check X If the foundation is not required to attach Sch. [3		23/22	· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash investments	2,843.	2,843.		STATEMENT 1
4 Dividends and interest from securities	14,289.	14,289.		STATEMENT 2
5a Gross rents	<113.		>	STATEMENT 3
b Net rental income or (loss) <113				
6a Net gain or (loss) from sale of assets not on line 10	18,705.			
b Gross sales price for all assets on line 6a 99,110 7 Capital gain net income (from Part IV, line 2)	•	40 505		
7 Capital gain net income (from Part IV, line 2)		18,705.		
8 Net short-term capital gain				
9 Income modifications 10a Gross sales less returns and allowances				
b Less Cost of goods sold				
9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income				
11 Other income	<5,145.	> <5,145.	> .	STATEMENT 4
	30,579.	30,579.		
12 Total Add lines 1 through 11 13 Compensation of officers directors trustees, etc 14 Other employee salaries and wages	0.	0.		0.
14 Other employee salaries and wages			 	
of Pension plans, employee benefits	· · · · · · · · · · · · · · · · · · ·			
16a Legal fees b Accounting feesSTMT 5	1,820.	910.		910.
		210.		910.
	, 43,344.	23,342.		0.
18 Taxes STMT 6	S 13,554.	1,193.		0.
19 Depreciation and depletion NOV 1 9 2010	•			
20 Occupancy	တ္			
21 Travel, conferences, and meetings 1	T			
22 Printing and publications		06 200		
23 Other expenses STMT 7	26,402.	26,389.		13.
24 Total operating and administrative expenses Add lines 13 through 23	65,118.	51,834.		923.
25 Contributions, gifts, grants paid	101,776.	21,034.		101,776
26 Total expenses and disbursements				
Add lines 24 and 25	166,894.	51,834.		102,699.
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	<136,315.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative enter -0-)			N/A	

JERRY E. PONCHER FAMILY FOUNDATION

36-6140417

1,575,764. Form **990-PF** (2009)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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	Calendar year (or tax year beginning in)	Adjusted qualitying distributions	Net value of noncharitable-use assets	(0	col. (b) divided by col. (c))
	2008	85,215.	2,205,363.		.038640
	2007	102,500.	2,000,355.		.051241
	2006	86,600.	1,992,683.		.043459
	2005	80,566.	1,937,104.		.041591
_	2004	90,554.	1,845,519.		.049067
	Total of line 1, column (d) Average distribution ratio for the 5-year ba the foundation has been in existence if less		or by the number of years	3	.044800
4	Enter the net value of noncharitable-use as	sets for 2009 from Part X, line 5		4	1,649,943.
5	Multiply line 4 by line 3			5	73,917.
6	6 Enter 1% of net investment income (1% of Part I, line 27b)				0.
7	Add lines 5 and 6			7	73,917.
8	Enter qualifying distributions from Part XII,	line 4		8	102,699.
	If line 8 is equal to or greater than line 7, cl	neck the box in Part VI, line 1b, and comp	lete that part using a 1% tax rate.		

See the Part VI instructions.

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	art VI . Excise Tax Based on Investment Income (Section 494	1 11 11 11 11 11 11 11 11 11 11 11 11 1	<u>4948</u>	- see instr	uctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and e					
	Date of ruling or determination letter: (attach copy of letter if nec					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1			0.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2			<u>0.</u>
3	Add lines 1 and 2		3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others enter -0-)	4			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6	Credits/Payments:	1 1				
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 6,320	-			
b	Exempt foreign organizations - tax withheld at source	6b	_			
	Tax paid with application for extension of time to file (Form 8868)	6c	_	İ		
	Backup withholding erroneously withheld	6d			_	
7	Total credits and payments. Add lines 6a through 6d		7	ļ	6,3	20.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		<u>6,3</u>	20.
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	6,320. Refunded ▶	11			0.
	rt VII-A Statements Regarding Activities				12.0	T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it participate or interve	ne in		Yes	
	any political campaign?			1a	<u> </u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	•		1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any matenals publish	ed or			
	distributed by the foundation in connection with the activities.]	ļ	
	Did the foundation file Form 1120-POL for this year?			1c	<u> </u>	<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					
	(1) On the foundation. ► \$ (2) On foundation managers		•			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed on foundation				
	managers. ► \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IF	RS?		2		X
_	If "Yes," attach a detailed description of the activities			ļ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i	•	, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	l.s		4a	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	•		4b	X	
9	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•		5		X
e	If "Yes," attach the statement required by General Instruction T.	ėle ove				
D	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied er By language in the governing instrument, or	uici.				
	 By state legislation that effectively amends the governing instrument so that no mandatory 	y directions that conflict with the etc	to love			
	remain in the governing instrument?	y directions that connict with the sta	ile iaw		v	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
'	If "Yes," complete Part II, col. (c), and Part XV.			<u>'</u> -	Λ.	-
Q٠	Enter the states to which the foundation reports or with which it is registered (see instruction	ne) D				ĺ
va	TL	115)				
.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Ai	ttorney General (or decionate)		—		
U	of each state as required by General Instruction G? If "No," attach explanation	morney denotal (of designate)		8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of sei	ction 4942(i)(3) or 4942(i)(5) for or	landar	00	Λ	-
3	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," c		ιστιυαΙ	9		Y
10	Did any persons become substantial contributors during the tax year? Have a school			10		X

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

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Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of		ectly,		
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii doodiibaa iii doodioii		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or			
the prevention of cruelty to children or animals?	or babbational purposco, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the exceptions described		.3 (22) 110	
		iii riogulations	N/A	5b
section 53.4945 or in a current notice regarding disaster assistance (see instru				
Organizations relying on a current notice regarding disaster assistance check h		unad		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			es 🔲 No	
expenditure responsibility for the grant?		1/A	:5 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		es X No	
a personal benefit contract?		Y6		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.			[FF]	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	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	anagers, Highly	y	
raid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evpança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
	PRESIDENT/TRE	ASURER/DI	RECT	
11111 SANTA MONICA BLVD, SUITE 1800		_	_	_
LOS ANGELES, CA 90025	0.00	0.	0.	<u> </u>
	VICE PRESIDEN	1at		
11111 SANTA MONICA BLVD, SUITE 1800				_
LOS ANGELES, CA 90025	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		, enter "NONE."	1 (all occurs to the control	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than 400,000	devoted to position	(c) compensation	and deferred compensation	allowances
NONE				
	1			
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>		0
+ Add transport of arrest and base and applican			Form	990-PF (2009)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		140417 rager
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	formation such as the etc.	Expenses
1 NONE		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 NONE		
		0.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

Р	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:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	21,048.
C	Fair market value of all other assets	1c	1,654,021.
d	Total (add lines 1a, b, and c)	1d	1,675,069.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,675,069.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,126.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,649,943.
6	Minimum investment return. Enter 5% of line 5	6	82,497.
Р	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	82,497.
2a			•
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	82,497.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	82,497.
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	82,497.
Р	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	102,699.
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, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	102,699.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	102,699.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

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4940(e) reduction of tax in those years.

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				82,497.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			101,371.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004		ĺ		
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			********
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 102,699.				
a Applied to 2008, but not more than line 2a			101,371.	
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				1,328.
e Remaining amount distributed out of corpus	0.			
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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		i.
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				81,1 <u>69.</u>
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.		J	
9 Excess distributions carryover to 2010.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		ļ		
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				5. 000 DE (2000)

Part XIV Private Operating F	Oundations (see in			· · · · · · · · · · · · · · · · · · ·	14041/ Faye 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	•	<u> </u>	n acation	4040(1)(2) ==	040(4)(5)
b Check box to indicate whether the found		ig ioungation described i	Prior 3 years	4942(<u>j)(3)</u> or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	(4)2000	(6) 2000	(6) 2001	(8) 2000	(0) 10(0)
investment return from Part X for					
each year listed					
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not				-	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	•				
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed			:		
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	n had \$5 000 or m	ore in accete
at any time during t			ii tile loulluatio	ii iiau \$5,000 01 iii	ore iii assets
1 Information Regarding Foundation					
a List any managers of the foundation wh	-	than 2% of the total conti	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)			
LYLE PONCHER	_ ,				
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large port	ion of the ownership of a p	artnership or
NONE	-				
2 Information Regarding Contributi	on, Grant, Gift, Loan.	Scholarship, etc., Pr	ograms:		
Check here ► 🗓 If the foundation o		*	-	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, o	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to whor	m applications should be	addressed:		
b The form in which applications should b	e submitted and informat	tion and materials they sh	nould include;		-
c Any submission deadlines:		<u> </u>			
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of ınstitutions, or	other factors:	-

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution	ranount				
a Paid during the year SEE STATEMENT 10	or substantial contributor	гесіріепт						
Total	<u> </u>		▶ 3a	101,776.				
b Approved for future payment NONE Total			▶ 3b	0.				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
					~
a b					· <u> </u>
c	1				
d					
e					
f		·			,
a Fees and contracts from government agencies	_				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	2,843.	
4 Dividends and interest from securities		<u> </u>	14	14,289.	<u> </u>
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<113.
b Not debt-financed property					
6 Net rental income or (loss) from personal		.,			
property					
7 Other investment income	525990	<2,658.	>14	<2,487.>	
8 Gain or (loss) from sales of assets other					
than inventory	525990	<251.	>18	18,956.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:		·			
a					
b					
C					
d					
e	_				· · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)		<2,909.	<u> </u>	33,601.	
13 Total Add line 12, columns (b), (d), and (e)				13	30,579.
(See worksheet in line 13 instructions to verify calculation	s.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of Ex	kempt Pu	ırposes	
Line No. Explain below how each activity for which the foundation's exempt purposes (other to			contributed \	importantly to the accompl	ishment of

 23. 25.

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Part XVII. Info	ormation Reg	gardir	ng Transfer	s To and T	ransactions and I	Relationships With Noncharitable	_
Exe	empt Organia	zatior	าร			•	
1 Did the ergenization	n disaethi as indisa	actly and	ogo in any of the	following with a	ny othor organization day	eribed in costion E01(a) of	Ac N

	Exclipt Organ	1124110113						
		lirectly engage in any of the followin			section 501(c) of		Yes	No
	•	c)(3) organizations) or in section 52		anizations?				
a Trar	sfers from the reporting found	dation to a noncharitable exempt or	ganization of:					
	Cash					1a(1)		X_
(2)	Other assets					1a(2)	 -	X
	r transactions:							
	Sales of assets to a noncharit					1b(1)	ļ	<u> </u>
(2)	Purchases of assets from a no	oncharitable exempt organization				1b(2)		X
(3)	Rental of facilities, equipment	, or other assets				1b(3)	ļ	X
	Reimbursement arrangements	S				1b(4)		X
(5)	Loans or loan guarantees					1b(5)		X X X
(6)	Performance of services or m	embership or fundraising solicitatio	ins			1b(6)		<u> </u>
	-	ailing lists, other assets, or paid em				1c	L	<u> </u>
		s "Yes," complete the following sche	, ,				sets,	
		foundation. If the foundation receive	ed less than fair market va	ilue in any transac	tion or sharing arrang	jement, show in		
		, other assets, or services received.						
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Descrip	ption of transfers, transact	tions, and sharing ar	rangeme	ints
		N/A						
•								
2a Is th	e foundation directly or indirec	ctly affiliated with, or related to, one	or more tax-exempt orga	nizations describe	d			
		er than section 501(c)(3)) or in sect				Yes	X	No
	es," complete the following sch							_
•	(a) Name of or		(b) Type of organization		(c) Description of	relationship		
	N/A							
	•							
					7			
		have examined this return, including acco				pelief, it is true, corre	ect,	
and co	mplete Declaration of preparer (oth	er than taxpayer or fiduciary) is based on	1 _1	er has any knowledg	e			
	hamana	de	11/8/10	▶ PRES	IDENT			
e 🖊 3	signature of officer or trustee		Date	Title				
Sign Here	Preparer's			Date	Check if	Preparer's identif	ying num	ıber
ri's		& TXInn look		11/4/10	self- employed	1		
Sig Paid	Firm's name (or yours RSM	MCGLADREY, INC.			EIN ►			
Sign Paid Preparer's	/I ' ' .	LAKE COOK ROAD,	STE 300					
-		RFIELD, ILLINOIS			Phone no. 8	347-940-	130	0
						5000	DE	2000)

Form **990-PF** (2009)

· dit i oapital danis a	na rosaca ioi Tax on intesmient income				
	ist and describe the kind(s) of property so tory brick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	CIALISTS		P	VARIOUS	VARIOUS
	CIALISTS	· · · · · · · · · · · · · · · · · · ·	P		VARIOUS
	CIALISTS - SECTION	1 2 3 1	P		VARIOUS
d VOYAGER PAR		1231	P		VARIOUS
e VOYAGER PAR			P		VARIOUS
VOYAGER PAR		1	P		VARIOUS
g VOYAGER PAR			P		VARIOUS
h VOYAGER PAR			P		VARIOUS
VOYAGER SPEC			P		VARIOUS
VOYAGER SPEC			P	VARIOUS	VARIOUS
k	CIADISIS - SECTION	1230 (00%)	F -	VARIOUS	AWIOOP
1		·			
		W	-		
<u>m</u> .	 .			 	
0			<u> </u>	 	
0	(f) Depresenting allowed	(a) Cost or other hasis	/) Coup or (loca)	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) plus (f) minus (g)	
a 19,79		, , , , , , , , , , , , , , , , , , ,		(1)	10 706
	70 •	34,352.			19,796.
<u>b</u> .	7.	34,352.			<34,352.
c d 79,30					7. 79,307.
	7.1	37 000			
e		37,900.			<37,900.
f		191.	·		<191.
9		2,718.			<2,718.
<u>h</u>		4,076.			<4,076.
<u> </u>		467.			<467.
<u></u>		701.			<701.
<u>k</u>					
	-				
<u> </u>					
<u> </u>					
Complete only for coasts of	beyong going a column (b) and guined by	the foundation on 19/21/60			
Complete only for assets s	thowing gain in column (h) and owned by		(I) Los	sses (from col. (h)) of col. (h) gaın ove	r col (k)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but n	of col. (11) gain ove lot less than "-0-")	i coi. (k),
	43 01 12/3 1/03	Over cor. ()), it ally		<u> </u>	10 706
<u>a</u>					<u>19,796.</u>
<u> </u>					<34,352.
<u>c</u>					7.
<u>d</u>				 	79,307.
<u>e</u>					<37,900.
ī	_				<191.
g					<2,718.
h		<u> </u>	.		<u><4,076.</u>
1					<467.
<u></u>					<701.
<u>k</u>			· <u> </u>		
!					
<u> </u>					
<u>n</u>			 -		
0					
	. If name also enter	in Part Lline 7			
Capital gain net income or (net capital loss) { If gain, also enter If (loss), enter 1	-" in Part I, line 7 }		-	<u> 18,705.</u>
Net short-term capital gain	or (loss) as defined in sections 1222(5) an	, I			
If gain, also enter in Part I, I	ine 8, column (c).)			
If (loss), enter "-0-" in Part I	, line 8	J 3	: [N/A	

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY C	ASH I	NVESTMENTS	STATEMENT	1
SOURCE			·	TRUOMA	
SMITH BARNEY VOYAGER PARTNERS VOYAGER SPECIALISTS			-	1,8	97. 94. 52.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		=	2,8	43.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECU	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
VOYAGER PARTNERS VOYAGER SPECIALISTS	11,634. 2,655.		0.	11,6 2,6	
TOTAL TO FM 990-PF, PART I, LN 4	14,289.		0.	14,2	39.
FORM 990-PF REN	TAL INCOME			STATEMENT	3
KIND AND LOCATION OF PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INC	OME
FROM VOYAGER PARTNERS, L.P. PASSTH	RU		1	<1:	L3.:
TOTAL TO FORM 990-PF, PART I, LINE	5A		- -	<1.	L3.
FORM 990-PF O	THER INCOME			STATEMENT	4
	(A) REVENUE		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
DESCRIPTION	PER BOOKS				
DESCRIPTION VOYAGER PARTNERS, LP VOYAGER SPECIALISTS, LP	<11,3	343.> 198.		.>	

FORM 990-PF	ACCOUNTING FEES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,820.	910.		910.
TO FORM 990-PF, PG 1, LN 16B	1,820.	910.		910.
FORM 990-PF	TAX	ES	S'	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAX ILLINOIS STATE TAX FEDERAL EXCISE TAX	1,193. 4,315. 8,046.	1,193.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 18 =	13,554.	1,193.		0.
FORM 990-PF	OTHER E	XPENSES	S'	FATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEES DEDUCTIONS RELATED TO PORTFOLIO INCOME-VOYAGER OTHER DEDUCTIONS	13. 26,094. 295.			13. 0. 0.
TO FORM 990-PF, PG 1, LN 23	26,402.	26,389.		13.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VOYAGER PARTNERS VOYAGER SPECIALISTS	460,340. 410,179.	<u>•</u>	
TOTAL TO FORM 990-PF, PART II,	LINE 13	870,519.	1,097,819.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 9
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO PONCHER INVESTMENT PARTI DUE TO JLK ASSOCIATES DUE TO LYLE PONCHER	NERS	60,000. 17,569. 0.	0. 92,569. 1,005.
TOTAL TO FORM 990-PF, PART II,	LINE 22	77,569.	93,574.

FORM 990-PF

10

STATEMENT

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
CENTER FOR INVESTIGATIVE REPORTING 2927 NEWBURY STREET, SUITE A BERKELEY, CA 94703	NONE CHARITABLE		6,000.	
COLLAGE DANCE THEATRE 2934 1/2 BEVERLY GLEN CIRCLE, SUITE 25 LOS ANGELES, CA 90077	NONE CHARITABLE		3,700.	
ESALEN INSTITUTE 55000 HIGHWAY 1 BIG SUR, CA 93920	NONE EDUCATIONAL		5,000.	
HEAD LAMA OF TNMC - MANGALAM CENTERS 35755 HAUSER BRIDGE ROAD BERKELEY, CA 94703	NONE CHARITABLE		1,000.	
HUMAN RIGHTS ACTION CENTER 451 FIRST STREET SE WASHINGTON, DC 20003	NONE CHARITABLE		5,000.	
INSTITUTE FOR JEWISH SPIRITUALITY 330 SEVENTH AVE SUITE 1401 NEW YORK, NY 10001	NONE CHARITABLE		7,500.	
KCRW 1900 PICO BOULEVARD SANTA MONICA, CA 90405	NONE CHARITABLE		1,470.	
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE. NW, SUITE 600 WASHINGTON, DC 20001	NONE CHARITABLE		2,500.	

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

JERRY E. PONCHER FAMILY FOUNDAT	PION	36-6140417
METIVTA 10880 WILSHIRE BLVD STE 920 LOS ANGELES, CA 90024	NONE CHARITABLE	20,018.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	NONE EDUCATIONAL	2,500.
PLOUGHSHARES FUND FORT MASON CENTER B-330 SAN FRANCISCO, CA 94123	NONE CHARITABLE	1,000.
TRICYCLE FOUNDATION 92 VANDAM STREET NEW YORK, NY 10013	NONE CHARITABLE	250.
UNIVERSITY OF CALIFORNIA ALUMNI ASSOC. 1 ALUMNI HOUSE BERKELEY, CA 94720	NONE EDUCATIONAL	1,000.
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010	NONE CHARITABLE	830.
WILDWOOD SCHOOL 11811 WEST OLYMPIC BLVD LOS ANGELES, CA 90064	NONE EDUCATIONAL	43,000.
YES! 240 HARKLEROAD AVENUE SANTA CRUZ, CA 95062	NONE CHARITABLE	1,000.
CONTRIBUTIONS FROM VOYAGER PARTNERS PASSTHROUGH 11111 SANTA MONICA BLVD, SUITE 1800 LOS ANGELES, CA 90025	NONE CHARITABLE	8.
TOTAL TO FORM 990-PF, PART XV, LI	:NE 3A	101,776.

E-filed

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously	-			
Part I 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 \cdot check this box and co Part I only .	mplete			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a o file income tax returns.	an extension of time			
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or crown must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic or www.irs.gov/efile and click on e-file for Charities & Nonprofits.	nically if (1) you want the additional onsolidated Form 990-T. Instead,			
Type or Name of Exempt Organization	Employer identification number			
JERRY E. PONCHER FAMILY FOUNDATION	36-6140417			
Number, street, and room or suite no. If a P.O. box, see instructions.				
City, town or post office, state, and ZIP code. For a foreign address, see instructions DEERFIELD, IL 60015-5612				
Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-F Form 990-PF Form 1041-A LYLE PONCHER - 11111 SANTA MONICA BLVD	5227 5069 3870			
The books are in the care of ► ANGELES, CA 90025-3333 Telephone No ► 310-395-2171 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the poor ►	- · · · · · · · · · · · · · · · · · · ·			
1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time us AUGUST 15, 2010, to file the exempt organization return for the organization named is for the organization's return for: ➤ X calendar year 2009 or ★ tax year beginning, and ending				
2 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 nonrefundable credits. See instructions.	3a \$ 6,320.			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ 6,320.			
c 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)				
See instructions	3c \$ 0.			

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)