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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of Internal Reven			I reated as a Privat be able to use a copy of this			rting requirements.	2009
	ar year 2009, or tax year beginning			, and endi			
G Check all	I that apply: Initial retur	'n	Initial return of a fo	•		Final return	
	Amended	return	Address chan	ge		Name change A Employer identification n	umber
Use the IRS	S Name of foundation					Lingioyer identification in	
Otherwise,	, HOFER FAMILY FO	UNDATI	ON			43-6901598	
print	Number and street (or P O box number			R	oom/suite	B Telephone number	· m
or type See Specifi	3645 HIDDEN ACE		E			402-468-436	
Instructions	I GITV OF TOWN, STATE, AND ZIP COOR		23			C If exemption application is pen D 1 Foreign organizations,	
H Check tv			cempt private foundation			2 Foreign organizations meet check here and attach com	ing the 85% test, outstion
	on 4947(a)(1) nonexempt charitable	` ' 	Other taxable private founda	ition		E If private foundation statu	
	et value of all assets at end of year	J Accounti	ng method: X Cash	Accrua	ı	under section 507(b)(1)(A	
· ·	rt II, col (c), line 16)	01	ther (specify)			F If the foundation is in a 60	
Dort I			mn (d) must be on cash b			under section 507(b)(1)(E	(d) Disbursements
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (nd (d) may not	(a) Revenue and expenses per books	(b) Net inver		(c) Adjusted net income	for charitable purposes (cash basis only)
	ontributions, gifts, grants, etc., rece		23,000.			N/A	
i	heck if the foundation is not required						
3 in	nterest on savings and temporary ash investments		105.		105.		
_ 4 D	ividends and interest from securitie	S					
9	iross rents						
D N	et rental income or (loss)						
າ <u>ສ</u> ເດ	let gain or (loss) from sale of assets not on iross sales price for all ssets on line 6a	line 10					
י סו כ	apital gain net income (from Part IV, line 2)			0.	7 380	
~ ~	let short-term capital gain				REC	IVEU	
	ncome modifications iross sales less returns					60	ြုပ္တု
10a ar	nd allowances					B AUG 1	5 2011 31
b Le	ess Cost of goods sold [<u> </u>
, ,	other income					OGDE	N. UT
12 T	otal Add lines 1 through 11		23,105.		105.		
13 c	Compensation of officers, directors, trustee	es, etc	0.		0.		0.
	Other employee salaries and wages						
γ 15 P	Pension plans, employee benefits						
S loa L	egal fees accounting fees S1	rmT 1	500.		0.		0.
	Other professional fees						
17 lr	nterest						
्राह्य 18 ा		гмт 2	2.	-	0.		0.
19 D	Depreciation and depletion				 - ·-		
-F	Occupancy Travel, conferences, and meetings						
P 22 P	Printing and publications						
g 23 0	• .	гмт 3	12,250.		0.		0.
₩ 24 T	otal operating and administrative						
$\overline{\sim}$	expenses Add lines 13 through 23		12,752.		0.		0.
25 0	Contributions, gifts, grants paid		72,670.				72,670.
1	otal expenses and disbursements Add lines 24 and 25		85,422.		0.		72,670.
	Subtract line 26 from line 12:		00/122				. 270,00
	xcess of revenue over expenses and disb	ursements	-62,317.				
b N	let investment income (if negative, er	nter -0-)			105.		
	Adjusted net income (if negative, enter			<u> </u>		N/A	000 DE (0000)
923501 02-02-10	LHA For Privacy Act and Paperw	ork Reduction	Act Notice, see the instruc	tions			Form 990-PF (2009)

HOFER FAMILY FOUNDATION

		Balance Sheets Attached Schedules and amounts in the description column should be for end-of-year amounts only	Deginning of year	Lilu Oi	you
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 -	Cash - non-interest-bearing	71,683.	9,366.	9,366.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	ļ	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶	ļ		
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	71,683.	9,366.	9,366.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ç		and complete lines 24 through 26 and lines 30 and 31.			
JCe		Unrestricted			
ala	25	Temporarily restricted		··	
d B	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
þ		and complete lines 27 through 31.	0.	_0.	
sts	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	71,683.	9,366.	STATEMENT 5
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	71,683.	9,366.	SIMIEMENI 3
ž	30	Total net assets or fund balances	71,003.	9,300.	
	31	Total liabilities and net assets/fund balances	71,683.	9,366.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
<u> </u>	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	71,683.
2	•	r amount from Part I, line 27a		2	-62,317.
_		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	9,366.
		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, column (b), line 30

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

See the Part VI instructions.

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	1990-PF (2009) HOFER FAMILY FOUNDATION		<u>690.</u>			Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see	instru	ctio	าร <u>)</u>
1a	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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				<u>2.</u>
	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.
	Add lines 1 and 2	3				2.
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				2.
6	Credits/Payments:					
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
b	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d TAX PAID W/ O.R. 2	. 7				2.
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				0.
10		10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11				
	nrt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	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,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/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 sta	te law				
	remain in the governing instrument?			6	X	
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					
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NE					
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)					
	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 ca	lendar				
	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

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

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

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S5 Dump the year of the foundation pay or near any amount to: (1) Carry on propagands, or otherwise attempts to indexende (speciation (section 4945(s))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an advidual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization discribed in section 959(s)(17, (2), or (3)), or section 496(f)(27)? (5) Provide for any purpose other than a charitable, etc., organization discribed in section 959(s)(17, (2), or (3)), or section 496(f)(27)? (6) Provide for any purpose other than a charitable, etc., organization discribed in section 959(s)(17, (2), or (3)), or section 496(f)(27)? (7) Provide for any purpose other than a charitable, etc., organization discribed in section 959(s)(17, (2), or (3)), or section 496(f)(27)? (7) Provide for any purpose other than a charitable, etc., organization discribed in section 959(s)(17, (2), or (3)), or section 496(f)(27)? (8) Provide for any purpose other than a charitable, etc., organization discribed in section 10 Provide for any purpose other than a charitable, etc., organization discribed in section 10 Provide for any purpose other than a charitable, etc., organization discribed in section 10 Provide for any purpose other than a charitable, etc., organization discribed in section 10 Provide for any purpose other than a charitable, etc., organization discribed in section 10 Provide for any purpose of the formation of the forma	Form 990-PF (2009) HOFER FAMILY FOUNDATION Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be I		43-69015	98 Page 6
(1) Carry on propagatind, or otherwise attempt to infleence legislation (section 4955); or locarry on, directly or indirectly, any voter registration drive? (2) Influence the bustomes of any special public election (see section 4955); or locarry on, directly or indirectly, any voter registration drive? (3) Provide a gent to an organization other than a charitable, alte, organization described in section 509(a)(1), (2), or (3), or section 490(b)(2)? (3) Provide a gent to an organization other than a charitable, alte, organization described in section 509(a)(1), (2), or (3), or section 490(b)(2)? (5) Provide that that religious, charitable, specific, leterary, or educational purposes, or for the prevention of cruelly to children or animals? (5) If a very service 154, (1), due any of the transactions fall to quality under the exceptions described in Regulations section 53, 4945 or in a curried notice regarding desaster assistance (see instructions)? (6) If we will be a compared to the com		OTHER TIZE WIRE	ioquii eu (contin	ueu)	
(2). Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? 3) Provide a grant in an individual for travel, study, or other similar purposes? (4) Provide a grant in an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than a charitable, etc., organization described in saction 590(4)1), (2), or (3), on section 494(6)(4)2? (5) Provide for any purpose other than a charitable, scenific, iterary, or educational purposes, or for the prevention of cruelly to children or annias? b If any answer is "Yes" to \$61,1/50, did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.494.50 or in currient notice regarding disaster assistance clase netrections? Organizations relying on a currient notice regarding disaster assistance clase sensitive close in the control of the sensitive stream of the foundation claims exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section \$3.4945-5(d). But the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 60, the Form 8970. A tax any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It was, did the foundation preserve any processes or have any relinconte attributable to the transaction? It wa	•	- 4045/-\\0		. V N	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section \$09(a)(1), (2), or (3), or section 4940(c)(2)? (5) Provide or grant purpose solitor, 4940(c)(2)? (5) Provide or grant purpose solitor, 4940(c)(2)? (6) Provide or grant purpose solitor, 4940(c)(2)? (7) Provide or grant purpose solitor, 4940(c)(2)? (8) Provide or grant purpose solitor, 4940(c)(2)? (8) Provide or grant purpose solitor, 4940(c) or grant purposes, or for the prevention of cruelity to children or animals? (8) If any solitor, 1974(c) organization of the transactions fall to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)? (9) Organization retyring on a current notice regarding disaster assistance (see instructions)? (9) Organization retyring on a current notice regarding disaster assistance (see instructions)? (9) Organization retyring on a current notice regarding disaster assistance (see instructions)? (9) Organization retyring on a current notice regarding disaster assistance (see instructions)? (9) Organization retyring on a current notice regarding disaster assistance (see instructions)? (1) If yes, 3140(c) Organization seeds of the state				S LAL NO	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	• •	r to carry on, directly or indir		. 🗷	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section \$99(a)(1), (2), or (3), or section 494(6)(2)? (5) Provide or any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of cruelity to children or animals? bit any narwes "Set" 56 (1), 60, did any of the transactions fall to quality under the exceptions described in Regulations section 53, 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 54(4), does the foundation claim exception from the tax because it maintained expenditure responsibility for the grant? If "Yes" to 80, file Form 8870. Bit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 80, file Form 8870. It was, did the foundation receive any proceeds or have any relinome attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average (c) Compensation (a) Name and address (b) Title, and average (c) Compensation (a) Name and address (b) Title, and average (c) Compensation (c) CURTIS L. HOPER TRUSTEE 3645 HIDDEN ACRES LANE TRUSTEE 3645 HIDDEN ACRES LANE TRUSTEE 2 Compensation of five highest-paid employees (other than those included 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 (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (c) Compensation (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	, ,	_			
Sofia(x), (2), or (3), or section 4940(x)(2)?	· · · · · · · · · · · · · · · · · · ·		Ye	s LX No	1
(S) Proved for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of crueby to children or animals? It any answer is Yes' to Sci_105, did any of the inacactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? N/A	•	n described in section	<u></u>	(**)	
the prevention of cruelly to children or animals? b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? If "Yes," attach the statement required by Regulations section 53 4945-5(d). So Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945-5(d). So Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes "to So, file Form 8870. Ta Alany time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII principation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Organization of the highest-paid employees (other than those included on line 1). If none, enter "None." (b) Title, and average hours personal benefit contractors (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "None." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter	, , , , , , , , , , , , , , , , , , , ,			es LX No	
b It any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.496 or in a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? It is any to qualify the answer is "Yes" to question \$a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, represent any proceeds or the part of t	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			
section 53.4945 or an acurrent notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here e if the answer is Yes' to question 54.4), does the foundation dusin exemption from the tax because it maintained expenditure responsibility for the grant? If Yes' attach the statement required by Regulations section 53.4945-5(d). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, the Form 8870. It yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Name and address (c) Compensation (b) Title, and average hours per week devoted on the paid of	•			es LXL No	
Organizations relying on a current notice regarding disaster assistance check here c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53 4945-5(c). 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, as personal personal benefit contract? b Tiles, and the foundation receive any proceeds or have any net income attributable to the transaction? Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devolved to position of five highest-epaid employee (other than those included on line 1). If none, enter "NONE." (c) Expense and Contractors TRUSTEE TRUSTEE 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Expense and Contractors than those included on line 1). If none, enter "NONE." (d) Name and address of each employee paid more than \$50,000 A Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense and address of each employee paid more than \$50,000 (b) Title, and average hours pair week develode of the position of the position of the highest pair and address of each employee pair more than \$50,000 (b) Title, and average hours pair week develode of the position of the position of the highest pair and address of each employee pair more than \$50,000 (c) Compensation of five highest-paid employees (other than those included on the position of the position of the position of the position of	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations		
c If the answer is "tes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A				N/A	5b
expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section 53 4945-5(d). 8a Did the foundation, during the year, roleve any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" X No b Did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 80, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average (b) Compensation (C) Compens				▶∟_	
If "Yes," attach the statement required by Regulations section 53 4945-5(d). 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, the Form 8870. 7a At any time during the kar year, was the foundation a party to a prohibited tax shelter transaction? b It yes, did the foundation receive any proceeds or have any nel income attributable to the transaction? 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Contractors, Trustees, Foundation Managers, Highly Paid Employees, Contractors, Trustees, Foundation Managers, Highly Paid Employees, Contractors, Trustees, Fou	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for		. —		
8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At a larny time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average (file and average of the transaction? CURTIS L. HOFER TRUSTEE 3645 HIDDEN ACRES LANE TRUSTEE (c) Compensation (d) Compens	expenditure responsibility for the grant?	ľ	I/A	es L No	
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? h "Yes" to 8, his Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIIII promation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter 0). TRUSTEE TRUSTEE 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0. 1.00. 1.00. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted for position (C) Compensation (C) Compens	If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, life Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? It is the foundation receive any proceeds or have any net income attributable to the transaction? I List all officers, directors, trustees, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours proceeding the foundation process and their compensation. (c) Compensation (d) Compensation (d) Compensation (fit not paid, enter 0-) employee benefit plans allowances. CURTIS L. HOFER TRUSTEE TRUSTEE 1 . 00 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0	6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average foundation acress the foundation aparty to a prohibited tax shelter transaction? (c) Compensation (d) Compensation (file to paid, enter 0-). (d) Compensation (d) Compensation (file to paid, enter 0-). (e) Expense to position (file to paid, enter 0-). (a) Name and address TRUSTEE TRUSTEE TRUSTEE TRUSTEE TRUSTEE 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (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) Compens	a personal benefit contract?		Ye	es LX No	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Note	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
Part VIII	If "Yes" to 6b, file Form 8870.				
Part VIII	7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙	
Part VIII	b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensa	Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	y 	
CURTIS L. HOFER TRUSTEE TRUSTEE TRUSTEE TRUSTEE TRUSTEE 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0.0.0.0. LINDA M. HOFER TRUSTEE 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	1 List all officers, directors, trustees, foundation managers and their		177.7.	1.60-	·1
3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 LINDA M. HOFER 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0.0.0. O.0.0.0. TRUSTEE 1.00 0.0.0.0.0. O.0.0.0.0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation employees allowances account, other allowances allowances account, other manners and the properties of the position of the position allowances account, other manners are the properties and the properties and the properties and the properties and the properties account, other manners are the properties and the properties are the pr	(a) Name and address	hours per week devoted	(If not paid,	and deterred	account, other
TRUSTEE 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (d) Contributions to employee the fitting balls account, other allowances (e) Compensation (f) Compensation (hours per week devoted to position	CURTIS L. HOFER	TRUSTEE			
TRUSTEE 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					
3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023 1.00 0.0.0.0.0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (c) Compensation employees account, other allowances	FT CALHOUN, NE 68023		0.	0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense compensation (h) Title, and average hours per week devoted to position	LINDA M. HOFER	TRUSTEE			
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (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 bedfit plans and deferred compensation (e) Expense account, other allowances	3645 HIDDEN ACRES LANE				
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances	FT CALHOUN, NE 68023	1.00	0.	0.	0.
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					•
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (e) Expense account, other allowances					
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plans account, other allowances (c) Compensation employee benefit plans account, other allowances	2 Compensation of five highest-paid employees (other than those inc	1	, enter "NONE."	L c.n.a.	
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense account, other allowances
	NONE				
Total number of other employees paid over \$50,000		1			
Total number of other employees paid over \$50,000					
Total number of other employees paid over \$50,000 ▶ 0					ļ
Total number of other employees paid over \$50,000 ▶ 0					
Total number of other employees paid over \$50,000 ▶ 0					
Total number of other employees paid over \$50,000 ▶ 0					-
Total number of other employees paid over \$50,000 ▶ 0		1			
Total number of other employees paid over \$50,000			1	_	
Total number of other employees paid over \$50,000		1			
	Total number of other employees paid over \$50,000				0

Form **990-PF** (2009)

Form 990-PF (2009) HOFER FAMILY FOUNDATION		901598 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda 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		
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 charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen	ucal information such as the luced, etc.	Expenses
1 N/A		
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 N/A		
2		
All other program-related investments. See instructions.		
Total Add lines 1 through 2		Λ

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P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındatıons, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	26,585.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	26,585.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	26,585.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	399.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,186.
6	Minimum investment return Enter 5% of line 5	6	1,309.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,309.
2a	Tax on investment income for 2009 from Part VI, line 5	,	
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	2.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,307.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,307.
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	1,307.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		50 650
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	72,670.
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	72,670.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	72,670.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	esection

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·	(2)	(b)	(0)	(d)
`	(a) Corpus	(b) Years prior to 2008	(c) 2008	2009
1 Distributable amount for 2009 from Part XI,	00.00			
line 7				1,307.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 29,532.				
b From 2005 386,413.				
c From 2006 117,590.				
d From 2007 2,457.				
e From 2008 83,148.			,	
f Total of lines 3a through e	619,140.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: \triangleright \$ 72,670.				
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				1,307.
e Remaining amount distributed out of corpus	71,363.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	690,503.			
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	00 500			
not applied on line 5 or line 7	29,532.		<u>-</u>	<u> </u>
9 Excess distributions carryover to 2010	660 071			
Subtract lines 7 and 8 from line 6a	660,971.			
10 Analysis of line 9:				
a Excess from 2005 386, 413.				
b Excess from 2006 117, 590.				
c Excess from 2007 2, 457.				
d Excess from 2008 83,148. e Excess from 2009 71,363.				
e Excess from 2009 71, 363.		<u> </u>	<u> </u>	

Form 990-PF (2009) HOFER F Part XIV Private Operating F	AMILY FOUND		I.A. guestian (I)		5901598 Page 10
			I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for			. ▶ └	1.0.00.00	1 4040(1/5)
b Check box to indicate whether the found		g foundation described		4942(j)(3) or	J 4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	(4) 0000	(a) Tabel
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					
 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)					
(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			if the foundation	n had \$5,000 or	more in assets
			 		
 Information Regarding Foundation a List any managers of the foundation will 		than 20/ of the total cor	tributions received by th	a foundation hefore the	close of any tay
year (but only if they have contributed			mbudons received by m	e loulination before the	close of any tax
SEE STATEMENT 6					
b List any managers of the foundation we other entity) of which the foundation has			(or an equally large port	tion of the ownership of	a partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation	only makes contributions	to preselected charitable	organizations and does		
the foundation makes gifts, grants, etc.	. (see instructions) to indiv	viduals or organizations	under other conditions,	complete items 2a, b, c,	and d.
a The name, address, and telephone nur	nber of the person to who	m applications should b	e addressed:		
b The form in which applications should	be submitted and informa	tion and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	s, kınds of institutions, oi	other factors:	
					·

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) a Paid during the year SEE STATEMENT 7 **▶** 3a 72,670. Total b Approved for future payment NONE

▶ 3b

Part XVI-A. **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
a b					
c			 	_	
		,			
£			-	<u> </u>	
g Fees and contracts from government agencies				<u> </u>	
2 Membership dues and assessments			<u> </u>	······································	
3 Interest on savings and temporary cash					
investments			14	105.	
4 Dividends and interest from securities					
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					
property]		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					_
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C		-			
d		·····			
e					
12 Subtotal. Add columns (b), (d), and (e)		0.			0. 105.
13 Total. Add line 12, columns (b), (d), and (e)				13	105.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incom			contri	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing id	ilius foi such purposes).			
				·	
				<u>, , , , , , , , , , , , , , , , , , , </u>	
				•	
					

	90-PF	Information Re Exempt Organi		To and Transactions a	43-690 nd Relationships With Nonch			ge 13
1 D	nd the c		* *	llowing with any other organization	n described in section 501(c) of		Yes	No
		-		ion 527, relating to political organi				
a T	ransfer	s from the reporting founda	ition to a noncharitable exen	npt organization of:				
(1	1) Cas	h				1a(1)		_X
(2	2) Oth	er assets				1a(2)		X
b 0	ther tra	insactions:						
(1	1) Sale	es of assets to a noncharitat	ole exempt organization			1b(1)		X
(2	2) Pur	chases of assets from a nor	ncharitable exempt organiza	tion		1b(2)		<u>X</u>
(3	3) Ren	tal of facilities, equipment, o	or other assets			1b(3)		X
-	•	mbursement arrangements				1b(4)		X
•	•	ns or loan guarantees				1b(5)		X
•	•		mbership or fundraising soli			1b(6)		<u>X</u>
			lling lists, other assets, or pa			1c		X
					ays show the fair market value of the goods		ets,	
					e in any transaction or sharing arrangement	, show in		
		` 	other assets, or services rec		(4) -			
a) Line	no	(b) Amount involved		ritable exempt organization	(d) Description of transfers, transactions, an	id sharing arr	angeme	nts
			N	/A				
			4.4					
						···		
	_							
			····					
	_					·····		
	_							
					<u> </u>			
	-							
					ations described			
				o, one or more tax-exempt organiz	ations described		V	No
			than section 501(c)(3)) or	III Section 527 ?		Yes	A	טואו ך
D 11	res,	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relation	nshin		
		N/A	umzution	(b) Type of organization	(e) Boostiphon of Tolako	р		
		N/A						
								
								-
Un	nder pen	alties of perjury, I declare that I h	ave examined this return, including	ng accompanying schedules and stateme	ents, and to the best of my knowledge and belief, it	is true, corre	ct,	
				sed on all information of which preparer i		•		
		XIVU		18-10-201	M TRUSTEE			
စ္ 📗	Sign	ature of officer ontrustee	Λ · Λ · · · · · · · · · · · · · · · · ·	Date 10 70 200	Title			
ਲ 🧖	Olgii	atara or omoor ontrastee	\ 1	vale	y (100			

ORIZON CPAS LLC 16924 FRANCES ST, STE 210 OMAHA, NE 68130-2357

Date

8-10-11

(402) 330-7008 Form **990-PF** (2009)

Preparer's identifying number

Check if self-employed

EIN ▶

Phone no.

Sign Here

Preparer's

signature

Firm's name (or yours ıf self-employed),

address, and ZIP code

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

43-6901598 HOFER FAMILY FOUNDATION Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts ! and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ▶ \$ religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Page 1 of	1	of Part I
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Schedule B i	POIN 990,	, BBU-EZ,	OL ARO-LL) (200 8)

Name of organization

Employer identification number

HOFER FAMILY	FOUNDATI	ON
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43-6901598

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CURTIS & LINDA HOFER 3645 HIDDEN ACRES LANE FT CALHOUN, NE 68023	\$ 23,000.	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)

of Part II

Name of organization

Employer identification number

HOFER FAMILY FOUNDATION

43-6901598

art II	Noncash Property (see instructions)		_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			· · · · · · · · · · · · · · · · · · ·
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	ACCOUNTI	NG FEES		PATEMENT 1
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLE PURPOSES
TAX PREPARATION	500.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	500.	0.		0.
FORM 990-PF	TAX	ES	S'	TATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FEDERAL TAX	2.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
CASH ASSISTANCE TO INDIGENT	12,250.	0.		0.
TO FORM 990-PF, PG 1, LN 23	12,250.	0.		0.
	FOOTN	OTES	S	TATEMENT 4

EXPLANATION OF AMENDED RETURN

THIS RETURN IS BEING AMENDED TO REPORT AN ADDITIONAL \$12,600 OF CONTRIBUTIONS PAID THAT WERE NOT REPORTED ON THE ORIGINALLY FILED RETURN.

FORM 990-PF OTHER FUNDS		STATEMENT	5
DESCRIPTION	(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND	71,683.	9,36	66.
TOTAL TO FORM 990-PF, PART II, LINE 29	71,683.	9,36	66.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAG	ERS	STATEMENT	6

NAME OF MANAGER

CURTIS L. HOFER LINDA M. HOFER

FORM 990-PF

STATEMENT 7

			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
AAA CRISIS PREGNANCY CENTER 6510 SORENSEN PARKWAY OMAHA, NE 68152		PUBLIC CHARITY	1,500.
ABLE NETWORK 180 N. WABASH AVENUE, STE 600 CHICAGO, IL 60601		PUBLIC CHARITY	1,000.
ALLIANCE DEFENSE FUND 15100 N. 90TH STREET SCOTTSDALE, AZ 85260	NONE GENERAL DONATION	PUBLIC CHARITY	4,000.
CAMPUS CRUSADES 808 P STREET, SUITE 209A LINCOLN, NE 68508		PUBLIC CHARITY	1,500.
CAMPUS LIFE YOUTH FOR CHRIST 4468 S 84TH ST OMAHA, NE 68127		PUBLIC CHARITY	750.
CBMC 1065 N 115 ST OMAHA, NE 68154		PUBLIC CHARITY	1,250.
FAMILY FIRST 610 J STREET #10 LINCOLN, NE 68508	NONE GENERAL DONATION	PUBLIC CHARITY	1,250.
FAMILY LIFE P.O. BOX 7111 LITTLE ROCK, AR 72223	NONE GENERAL DONATION	PUBLIC CHARITY	17,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

HOFER FAMILY FOUNDATION			43-6901598
FOCUS ON THE FAMILY 8655 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	NONE GENERAL DONATION	PUBLIC CHARITY	1,500.
GOOD NEWS JAIL & PRISON MINISTRY 710 SOUTH 17TH STREET OMAHA, NE 68102		PUBLIC CHARITY	1,250.
GOSPELINK P.O. BOX 4299 LYNCHBURG, VA 24502	NONE GENERAL DONATION	PUBLIC CHARITY	1,320.
GRACE UNIVERSITY 1311 S 9TH STREET OMAHA, NE 68108	NONE GENERAL DONATION	PUBLIC CHARITY	10,150.
HEARTLAND FAMILY SERVICES 1016 PARK AVENUE OMAHA, NE 68105	NONE GENERAL DONATION	PUBLIC CHARITY	500.
HOPE CENTER 2200 N 20 ST OMAHA, NE 68110	NONE GENERAL DONATION	PUBLIC CHARITY	1,250.
INSIGHT FOR LIVING P.O. BOX 269000 PLANO, TX 75026	NONE GENERAL DONATION	PUBLIC CHARITY	1,250.
JONI AND FRIENDS 30009 LADYFACE COURT AGOURA HILLS, CA 91301	NONE GENERAL DONATION	PUBLIC CHARITY	750.
LIVING FOR ETERNITY P.O. BOX 17480 SAN DIEGO, CA 92131	NONE GENERAL DONATION	PUBLIC CHARITY	1,500.
NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS, CO 80934	NONE GENERAL DONATION	PUBLIC CHARITY	12,500.

HOFER FAMILY FOUNDATION			43-6901598
OPEN DOOR MISSION 2706 N 21 ST E OMAHA, NE 68110	NONE GENERAL DONATION	PUBLIC CHARITY	1,250.
WORLD VENTURE 1501 W. MINERAL AVE. LITTLETON, CO 80120	NONE GENERAL DONATION	PUBLIC CHARITY	3,000.
WYCLIFFE P.O. BOX 628200 ORLANDO, FL 32862	NONE GENERAL DONATION	PUBLIC CHARITY	3,000.
YOUNG LIFE 540 N CASCADE AVENUE COLORADO SPRINGS, CO 80903	NONE GENERAL DONATION	PUBLIC CHARITY	200.
AVANT MINISTRIES 10000 N OAK TRAFFICWAY KANSAS CITY , MO 64155	NONE GENERAL DONATION	PUBLIC CHARITY	1,000.
ALS ASSOCIATION 27001 AGOURA ROAD CALABASAS HILLS, CA 91301	NONE GENERAL DONATION	PUBLIC CHARITY	500.
EVANGELICAL BIBLE CHURCH 7820 FORT STREET OMAHA, NE 68134	NONE GENERAL DONATION	PUBLIC CHARITY	3,000.
MEN AT THE CROSS 1353 LAKE SHORE DR. BRANSON, MO 65616	NONE GENERAL DONATION	PUBLIC CHARITY	500.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		72,670.