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

OMB No 1545-0052 **ഉ**തവ

Inte	mal Re	evenue Service Note: The foundation	may be	able to use a copy of the	s return to satisfy state re	porting requirements							
_		lendar year 2009, or tax year beginni			, 2009, and endi		, 20						
		ck all that apply Initial return	_	Initial return of	of a former public charit	y	Final return						
	_	Amended re	turn	_	s change	Name change	_						
_		Name of foundation		1 1	- 🗸	A Employer identif	ication number						
11	se th	ne IRS											
٠	lab		rton c	:/O KURT TJADEI	J	47-	-0806387						
C			Number and street (or P O box number if mail is not delivered to street address) Room/suite										
	pri	int			, , , , , , , , , , , , , , , , , , , ,	Ite B Telephone number (see	page to of the mandatation						
	or ty	ype. 1125 SOUTH 103RD STE	סבבת	STE 800		140	02) 390-9500						
	•	City or town, state, and 7IP code		31E 000	Ì	C If exemption applica	<u> </u>						
In	struc	ctions. City of town, state, and zir code				pending, check here							
		OMBUR NE COLOA				D 1 Foreign organizat							
_	٥.	OMAHA, NE 68124	5044.	(6)	• •	2 Foreign organizat 85% test, check h							
H-	\neg			(3) exempt private for		computation •							
L		ection 4947(a)(1) nonexempt charitable tru		X Other taxable pri		E If private foundation	status was terminated						
ŀ		11		nting method X C	ash Accrual	under section 507(b)(1)(A), check here . 🕨 🔙						
	•	ear (from Part II, col (c), line		er (specify)	- 	F If the foundation is in	a 60-month termination						
_				olumn (d) must be or	casn basis)	under section 507(b)	1						
Р	art I	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and may not necessarily equal the amounts is column (a) (see page 11 of the instruction	(d) n	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)						
Т	1	Contributions, gifts, grants, etc., received (attach schedu	ule) .		:								
İ	2	Check X if the foundation is not require attach Sch B	ed to										
	3	Interest on savings and temporary cash investm	\cdots										
ļ	4	Dividends and interest from securities .		270,191.	270,191.		ATCH 1						
-	5 a	Gross rents	· · · -										
1		Net rental income or (loss)											
ا ۵		Net gain or (loss) from sale of assets not on line	10	0.									
Revenue	Ď	Gross sales price for all											
اچ ا	7	assets on line 6a Capital gain net income (from Part IV, line	2)		0.								
ž	8	Net short-term capital gain	`-' ` -										
													
ŀ	10 a	Income modification CEIVED .	. d. l										
		Less Cost of goods sold	18										
		Gross profigor (last) Vallagen Schedule) .		0.									
	11	Other income (attach schedule)	SOL										
- 1	12	Total. Add lines 1 through 11.	}≅ ├	270,191.	270,191.								
\neg	13	Compensation of officers directors, mustees, et		0.	·								
	14	Other employee salanes and wages											
امر	15	B											
ž		Legal fees (attach schedule) ATCH	2	102.	0.	0	. (
and Administrative Expens		Accounting fees (attach schedule)											
پّ													
ا≝	17	Interest											
2	18	Taxes (attach schedule) (see page 14 of the instruc		4,535.	1,515.	0	. (
읦	19	Depreciation (attach schedule) and deplet			_,								
틸	20	Occupancy	1										
ĕ١	21	Travel, conferences, and meetings	- 1-										
힑	22	Printing and publications			_		-						
ğ	23	Other expenses (attach schedule) ATCI		297.	0.	0	. (
_	23 24	Total operating and administrative expe			<u> </u>		``````````````````````````````````````						
ĕ	44			4,934.	1,515.	0							
ö	25			273,750.	1,313.		273,750						
- 1	25	Contributions, gifts, grants paid		278,684.	1,515.	0	273,750						
\neg	<u> 26</u>	Total expenses and disbursements Add lines 24 a	ina 25	270,004.	1,313.	<u> </u>	. 213,130						
I	27	Subtract line 26 from line 12		-8,493.									
- [Excess of revenue over expenses and disbursement	· · ·	-0,453.	268,676.		 						
		Net investment income (if negative, enter	· -		200,076.	-0-	 						
- 1	С	Adjusted net income (if negative, enter -	-∪-) l		I	-0-	f .						

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JSA ** ATCH 3

Form 990-PF (2009)

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PAGE 5

E	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End (of year
_		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	307,307.	201,597.	201,597.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts	0.		
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)		* 100,000.	
		Less allowance for doubtful accounts	0.	100,000.	
	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges			
1SS	10 a	Investments - U S and state government obligations (attach schedule)			
`	ŀ	Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) ATCH 5	5,034,549.	5,038,626.	3,887,162.
	14	Land, buildings, and			, , , , , , , , , , , , , , , , , , , ,
	l	equipment basis Less accumulated depreciation (attach schedule) Other assets (describe)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
	"	instructions Also, see page 1, item I)	5,341,856.	5,340,223.	4,188,759.
_	17	Accounts payable and accrued expenses		6,860.	1,100,703.
	18	Grants payable			
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	,, <u></u>		
abi	21	Mortgages and other notes payable (attach schedule)	-		
ت	22	Other liabilities (describe			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,,,,,,,,,,,,,			
	23	Total liabilities (add lines 17 through 22)		6,860.	
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
alances	25	Temporanly restricted	-	 	
<u>a</u>	26	Permanently restricted			
a B	ŀ	Foundations that do not follow SFAS 117.			
Net Assets or Fund		check here and complete lines 27 through 31.			
Ĕ	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SSe	29	Retained earnings, accumulated income, endowment, or other funds	5,341,856.	5,333,363.	
ĕ	30	Total net assets or fund balances (see page 17 of the			
Ne		instructions)	5,341,856.	5,333,363.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	5,341,856.	5,340,223.	
P	art II	Analysis of Changes in Net Assets or Fund			L
		I net assets or fund balances at beginning of year - Part II, co		gree with	
				-	5,341,856.
2		a annual form David Line O.T.	· · · · · · · · · · · · · · · · · · ·		-8,493.
					- 0, 193 .
		bass 1 2 and 2			5,333,363.
		racean not included in line 2 /itemina)			3,333,303.
		I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b) I		5,333,363.
÷		The second of Jose American Miles American	, , , att 11, column (b), 1		3,333,303.

P	art IV Capital Gains	s and Losses for Tax on Inv	vestment Income			
		describe the kind(s) of property sold (enck warehouse, or common stock, 200 s	-	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				D Donation		
b						
c						
d						
е						
_	(e) Gross sales price	:	(h) Gain or (lo (e) plus (f) minu			
_a						
_ <u>b</u>						
<u></u> C					_	
<u>d</u>				<u>-</u>		
_e			<u> </u>			
<u>_</u>	complete only for assets sho	wing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) g	
	(i) F M V as of 12/31/69	col	(k), but not less t Losses (from co			
_a						
_b						
_ <u>c</u>						
_d	<u> </u>					
_e				<u> </u>		
2	Capital gain net income or (not canital loce)	gain, also enter in Part I, line 7 { (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain of	or (loss) as defined in sections 122	2(5) and (6).			
	If gain, also enter in Part I, I	ine 8, column (c) (see pages 13 an	d 17 of the instructions)			
	If (loss), enter -0- in Part I, I	ine 8		3		
Р	art V Qualification Un	der Section 4940(e) for Reduc	ced Tax on Net Investment Inco	ome		
W		ne section 4942 tax on the distributa	able amount of any year in the base	репод?	🗆	Yes X No
<u>"</u>		ot qualify under section 4940(e) Do	ee page 18 of the instructions before	makina	any entries	
_	(a)	·		i making T	(d)	
	Base penod years calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
_	2008	295,083.	3,933,110.			0.075025
_	2007	342,704.	5,285,416.			0.064840
_	2006	282,100.	5,023,962.			0.056151
	2005	293,200.	4,410,682.			0.066475
_	2004	229,452.	4,166,460.			0.055071
2	Total of line 1, column (d)			2		0.317562
3		or the 5-year base period - divide th	ne total on line 2 by 5, or by the	+++		0.011002
•	•	ation has been in existence if less t		3		0.063512
4	Enter the net value of nonc	charitable-use assets for 2009 from	Part X, line 5	4	3,	458,615.
5	Multiply line 4 by line 3		5		219,664.	
6	Enter 1% of net investmen	6 2,6				
7		7		222,351.		
8	Enter qualifying distribution	ns from Part XII, line 4		8		273,750.
	If line 8 is equal to or gre Part VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the in-	structi	ons)	
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 ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,6	87.
	here X and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2		2,6	87.
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-		2,6	87.
6	Credits/Payments Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 3,000.			
b				
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
	Backup withholding erroneously withheld 6d 6d			
7	Total credits and payments Add lines 6a through 6d		3,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed.			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		3	13.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 313. Refunded ▶ 11			
Par	t 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		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the 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			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ (2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			.,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1 1		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_^_
_	If "Yes," attach the statement required by General Instruction T	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or Puretable logicalities, that effectively amonds the government as that are more details discovered that are more details and the control of the control			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		х	
7		7	X	
, 8a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			
Ja	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► NE,			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1		
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	55		
-	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		х
			0-PF ((2009)

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Х

3b

4a

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23	of the instructions). If none.	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<u> </u>	
Total number of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A Summary of Direct Charitable Activities		
Tartix-X Summary of Direct Chantable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical informa of organizations and other beneficianes served, conferences convened, research papers produced, etc.	tion such as the number	Expenses
1 NONE		
2		
2		
3		T
4		
Part IX-B Summary of Program-Related Investments (see page 23 of the inst		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
1 NONE		
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
Total. Add lines 1 through 3		

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. F see page 24 of the instructions)	oreign foundation	ons,
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	3,251,577.
b	Average of monthly cash balances	1b	259,707.
C		1c	0.
d		1d	3,511,284.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,511,284.
4	Cash deemed held for chantable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25	• • • • • • • • • • • • • • • • • • • •	
	of the instructions)	4	52,669.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,458,615.
6	Minimum investment return. Enter 5% of line 5	6	172,931.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) productions and certain foreign organizations check here ▶ ☐ and do not complete		
_			170 001
1	Minimum investment return from Part X, line 6	1	172,931.
2 a		687.	
b	· · · · · · · · · · · · · · · · · · ·		
		. 2c	2,687.
3	Distributable amount before adjustments Subtract line 2c from line 1	• • • • • • • • • • • • • • • • • • • •	170,244.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	170,244.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
_	line 1	7	170,244.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	273,750.
b			0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b	***************************************		0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	273,750.
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 (see page 26 of the instructions)	5	2,687.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	271,063.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the found	<u> </u>

Part XIII Undistributed Income (see page 26 of the instructions)											
		(a)	(b)	(c)	(d)						
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009						
	line 7	· · ·			170,244.						
2	Undistributed income, if any, as of the end of 2009										
a	Enter amount for 2008 only			0.							
	Total for prior years 20 07 20 06 20 05										
3	Excess distributions carryover, if any, to 2009										
	From 2004 18, 203.										
b	From 2005 80,734.										
c	From 2006 66, 039.										
	From 2007 85, 025.			•							
	From 2008 104, 261.										
	Total of lines 3a through e	354,262.									
4	Qualifying distributions for 2009 from Part XII,	·									
	line 4 ▶ \$ 273,750.										
а	Applied to 2008, but not more than line 2a		·	0.							
	Applied to undistributed income of prior years (Election										
٠	required - see page 26 of the instructions)										
_	Treated as distributions out of corpus (Election										
·	required - see page 26 of the instructions)										
d	Applied to 2009 distributable amount				170,244.						
	Remaining amount distributed out of corpus	103,506.		·							
5	Excess distributions carryover applied to 2009										
	(If an amount appears in column (d), the same										
6	amount must be shown in column (a)) Enter the net total of each column as										
•	indicated below:										
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	457,768.									
b	Pnor years' undistributed income Subtract										
_	line 4b from line 2b										
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										
d	Subtract line 6c from line 6b Taxable										
	amount - see page 27 of the instructions				·						
е	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page										
	27 of the instructions			0.							
f	Undistributed income for 2009 Subtract lines										
•	4d and 5 from line 1. This amount must be										
_	distributed in 2010										
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section										
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the										
8	instructions)										
•	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	10 000	1								
	instructions)	18,203.									
9	Excess distributions carryover to 2010.	420 ECE									
	Subtract lines 7 and 8 from line 6a	439,565.									
	Analysis of line 9										
	Excess from 2005 80, 734 . Excess from 2006 66, 039 .										
	05 005										
C											
d	Excess from 2008		}								
	LACESS HOLLI 2009 103, 306.	<u> </u>									

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE								
1 a	a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling													
	foundation, and the ruling	is effective for 2009, enter	the date of the ruling		. ▶									
b	Check box to indicate whe	ether the foundation is a pr	vate operating foundation	n described in section	4942(j)	(3) or 4942(j)(5)								
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total								
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006									
	I or the minimum investment return from Part X for each	İ												
	year listed													
b	85% of line 2a													
C	Qualifying distributions from Part													
	XII, line 4 for each year listed	<u></u>												
u	Amounts included in line 2c not used directly for active conduct of exempt activities													
е	Qualifying distributions made	<u> </u>												
	directly for active conduct of exempt activities. Subtract line													
	2d from line 2c		<u> </u>			ļ <u>.</u>								
3	Complete 3a, b, or c for the alternative test relied upon													
а	"Assets" alternative test - enter	}												
	(1) Value of all assets													
	(2) Value of assets qualifying under section					ļ								
b	4942(j)(3)(B)(i) "Endowment" alternative test-													
	enter 2/3 of minimum invest-					<u>}</u>								
	ment return shown in Part X,			ļ		ļ								
c	"Support" alternative test - enter	-		<u> </u>		 								
·	(1) Total support other than													
	gross investment income	l												
	(interest, dividends, rents, payments on secunties													
	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 sup-													
	port from an exempt organization													
	(4) Gross investment income	<u> </u>												
Pa					ation had \$5,000	or more in assets								
_		during the year - se		structions.)										
1	Information Regarding List any managers of	•		than 20% of the total	L contributions roccus	ad by the foundation								
а	before the close of any	tax year (but only if the	ney have contributed in its	nore than \$5,000) (S	ee section 507(d)(2))	ed by the loundation								
	N/A		•											
	List any managers of	the foundation who	own 10% or more of	the stock of a come	vention for an equally	large portion of the								
U	ownership of a partner					large portion of the								
	, ,	, ,,												
	N/A													
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:										
	Check here ▶ if t	the foundation only	makes contributions	to preselected charit	able organizations a	nd does not accept								
	unsolicited requests f				28 of the instruction	ns) to individuals or								
	organizations under ot	<u>`</u>												
а —	The name, address, an	nd telephone number of	the person to whom a	pplications should be a	nddressed									
b	The form in which apple	ications should be subr	nitted and information	and matenals they sho	uld include									
	N/A			_										
С	Any submission deadli	nes												
	N/A													
d	Any restrictions or li	imitations on awards	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other								
	factors													
JSA	N/A													
JSA 1490 1	000					Form 990-PF (2009)								

9E1

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Duri				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient	Contraction	·
a Paid during the year				
ATT A CLUBATINE 7				
ATTACHMENT 7		1		1
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		<u> </u>		
Total			▶ 3a	273,750
b Approved for future payment				
			i	
	1	}		
	<u> </u>			
Total	<u></u>		▶ 3b	1

For	n 990-	PF (2009	9)			47-	-0806387	Page 12
Pa	irt X	VI-A	Analysis of Income-Produ	ucing Act	ivities			
			unts unless otherwise indicated	I -	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1	Progr	ram sen	vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	function income (See page 28 of the instructions)
	a	10111 JC1	vice revenue					uno mondono y
	— _							
	c							
	d							
	e							
	f							
	-		contracts from government agencies					
2	Mem	bership	dues and assessments					
			rings and temporary cash investments			1.4	070 101	
			nd interest from securities	-		14	270,191.	
			come or (loss) from real estate			-	<u> </u>	
			anced property			+		
£			-financed property					<u> </u>
			ment income					
			from sales of assets other than inventory	i				
			or (loss) from special events	_				
			or (loss) from sales of inventory					
		•	ie a					
	b _							
	c _							
	d _							
	е _			ļ				
			d columns (b), (d), and (e)		•		270,191.	
			ne 12, columns (b), (d), and (e)				13	270,191.
_		VI-B	In line 13 instructions on page 28 to Relationship of Activities			vomnt Dur		
		-	Explain below how each activities	-				stributed importantly to
LI	ne No ▼	ti	the accomplishment of the for page 29 of the instructions)					
_			/A					
			7.8					
_								
_			-					
							-	
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_								
							-	
								

FORTI 990-PF (2009)							47-0806367								Page 13			
Pai	rt XV	11			Regarding nizations		's To	and	d Transactions		s and Rela		lationship	s With	Noncharitable			
1	Did	the	organization	directly	or indirectly	y engage ii	п алу	of the	following	with	any o	ther	organization	described		Yes	No	

1	ın sed	he organization directly ction 501(c) of the Co zations? ters from the reporting fou	ode (other than	section 501(c)(3	3) organ	izations)								Yes	No
a				-	•								1a(1)		х
		ash								• • •			1a(2)		X
ь		transactions						• • • •					74(2)		
Ü		ales of assets to a noncha	untable evennt er	anization.									45/41		Х
												i	1b(1)		X
		urchases of assets from a											1b(2)		X
		ental of facilities, equipme											1b(3)		X
		eimbursement arrangeme								• • •	• • • •		1b(4)		$\frac{\lambda}{X}$
		oans or loan guarantees								• • •			1b(5)		X
	• •	erformance of services or	•	•									1b(6)		X
C		ng of facilities, equipment,	-	-							· . · · ·	٠.٠١	_1c_		
d		answer to any of t		•		-									
		of the goods, other		-		-									
	value	in any transaction or	sharing arrang	ement, show in	column	(d) tr	ie value	of the	goods,	, other	assets	s, ог :	service	es rec	eived
1-11		(h) Amazzak azzakoad	(-) (-)			1	(4) D					1 - 1			
(a) L	ine no	(b) Amount involved	(c) Name of n	onchantable exempt of	organizatio	on		cription of	transfers	s, transa	ctions, an	d shann	д аптап	gemen	ts
		N/A					N/A								
		<u> </u>													
2a	Is the	foundation directly or	indirectly affiliat	ed with, or relate	ed to, o	ne or n	nore tax-e	exempt of	organiza	ations (describe	d in _	,	_	_
	section	n 501(c) of the Code (oth	er than section 5	01(c)(3)) or in sec	tion 5271	?						L	Ye	es 🔛	∐ No
b	If "Yes	s," complete the following	schedule												
		(a) Name of organization	1	(b) Type	of organiz	ation			(c) Descn	ption of re	lationsh	пр		
		·									<u></u>				
		penalties penury, I ded	are that I have exa	imined this return, if preparer (other tha	ncluding a	accompar	nying sched	dules and	stateme	ents, an	d to the	best of	my k	nowled	ge and
ļ	bellei,	it is true correct, and comp	piete Deciaration c	n preparer (onter una	ап тахрау	er or nau	ciary) is ba	iseu on a	ir imorm	auon oi	which p	reparer	nas ar	ту клоч	weage
1	N _	MMV. XI	/UF				11/12	110	_	Di	ecto	-			
5	Sı	gnature of officer or trystee					Date			Title					
윈				••		Date		Ch-si				arer's I			
Sign Here	ح ہے۔	Preparer's]]			1	1	Check self-e	k if mployed	₃ ⊳ [oer (Se 30 of th			n
Si	on the	signature	4 NOA			II/U	12010		, , 3		1	1764			
- 1	Paid Preparer's Use Only	Firm's name (or yours	DELIPIT	TE TAX LLP						EIN >	86-1	0657	72		
	⊼⊃	self-employed), address	.UP IESY D	ODGE STREET	r										
_		and ZIP code	омана,	NE			68	102		Phone	no 40	2-34	6-7	788	
												Fo	om 99	0-PF	(2009)

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

NET INVESTMENT INCOME	46,478. 231,281. -7,568.	270,191.
REVENUE AND EXPENSES PER BOOKS	46,478. 231,281. -7,568.	270,191.
		TOTAL
DESCRIPTION	DIVIDENDS INTEREST INCOME BOND PREMIUM AMORTIZATION	

ATTACHMENT 1

:

ATTACHMENT 2

FEES
LEGAL
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PART
990PF.
ORM

CHARITABLE PURPOSES	.0	0
ADJUSTED NET INCOME	.0	0
NET INVESTMENT INCOME	. 0	0
REVENUE AND EXPENSES PER BOOKS	102.	102.
		TOTALS
DESCRIPTION	LEGAL FEES	

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CHARITABLE PURPOSES		0
ADJUSTED NET INCOME	0	0
NET INVESTMENT INCOME	1,515.	1,515.
REVENUE AND EXPENSES <u>PER</u> BOOKS	1,515. 3,020.	4,535.
		TOTALS
DESCRIPTION	FOREIGN TAXES OTHER TAXES	

ATTACHMENT 3

EXPENSES	
OTHER	
1	
Н	ŀ
PART	
990PF,	
FORM	

CHARITABLE <u>PURPOSES</u> 0.	0
ADJUSTED NET INCOME 0.	0
NET INVESTMENT INCOME 0.	0
REVENUE AND EXPENSES PER BOOKS 297.	297.
DESCRIPTION MISCELLANEOUS OTHER EXPENSES	TOTALS

ATTACHMENT 5	ENDING ENDING BOOK VALUE FMV.	609,140. 633,200. 2,547,266. 2,401,042. 1,882,220. 852,920.	5,038,626.
FORM 990PE, PART II - OTHER INVESTMENTS	DESCRIPTION	MUTUAL FUNDS FIXED INCOME EQUITIES	TOTALS

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6

EXPENSE ACCT AND OTHER ALLOWANCES	. 0	·	·o	0
CONTRIBUTIONS EXTO EMPLOYEE REPORTED TO EMPLOYEE		·o	·o	0.
COMPENSATION	ó	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR	DIRECTOR	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS	RICHARD JAROS 1160 N. GREEN BAY ROAD LAKE FOREST, IL 60045-1104	LORI JAROS 1160 N. GREEN BAY ROAD LAKE FOREST, IL 60045-1104	SARA OTEPKA 1160 N. GREEN BAY ROAD LAKE FOREST, IL 60045-1104	

Jaros Family Foundation
Part XV, Line 3, Grants and Contributions Paid During the Year or Approved for Future Payment
47-0806387

Donee Name	Address	If Recipient is an individual, show any relationship to any toundation manager or substantial contributor		Purpose of grant or contribution	Amount
Done Name	Addless	CONTRIBUTION	reapiera	CONTRIBUTION	Alliount
Cystic Fibrosis Foundation	6931 Arlington Road, 2nd Floor Bethesda, Maryland 20814	None	Public	Chantable	2,000
Peace Corps	1111 20th St. NW Washington, DC 20526	None	Public	Chantable	500
Youth With A Mission	P O Box 26479 Colorado Springs CO 80936	None	Public	Chantable	200
Lake Forest Academy	1500 West Kennedy Road Lake Forest, IL 60045	None	Public	Chantable	225,000
St Cecelia	1300 First Avenue, Seattle, WA, 98101	None	Public	Chantable	1.000
One Call for All	PO Box 10487 Bainbridge Island WA 98110	None	Public	Chantable	1.000
Heifer International	1 World Avenue Little Rock AR 72202	None	Public	Chantable	200
The Leukemia Lymphoma Society	P O Box 4072 Pittsfield MA 01202	None	Public	Chantable	1.000
Woman's Board of Rush University Med Ctr	676 N St Clair St, Ste 1717, Chicago IL 60611	None	Public	Chantable	3.550
WCHA Pink Ribbons Angels (id 6056824)	520 Rose Lane Wickenburg AZ 85390	None	Public	Chantable	300
Wickenburg Community Hospital Foundation	520 Rose Lane Wickenburg AZ 85390	None	Public	Chantable	200
Children's Memorial Hospital	2300 Children's Plaza, Chicago IL 60614	None	Public	Chantable	200
Woman's Board of Rush University Med Ctr	676 N St Clair St, Ste 1717, Chicago IL 60611	None	Public	Chantable	5,000
American Cancer Society	P O Box 22718 Oklahoma City OK 73123-1718	None	Public	Chantable	500
Radio Shine	3741 Kango Lane Prescott AZ 86303	None	Public	Chantable	300
AK-SAR-BEN Foundation	8707 West Center Road, Suite 101 Omaha NE 68124	None	Public	Chantable	1.000
Zachanas Sexual Abuse Center	4275 Old Grand Avenue, Gumee, IL 60031	None	Public	Chantable	1.000
Children's Memorial Foundation	2300 Children's Memonal Plaza, Box 4 Chicago IL 60614-3363	None	Public	Chantable	500
Lake Forest Academy	1500 West Kennedy Road Lake Forest IL 60045	None	Public	Chantable	20,000
Children's Memorial Hospital	2300 Children's Plaza, Chicago IL 60614	None	Public	Chantable	2.000
Woman's Board of Rush University Med Ctr	676 N St Clair St, Ste 1717, Chicago IL 60611	None	Public	Chantable	400
Greater Bethel Temple	236 N 25th St Omaha NE 68111	None	Public	Chantable	500
Christopher Quon Memorial Foundation	Northern Trust Bank 9595 S Waukegan Lake Forest IL 60045	None	Public	Chantable	200
Wickenburg Foundation for Arts	2001 W Wickenburg Way, Wuite 3 Wickenburg AZ 85390	None	Public	Chantable	5.000
Habitat for Humanity	170 April Dr, Ste A, Ann Arbor Michigan 48103	None	Public	Chantable	200
Bainbridge Island Land Trust	221 Winslow Way W #103 Bainbridge Isle, WA 98110-4916	None	Public	Chantable	1.000
One Call for All	PO Box 10487 Bainbridge Island WA 98110	None	Public	Chantable	1,000
Total contributions made by Jaros Family Found	dation			-	273,750

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the I Internal Revenue S		File a separate application for each return.										
 If you are fi 												
	 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unlesson have already been granted an automatic 3-month extension on a previously filed Form 8868 											
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed)										
		file Form 990-T and requesting an automatic 6-month extension - check this box ar	nd complete									
Part I only												
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 turns	104 to request an extension of									
one of the rel electronically i returns, or a co	turns note f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autorid below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for City.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form									
Type or	Name of	Exempt Organization	Employer Identification number									
print	JAF	OS FAMILY FOUNDATION C/O KURT TJADEN	47-0806387									
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions										
due date for	112	5 SOUTH 103RD STREET, STE 800										
filing your return See	City, towr	or post office, state, and ZIP code. For a foreign address, see instructions										
instructions		HA, NE 68124										
$\overline{}$		be filed (file a separate application for each return)										
Form 990			m 4720									
Form 990			m 5227									
Form 990			m 6069									
X Form 990-	-PF	Form 1041-A Form	m 8870									
		02 390-9500 FAX No ▶										
If the organiIf this is for a for the whole g	ization doe a Group R iroup, chee	es not have an office or place of business in the United States, check this box eturn, enter the organization's four digit Group Exemption Number (GEN) ck this box . If it is for part of the group, check this box If it is for part of the group is the gr										
1 i request	t an au	tomatic 3-month (6 months for a corporation required to file Form	n 990-T) extension of time									
until		08/15 2010 , to file the exempt organization return for the organization is return for:	named above. The extension is									
ior the org	gariization	s return for.										
▶ X	calendar	year <u>2009</u> or										
▶ ∐	tax year b	eginning, and ending	··									
2 If this tax y	year is for	less than 12 months, check reason	Change in accounting period									
, ,		s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, la	' i i									
		its. See instructions	3a \$ 2,917.									
• •		s for Form 990-PF or 990-T, enter any refundable credits and estimated tax pa	· 1 1									
		and year overpayment allowed as a credit act line 3b from line 3a. Include your payment with this form, or, if required,	3b \$ 5,834.									
		or, if required, by using EFTPS (Electronic Federal Tax Payment System	· P.A.									
instruction	•	or, in required, by using the in a factionic reactal lax rayment system										
		to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	3c \$									
for payment inst		to make an electronic land withdrawal with this routh 6000, see Foliti 6453-EO and) + GIII 0015-EO									
	_	ework Reduction Act Notice, see Instructions	Form 8868 (Pay 4 2009)									

	8868 (Res		_																	Page 2
• If	you ar	e filing for an Additiona	I (No	ot A	Auton	matic)	3-M	onth E	Exten	sion,	omplete o	nly P	art II	anc	check this	box				► X
		complete Part II if you											ision (on .	a previously	filed	Form	188	88	
• If	you ar	e filing for an Automatic	3-M	Mor	nth Ex	xtens	ion, c	compl	lete o	nly Pa	rt I (on pag	e 1).								
Pa	rt II 🗸	Additional (Not Aut	tom	ati	tic) 3	-Mor	nth E	Exter	nsio	n of T	ime. Onl	y file	the	or	iginal (no	cop	ies i	nee	ded).	
Tvn	e or	Name of Exempt Organi	zation	n								T		Т	Employer ide	entific	ation	กบท	per	
prin		JAROS FAMILY	FOU	JNE	DATI	ON (C/0	KUR	т та	JADEN		-	, .'	1	47-080	638	7			
	y the	Number, street, and roo	m or s	suit	ite no	lla P (O box	k, see II	nstruc	เดกร		1.			For IRS use o	nły				
exten	ded	1125 SOUTH 10	3RD) 9	STRE	EET,	STE	E 80	0			رسر ا								
filing	due date for filing the return. See instructions OMAHA, NE 68124											: -7	32	. y ^-x* }	表示。	عمر . تاتيو				
												•	: 4		£					
Che	ck type	e of return to be filed (I	File a	a se	separa	ate ap	plica	tion fo	or eacl	h returi	n)									
	7	n 990	X	7	Form		•				•			F	orm 1041-A	4		$\bigcap F_i$	orm 6	069
	Form	n 990-BL		7 6	Form	990-	T (se	c 40	1(a) o	r 408(a) trust)			F	orm 4720			\exists_{F_i}	orm 8	870
	Form	n 990-EZ		⊣			•			an abo					orm 5227		L.			
STO		not complete Part II if	you									onth	exte			eviol	sly f	iled	Form	8868.
		ks are in the care of																		
			-95							FAX	No ▶							-		
• If	the org	ganization does not hav	e an	off	ffice o	or plac	ce of	busin	ess in	the U	nited States	, che	ck this	s bo	OX			<u>-</u>	1	ightharpoonup
• If	this is i	for a Group Return, ente	r the	e or	organia	zation	n's for	ur dıgı	ıt Gro	up Exe	mption Nun	ber	(GEN)		If th	นรเร	•	• • •	
for t	he who	ole group, check this bo	x] If	ıt is f	for par	rt of th	ne gro	ıp, check ti	nis bo	Эх	´ _	▶ and a	attacl	n a			
		names and EINs of all											• •	•						
4	I requ	est an additional 3-mor	nth ex	xte	ension	n of tir	me u	ntıl	11/	15/2	010									
5	For ca	alendar year 2009, o	roth	rer	r tax y	ear b	eginn	nng _				a	nd er	ndir	ng		•			
6	If this	tax year is for less than	12 i	ma	onths,	, checl	k reas	son _		nitial r	eturn	Fin	al ret	urn	Ch	ange	ın a	CCOL	ınting	period
7		in detail why you need									SPECTFU					_			_	•
	ADDI	TIONAL EXTENSIO	N O	F	TIM	E TC) GA	THE	R TH	E IN	FORMATI	ON I	NECE	SS	ARY TO	PRE	PARE	Ξ		
	AND	FILE A COMPLETE	AN	ID	ACC	URAT	re i	NCO	ME T	AX R	ETURN.									
																	_			
8 a	If this	application is for Form	n 990	0-E	BL, 99	90-PF	. 990)-T, 4	720,	or 60	39, enter ti	he te	ntativ	/e t	ax, less an	y				
	nonre	fundable credits. See in	struc	ctio	ons.				<u></u>								8a \$	\$	2,	768.
b	If this	application is for Form	990-)-PF	F, 990	0-T, 4	720,	or 60	069, 6	enter a	ny refunda	ble c	redits	ar	nd estimated	Ľ	Gr.			
	tax pa	ayments made, Include	any	y p	prior	year	over	paym	ent a	llowed	as a cred	it ar	nd an	уа	mount paid	1				
		ously with Form 8868.															8ь 1	_	6,	652.
C		ce Due. Subtract line 8																		
	with F	TD coupon or, if require	ed, by	yи	using 1	EFTPS	S (Ele	ectron	ic Fed	ieral T	ax Payment	Syst	em) (See	instruction	s.	8c 1			
											/erification									
		es of perjury, I declare that I ct, and complate, and that I am							ng acc	ompany	ng schedules	and s	laleme	nts,	and to the be	st of	my k	nowle	dge an	d belief,
11 15 111	ue, come	ci, and pointplete, and that I am	· autili	101121	200 to p	nehare	11115 101	1111												
		(//L / //	9								· CPM	1					8	٦,	ر جد	
Signa	ture 🕨									Tille	<u>▶ </u>				D					
	-	ELOITE TAX KL	_													١	om E	3868	(Rev	4-2009)
		601 DODGE STREE	Т																	
	Oi	MAHA/ UNE 68102																		

