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Form **990-PF** Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For c	alendar year 2010, or tax year beginning		, and ending		
G C	heck all that apply: Initial return		rmer public charity	Final return)
	Amended return	Address chang	ge	Name change	
Nan	ne of foundation			A Employer identification	number
	JERRY E. PONCHER FAMI			36-6140417	
Num	ber and street (or P O box number if mail is not delivered to street			B Telephone number	70
<u> </u>	C/O RSM MCGLADREY 20	N. MARTINGAL	E RD. 500	424-652-70	
City	or town, state, and ZIP code SCHAUMBURG, IL 60173	_2420		C if exemption application is p D 1. Foreign organization:	
<u></u>	heck type of organization: X Section 501(c)(3) ex			2. Foreign organizations mi check here and attach co	eeting the 85% test,
<u>"-</u> "	Section 4947(a)(1) nonexempt charitable trust		ition		
I Fa	r market value of all assets at end of year J Accounting		Accrual	E if private foundation sta under section 507(b)(1	
	om Part II. col. (c), line 16)	ner (specify)		F If the foundation is in a	•
		mn (d) must be on cash t	basis.)	under section 507(b)(1	
Pa	Tt I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	807,900.		N/A	
	2 Check If the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	529.	529.		STATEMENT 1
	4 Dividends and interest from securities	6,222.	6,182.		STATEMENT 2
	5a Gross rents	<14.	> <14.	>	STATEMENT 3
	b Net rental income or (loss) <14.>	81,544.			
ne	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 108,737.	01,344.			<u> </u>
Revenue	7 Capital gain net income (from Part IV, line 2)		81,544.		
Re	8 Net short-term capital gain		,		
	9 Income modifications				
	Gross sales less returns and allowances				
	b Less Cost of goods sold				·
	c Gross profit or (loss)				
	11 Other income	6,105.	6,093.		STATEMENT 4
	12 Total. Add lines 1 through 11	902,286.	94,334.		0.
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages 15 Pension plans, employee benefits				
es	16a Legal fees				
enses	b Accounting fees STMT 5	5,270.	2,635.		2,635.
	c Other professional fees				
Ş.	17 Interest	27,813.	27,813.		0.
rrati	18 Taxes STMT 6	451.	451.		0.
nist	19 Depreciation and depletion				
Ē	20 Occupancy				
Operating and Administrative Exp	21 Travel; conferences; and meetings			 	
l an	22 Printing and publications 3	15,710.	15,710.		0.
ting	24. Total operating and administrative	15,710.	13,710.		
era	expenses. Add lines 13 through 23	49,244.	46,609.		2,635.
Ö	25 Contributions, grits, grants paid	125,640.			125,640.
,	26 Total expenses and disbursements.				T T
	Add lines 24 and 25	174,884.	46,609.		128,275.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	727,402.	<u> </u>		
	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		47,725.	N/A	
		ī		1 11/12	

LHA For Paperwork Reduction Act Notice, see the instructions.

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,575,76
2	Enter amount from Part I, line 27a	2	727,40
3	Other increases not included in line 2 (itemize)	3	

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases 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 0. 6 2,303,166.

Form **990-PF** (2010)

023511 12-07-10

36-6140417

		(s) of property sold (e.ç common stock, 200 sh		<u>. </u>	(b) Ho P - D -	w acquired Purchase Donation	(c) (r	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
a				···	ļ		<u> </u>		
b SEE ATTACHED	STATE	EMENT			ļ		 		
<u> </u>			_		 	<u> </u>			
<u>d</u> e					 		 		
(e) Gross sales price	1 ''	preciation allowed or allowable)	1 107	st or other basis xpense of sale			(6	(h) Gain or (loss) plus (f) minus	
a									
b									
<u>C</u>	ļ								
d 400 727	ļ. ——			27 10	-				01 544
e 108,737.		lump (h) and award hu	the foundation	27,19	3.		(I) O-	(0-1 (5)	81,544
Complete only for assets shown	 						(I) Ga col. (k)	ıns (Col. (h) gaır , but not less tha	ı mınus ın -0-) or
(i) F.M.V. as of 12/31/69		Adjusted basis s of 12/31/69		cess of col. (ı) col. (ı), if any		·		sses (from col.	
	ŭ.	3 01 12 0 1/03							
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<u> </u>	 		-		-			.	81,544
<u></u>		<u> </u>	<u> </u>		$\overline{}$	1			01,544
Capital gain net income or (net c	apıtal loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -} \end{cases} $	er in Part I, line 0- in Part I, line	<i>7</i> 7	}	2			81,544
Net short-term capital gain or (lo	•		ınd (6):		٦				
If gain, also enter in Part I, line 8,		•			- }			3T / 7	
								N / 4	
or optional use by domestic privat	Jnder Se te foundation						ncon	N/A	
Part V Qualification User optional use by domestic private section 4940(d)(2) applies, leave to a the foundation liable for the section 4940, the foundation does not qualification to the section of t	Under Se te foundation this part blan ction 4942 ta alify under se	is subject to the section ik. ix on the distributable al ection 4940(e). Do not c	4940(a) tax on mount of any year of this part of the p	net investment ii ear in the base pe irt.	ncome.		ncon		
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023531

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations,	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.
þ	Average of monthly cash balances	1b	205,388.
C	Fair market value of all other assets	10	2,544,669.
d	Total (add lines 1a, b, and c)	1d	2,750,057.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,750,057.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,251.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,708,806.
6	Minimum investment return. Enter 5% of line 5	6	135,440.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	135,440.
2a	Tax on investment income for 2010 from Part VI, line 5		
Ь	2 3 4 0		
-		2c	3,295.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	132,145.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	132,145.
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	132,145.
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	22	100 075
a	• • • • • • • • • • • • • • • • • • • •	1a	128,275.
b	Program-related investments - total from Part IX-B	1b	···
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:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	100 075
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	128,275.
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	128,275.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualities to	T THE SECTION

Page 9

1 Describable amount for 2010 from Part XI, Inter 7 2 tradesculard recens, it any, as of the and of 2010 a Enter amount for 2009 only b Total for part years: 3 Excess distributions carryover, if any, to 20 10: a From 2005 b From 2006 c From 2006 c From 2007 d From 2009 c From 2009		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
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b Excess from 2007 c Excess from 2008 d Excess from 2009	i i				
c Excess from 2008 d Excess from 2009					
d Excess from 2009					
	———				

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Part XV Supplementary Informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	<u> </u>	
Recipient Name and address (home or business)	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
	or substantial contributor	recipient		
a Paid during the year				
			İ	
SEE STATEMENT 10			,	
Total			▶ 3a	125,640
b Approved for future payment	T			·
NONE				
NONE				
		1		
		1		
	<u> </u>			
Total 023611 12-07-10			▶ 3b	0 orm 990-PF (2010
			Г	いいこうごしード に (とり 10

Form 990-PF (2010) JERRY E. PON	CHER FAMILY	FOUNDATIO	N	36-6	140417 Page 12
Part XVI-A Analysis of Income-Pro	ducing Activities	;			
Enter gross amounts unless otherwise indicated.	Unrelated but	siness income	Exclude	ed by section 512, 513, or 514	(e)
Effet gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
	(a) Business	Amount	SION	Amount	function income
1 Program service revenue:	code		code	Amount	Tunicuon meente
a		·			
b					
C					
d					•
e					
f	_				- · · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies	_		 		
	 		 		-
2 Membership dues and assessments					
3 Interest on savings and temporary cash			امدا	E20	
investments			14	529.	
4 Dividends and interest from securities			14	6,222.	
5 Net rental income or (loss) from real estate:			₹,	, i	* * * * * * * * * * * * * * * * * * * *
a Debt-financed property					<14.
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·			
6 Net rental income or (loss) from personal				**	
property			1 1		
7 Other investment income	525990	<589.	111	6,682.	
	323330	\303.	<u> </u>	0,002.	
8 Gain or (loss) from sales of assets other	525990	26,149.	18	EE 20E	
than inventory	343330	20,149.	그의	55,395.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		
a FEDERAL EXCISE TAX					
b REFUND					12.
C					
d			1 1		
e					
12 Subtotal. Add columns (b), (d), and (e)	- **	25,560.		68,828.	<2.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	94,386.
	an \			'' <u></u>	31,3001
(See worksheet in line 13 instructions to verify calculation					
Part XVI-B Relationship of Activitie	es to the Accom	olishment of E	kempt	Purposes	
Line No. Explain below how each activity for which	income is reported in co	lumn (e) of Part XVI-A	contribu	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other					
5A RENTAL REAL ESTATE I	NCOME (LOSS)	FROM VOYA	GER	PARTNERS, L.F	PASSTHRU
	1,00112 (2000)				
					
		<u> </u>			
	<u>_</u>				
		·· · · · · · · · · · · · · · · · · · ·			
	· ·				
ı					

023621 12-07-10

Form 990-F	PF (2010) JERRY	E. PONCHER FAM	ILY FOUNDATIO	N 36-614	10417 Page 13
Part X				nd Relationships With Nonch	aritable
1 Did th	ne organization directly or indi	rectly engage in any of the followi	ng with any other organization	described in section 501(c) of	Yes No
the Co	ode (other than section 501(c))(3) organizations) or in section 5	27, relating to political organiza	ations?	
a Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:		
(1) (Cash				1a(1) X
(2) (Other assets				1a(2) X
b Other	transactions:				
(1) 5	Sales of assets to a noncharita	ble exempt organization			1b(1) X
(2) F	Purchases of assets from a no	ncharitable exempt organization			1b(2) X
(3) F	Rental of facilities, equipment,	or other assets			1b(3) X
					1b(4) X
		_			1b(5) X
(6) F	Performance of services or me	embership or fundraising solicitati	ons		1b(6) X
c Shari	ing of facilities, equipment, ma	uling lists, other assets, or paid en	nployees		1c X
				ays show the fair market value of the goods	, other assets,
or se	rvices given by the reporting for	oundation. If the foundation receiv	ved less than fair market value	in any transaction or sharing arrangement,	, show in
colun	nn (d) the value of the goods,	other assets, or services received			
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d sharing arrangements
		N/A			
					<u></u>
					
			<u> </u>		
ın se	ction 501(c) of the Code (others," complete the following sch	er than section 501(c)(3)) or in sec nedule.	ction 527?		Yes X No
		ganization	(b) Type of organization	(c) Description of relation	nship
	N/A	· <u> </u>			
		·			
		<u> </u>			
		···-			
Sign Here	and complete (14) and prep	for (other than taxpayer or fiduciary) is		reparer has any knowledge /// PRESIDENT	Deliet, it is true, correct,
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets Differ transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, maining lists, other assets, or paid employees I the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line in (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under positions of programs schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under positions of programs schedule.					
	Print/Type preparer's n	ame Preparer's	ا ممارة	self- employed	V
Daid	DAVID GUAL	KGTON)	X / X / M / M / M / M / M / M / M / M /	11/4/u	

847-413-6900

Use Only

Fırm's EIN ▶

Phone no.

Preparer Firm's name ▶ RSM MCGLADREY, INC.

Firm's address ▶ 20 NORTH MARTINGALE RD., SUITE 500

SCHAUMBURG, IL 60173

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization JERRY E. PONCHER FAMILY FOUNDATION 36-6140417 Organization type (check one): Filers of: Section: Form 990 or 990-EZ J 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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.

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

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

JERRY E. PONCHER FAMILY FOUNDATION

36-6140417

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREAT RIVER PRODUCTIONS INC. PROFIT SHARING PLAN 11111 SANTA MONICA BLVD, STE 1800 LOS ANGELES, CA 90025	\$ 807,900.	Person X Payroll
(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
023452 12-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

of Part II

Name of organization

Employer identification number

JERRY E. PONCHER FAMILY FOUNDATION

36-6140417

Part 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

of Part III Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization Employer identification number 36-6140417 PONCHER FAMILY FOUNDATION JERRY E. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part IV Capital Gains and Lo	isses for fax on investment income				
(a) List and 2-story b	d describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a VOYAGER SPECIA		<u> </u>	P	VARIOUS	VARIOUS
b VOYAGER SPECIA			P	VARIOUS	VARIOUS
c VOYAGER SPECIA		1256 (40%)	P	VARIOUS	VARIOUS
d VOYAGER SPECIA		1256 (60%)	P	VARIOUS	VARIOUS
e VOYAGER PARTNE			P	VARIOUS	VARIOUS
VOYAGER PARTNE			- P	VARIOUS	VARIOUS
Q VOYAGER PARTNE		1	P	VARIOUS	VARIOUS
h VOYAGER PARTNE			P	VARIOUS	VARIOUS
VOYAGER PARTNE		· ·	P	VARIOUS	VARIOUS
- VOIAGER IZETINE	MB BECTTON 123	(000)		111111111111111111111111111111111111111	VILLEGOD
k				+	
Ì	··			 	
m				 	
n		······································		†	
0	-	· · · · · · · · · · · · · · · · · · ·	-	 	
	(f) Depreciation allowed	(g) Cost or other basis		h) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)	
a 27,972.	I	 			27,972.
b	-	23,156.			<23,156.
C	 	928.			<928.
d	 	1,391.			<1,391.
e 23,531.	1				23,531.
f 57,234.					57,234.
	 	1,616.			<1,616.
<u>g</u> h	·· ·	41.			<41.
1	-	61.			<61.
	<u> </u>				
<u>k</u>				•	
1					•
<u>m</u>	· · · · · · · · · · · · · · · · · · ·				
n					
0					
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	osses (from col. (h))
<u> </u>	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain ove	ér col. (k),
(I) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but	not less than "-0-")	
a					27,972.
b					<23,156.
С					<928.
d					<1,391.
e	<u> </u>	1		••	23,531.
f					57,234.
g				- -	<1,616.
h				-	<41.
1			·		<61.
1					
k			-		
1					
m					
n			<u> </u>		
0				··· <u>-</u>	
	11	on Dod Line 7		-	
2 Capital gain net income or (net o	capital loss) { If gain, also enter "-	r in Part I, line 7 0-" in Part I, line 7	2		81,544.
	oss) as defined in sections 1222(5) a	, I			
If gain, also enter in Part I, line 8		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
If (loss), enter "-0-" in Part I, line	8		3	N/A	

FORM 990-PF INTEREST ON SAVINGS AND	TEMPORARY CA	ASH I	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
SMITH BARNEY VOYAGER PARTNERS VOYAGER SPECIALISTS			_	14	59. 16. 24.
TOTAL TO FORM 990-PF, PART I, LINE 3,	, COLUMN A		=	5:	29.
FORM 990-PF DIVIDENDS AND IN	NTEREST FROM	SECU	RITIES	STATEMENT	2
SOURCE GF	ROSS AMOUNT		TITAL GAINS	COLUMN (A AMOUNT)
VOYAGER PARTNERS VOYAGER PARTNERS - TAX/EXEMPT VOYAGER SPECALISTS	4,552. 40. 1,630.		0. 0. 0.	4,5 1,6	40.
TOTAL TO FM 990-PF, PART I, LN 4	6,222.		0.	6,2	22.
FORM 990-PF RENTAL	LINCOME			STATEMENT	3
KIND AND LOCATION OF PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INC	OME
FROM VOYAGER PARTNERS, L.P. PASSTHRU			1	<.	1 4. >
TOTAL TO FORM 990-PF, PART I, LINE 54	A		=	<:	14.>
FORM 990-PF OTHE	ER INCOME	_		STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
VOYAGER PARTNERS, LP VOYAGER SPECIALISTS, LP FEDERAL EXCISE TAX REFUND		940. 153. 12.	3,940 2,153 0	•	
TOTAL TO FORM 990-PF, PART I, LINE 13	1 6,	105.	6,093	•	

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME					
ACCOUNTING FEES	5,270.	2,635	•	2,635.			
TO FORM 990-PF, PG 1, LN 16B	5,270.	2,635		2,635.			
FORM 990-PF	TAX	ES		STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE E PURPOSES			
FOREIGN TAX	451.	451	. •	0.			
TO FORM 990-PF, PG 1, LN 18 =	451.	451	.•	0.			
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7			
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOM				
DEDUCTIONS RELATED TO PORTFOLIO INCOME-VOYAGER OTHER DEDUCTIONS NONDEDUCTIBLE EXPENSES	15,618. 89. 3.	89		0. 0. 0.			
TO FORM 990-PF, PG 1, LN 23	15,710.	15,710).	0.			
FORM 990-PF	OTHER INV	ESTMENTS	· · · · · · · · · · · · · · · · · · ·	STATEMENT 8			
DESCRIPTION		LUATION ETHOD E	BOOK VALUE	FAIR MARKET VALUE			
VOYAGER PARTNERS VOYAGER SPECIALISTS		COST COST	465,104. 357,126. 750,000.	705,932. 375,433. 750,000.			
PENNANT CREDIT OFFSHORE FUND TOURMALET MATAWIN OFFSHORE II		COST	481,000.	481,000.			

FORM 990-PF	OTHER LIABILITIES				STATEMENT 9		
DESCRIPTION	SCRIPTION		UNT	EOY AMOUNT			
DUE TO JLK ASSOCIATES DUE TO LYLE PONCHER TOTAL TO FORM 990-PF, PART II, LINE 22		92	1,005.				
		93,574.					
	S AND CONTRIBUTION D DURING THE YEAR	S		STATI	EMENT	10	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELA AND PURPOSE O			PIENT ATUS	AMOU	NT	
COLLAGE DANCE THEATRE 2934 1/2 BEVERLY GLEN CIRCLE, SUITE 25 LOS ANGELES, CA 90077	NONE CHARITABLE				4,7	00.	
ESALEN INSTITUTE 55000 HIGHWAY 1 BIG SUR, CA 93920	NONE EDUCATIONAL				5,0	00.	
GUNA FOUNDATION 2018 ALLSTON WAY BERKELEY, CA 94704	NONE CHARITABLE				7,5	00.	
HUMAN RIGHTS ACTION CENTER 451 FIRST STREET SE WASHINGTON DC 20003	NONE , CHARITABLE				5,0	00.	
INSTITUTE FOR JEWISH SPIRITUALITY 330 SEVENTH AVE SUITE 1401 NEW YORK, NY 10001	NONE CHARITABLE				7,5	00.	
IRA SOHN FOUNDATION, INC. 21 WEST 38TH STREET, 5TH FLOOR NEW YORK, NY 10018	NONE CHARITABLE				4,0	00.	

JERRY E. PONCHER FAMILY FOUNDAT	, .	36-6140417
KCRW 1900`PICO BOULEVARD SANTA MONICA, CA 90405	NONE CHARITABLE	1,500.
LIBERTY HILL 6420 WILSHIRE BOULEVARD, SUITE 700 LOS ANGELES, CA 90048	NONE CHARITABLE	500.
LOS ANGELES SMALL SCHOOLS CENTER 350 S. BIXEL STREET, SUITE 100 LOS ANGELES, CA 90017		5,000.
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVE. NW, SUITE 600 WASHINGTON, DC 20001		2,500.
METIVTA 10880 WILSHIRE BLVD STE 920 LOS ANGELES, CA 90024	NONE CHARITABLE	20,090.
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	NONE EDUCATIONAL	2,500.
SPIRIT ROCK MEDITATION CENTER 5000 SIR FRANCIS DRAKE BOULEVARD WOODACRE, CA 94973		1,000.
THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605	NONE CHARITABLE	500.
THE TREVOR PROJECT 8704 SANTA MONICA BLVD., STE. 200 WEST HOLLYWOOD, CA 90069	NONE CHARITABLE	250.
TRICYCLE FOUNDATION 92 VANDAM STREET NEW YORK, NY 10013	NONE CHARITABLE	1,500.

JERRY E. PONCHER FAMILY FOUNDAT	ION	36-6140417
WESTERN CENTER ON LAW AND POVERTY 3701 WILSHIRE BOULEVARD, SUITE 208 LOS ANGELES, CA 90010	NONE CHARITABLE	1,000.
WILDWOOD SCHOOL 11811 WEST OLYMPIC BLVD LOS ANGELES, CA 90064	NONE EDUCATIONAL	54,500.
WILSHIRE BOULEVARD TEMPLE 3663 WILSHIRE BLVD LOS ANGELES, CA 90010	NONE CHARITABLE	100.
WORLDWIDE ORPHAN'S FOUNDATION 515 VALLEY STREET SUITE 201 MAPLEWOOD, NJ 07040	NONE CHARITABLE	1,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	125,640.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If vo	are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box			X	
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
•	complete Part II unless you have already been granted a		· · · · ·	•			
	onic filing (e-file). You can electronically file Form 8868 if y		· · · · · · · · · · · · · · · · · · ·			oration	
	d to file Form 990-T), or an additional (not automatic) 3-mor			-	•		
	to file any of the forms listed in Part I or Part II with the exc		•		•		
	al Benefit Contracts, which must be sent to the IRS in pap	•	•				
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		(366 matractions). For more details on the	10 0100	saome ming or and	10111,	
Part			hmit original (no copies needed)	-			
	pration required to file Form 990-T and requesting an autor			plete			
Part I o				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		
	···, er corporations (including 1120-C filers), partnerships, REM	IICs. and t	rusts must use Form 7004 to request an	exten	sion of time		
	ncome tax returns.						
Туре о	r Name of exempt organization			Emp	loyer identification	number	
print				•	•		
	JERRY E. PONCHER FAMILY FOU	TAGNU	ION	36-6140417			
File by th due date		ee instruc	tions.				
filing your return Se		RTING	ALE RD., NO. 500				
instructio	only, town or post office, state, and En code: For a re	oreign add	lress, see instructions.				
	SCHAUMBURG, IL 60173-2420						
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
		T					
Applic	ation	Return	Application			Return Code	
ls For		Code	Is For				
Form 9		01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A				
Form 9		03	Form 4720				
Form 9		04	Form 5227			10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	1111	Form 8870 SANTA MONICA BLVD,	CITT	Tmp 1000	12 - LOS	
	LYLE PONCHER -			50	11F 1000 -	- 102	
	books are in the care of \blacktriangleright ANGELES, CA 900 phone No. \blacktriangleright 424-652-7070	023-3					
			FAX No.				
	e organization does not have an office or place of business				- Ale aa a la	•	
	is is for a Group Return, enter the organization's four digit	, ·	· · · · · · · · · · · · · · · · · · ·		J 1.		
box ▶					ers the extension is	s tor.	
' '	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011 to file the exemp		to file Form 990-1) extension of time unit		The extension		
-	s for the organization's return for:	it Organiza	mon return for the organization named a	DOVE.	THE EXTENSION		
	► X calendar year 2010 or						
	tax year beginning	an	nd ending				
•	Lax your boginning	, an			<u> </u>		
2 l	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return Fina	ıl retur	'n		
•	Change in accounting period						
	Change in accounting period						
3a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	enter the tentative tax. less any				
	nonrefundable credits. See instructions.	, 0		3a	s	6,320.	
_	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		-		
	estimated tax payments made. Include any prior year over	_		3ь	s (6,320.	
_	Balance due. Subtract line 3b from line 3a. Include your pa						
	by using EFTPS (Electronic Federal Tax Payment System).	•		3с	\$	0.	
	n. If you are going to make an electronic fund withdrawal			8879-	EO for payment ins	tructions.	
LHA	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (R		

Form 886	68 (Rev. 1·2011)					Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this b	ox		X		
_	ly complete Part II if you have already been granted an		-		8868.			
	are filing for an Automatic 3-Month Extension, comple							
Part II				opies r	needed).			
Type or	Name of exempt organization			Employer identification number				
print	JERRY E. PONCHER FAMILY FOUNDATION					36-6140417		
File by the	e by the Number street, and room or suite so. If a B.O. box, see instructions							
due date for C/O RSM MCGLADREY 570 LAKE COOK RD. NO. 300								
filing your return See	ling your							
instructions	DEERFIELD, IL 60015-5612							
								
Enter the	Return code for the return that this application is for (fi	ile a separa	te application for each return)			04		
2		u оорш.		•••				
Applicati	on .	Return	Application			Return		
is For		Code	Is For			Code		
Form 990)	01						
Form 990)-BL	02	Form 1041-A			08		
Form 990)-EZ	03	Form 4720			09		
Form 990)-PF	04_	Form 5227			10		
Form 990	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	P-T (trust other than above)	06	Form 8870			12		
STOP! D	o not complete Part II if you were not already grante	d an autor	natic 3-month extension on a previou	sly file	d Form 8868.			
	LYLE PONCHER -	1111	1 SANTA MONICA BLVD,	. Su	ITE 1800	- LOS		
• The bo	poks are in the care of $ ightharpoons$ ANGELES, CA 90	025 - 3	333					
-	none No 424-652-7070		FAX No					
• If the c	organization does not have an office or place of busines	ss in the Ur	nited States, check this box			• L.		
• If this	is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN) If the	is is fo	r the whole group	, check this		
box 🕨	. If it is for part of the group, check this box		ich a list with the names and EiNs of all	memb	ers the extension	is for.		
-	•••••••••••••••••••••••••••••••••••••••	NOVEM	BER 15, 2011.					
	calendar year $\underline{2010}$, or other tax year beginning $_$, and ending			·		
6 If th	ne tax year entered in line 5 is for less than 12 months,	check reas	on: L Initial return L	Final I	return			
L	Change in accounting period							
	te in detail why you need the extension							
	DDITIONAL TIME IS NECESSARY	IN OR	DER TO FILE A COMPLE	Z.I.R	AND ACCUR	CATE		
<u>R</u> E	TURN.		 					
			A sale a Assale a Assale a Assale a	т	T			
	his application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, 6	enter the tentative tax, less any			6 220		
	nrefundable credits. See instructions.			8a	\$	6,320.		
	nis application is for Form 990-PF, 990-T, 4720, or 6069	•		i				
	payments made. Include any prior year overpayment a	liowed as a	a credit and any amount paid	-	1	6,320.		
	eviously with Form 8868. lance due. Subtract line 8b from line 8a. Include your p	avenant we	th this form of required by using	8b	\$	0,320.		
	TPS (Electronic Federal Tax Payment System). See inst	-	in this form, it required, by using	00	.	0.		
			d Verification	8c	I			
Under pen	alties of perjury, I declare that I have examined this form, inclu orrect, and complete, and that I am authorized to prepare this	ding accomi		e best o	f my knowledge and	l belief,		
Signature			O.P A	Date	· cx/11.	/,,		
Signature				Date		Rev 1-2011)		