

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form 990-PF

**Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated às à Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply: Initial return | Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number JONAS FAMILY FOUNDATION TRUST 94-6749856 60355 SUNSET VIEW DR Telephone number (see the instructions) BEND, OR 97702-8111 541-598-2753 С If exemption application is pending, check here D 1 Foreign organizations, check here н X Section 501(c)(3) exempt private foundation Check type of organization: 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Fair market value of all assets at end of year J Accounting method: X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis ) 10,146,502. Part I Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books ıncome ıncome for charitable columns (b), (c), and (d) may not necessarily equal the amounts in column (a) purposes (cash basis only) (see the instructions) ) Contributions, gifts, grants, etc, received (att sch) 2 Ck ► If the foundn is not reg to att Sch B Interest on savings and temporary 19,875 19,875 19,875 cash investments Dividends and interest from securities 190,494 190,494 190,494 5a Gross rents b Net rental income or (loss) 17,893. 6a Net gain/(loss) from sale of assets not on line 10. REVENUE b Gross sales price for all assets on line 6a 307,538. ٠, ۲, Capital gain net income (from Part IV, line 2) 14.00 m 17,893 Že33. Net short-term capital gain 高足が登録さいアキ INTESTA SERVICE Income modifications ..... mi 1 5 3 545 10 a Gross sales less returns and allowances **b** Less Cost of goods sold . 4-3,8 c Gross profit/(loss) (att sch)..... 120 11 Other income (attach schedule) . ration to 17、万分金金金 Total. Add lines 1 through 11 . 228,262 228,262 210,369 Compensation of officers, directors, trustees, etc 72,000 72,000. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . . . ADMINISTRATIVE **b** Accounting fees (attach sch) SEE ST 1 1,750. 8 1,750. ë c Other prof fees (attach sch) 17 Interest ш 1,699. 18 Taxes (attach schedule)(see instr.). SEE STM 2 19 Depreciation (attach sch) and depletion ... Occupancy ..... 20 Travel, conferences, and meetings.. 6,464. 6,464. EXPENSES Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 3 697 697. Total operating and administrative expenses. Add lines 13 through 23 82,610. 1,699 80,911. Contributions, gifts, grants paid PART, XV 350,000 350,000. Total expenses and disbursements. 432,610 Add lines 24 and 25 1,699 0 ß 430,911 Subtract line 26 from line 12: a Excess of revenue over expenses -204,348. and disbursements **b** Net investment income (if negative, enter -0-) . 226,563 210,369 N. K. A. ... C Adjusted net income (if negative, enter -0-)

BAA For Paperwork Reduction Act Notice, see the instructions.

Page 2

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End	of year
	3	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	455,373.	658,492	658,492.
	3				
	1	Less: allowance for doubtful accounts ▶			
	4			234 AND 12 20 1	The street of
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7		15 1 1 1	*, x, '	3 127 27 11
ŝ		Less: allowance for doubtful accounts ►			
A S E T	8				
	9	Prepaid expenses and deferred charges			
S	10:	a Investments — U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule) STATEMENT 4	7,352,290.	6,403,156.	
	'	c Investments — corporate bonds (attach schedule) STATEMENT 5	294,174.	2,236,775.	
	11	Investments — land, buildings, and equipment: basis.			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage Ioans			
	13	Investments - other (attach schedule) STATEMENT 6 .		420,775.	532,934.
	14		The state of the s		- Carried Commence of the Comm
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item !)	8,101,837.	9,719,198.	10,146,502.
L	17	Accounts payable and accrued expenses	3/101/00//	3) /13/130	. 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ļ	18	Grants payable			
A B	19	Deferred revenue			
Ł	20	Loans from officers, directors, trustees, & other disqualified persons			
Ĩ	21	Mortgages and other notes payable (attach schedule)			
i	22	Other liabilities (describe.			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
	23	Foundations that follow SFAS 117, check here	<u></u>	0.	
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			
EUTND	25	Temporarily restricted		<u> </u>	
	26	Permanently restricted			
A B A L A N		Foundations that do not follow SFAS 117, check here . X and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds	8,101,837.	9,719,198.	
T A S N	28	Paid-in or capital surplus, or land, building, and equipment fund	8,101,637.	9, 119, 190	
С	29	Retained earnings, accumulated income, endowment, or other funds			
O E R S	30	Total net assets or fund balances (see the instructions)	8,101,837.	9,719,198.	
	31	Total liabilities and net assets/fund balances			
_	<u> </u>	(see the instructions)	8,101,837.	9,719,198.	300
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	es	<del></del>	т
1	Tota	I net assets or fund balances at beginning of year - Part II, colu	ımn (a), line 30 (must a	igree with	0 101 007
_		of-year figure reported on prior year's return)	••	1	8,101,837.
2		er amount from Part I, line 27a	··· ··· · · · · · · · · · · · · · · ·	2	-204,348.
3		increases not included in line 2 (itemize) . SEE STATEMENT	· <u> </u>		1,821,709.
4 5		Innes 1, 2, and 3	• • • • • • • • • • • • • • • • • • • •	4	9,719,198.
-		I net assets or fund balances at end of year (line 4 minus line 5)		· – – – – – – – – – – – – – – – – – – –	9,719,198.
<u>~</u>	1010	The description and balances at end of year (line 4 minus line 3)	, arth, column (b),	mic 30 .	<u> </u>

(a) List and describe	the kind(s) of property sold (e.g., rese; or common stock, 200 shares ML(	al estate.	(b) How acquir		(d) Date sold (month, day, year)
		o company)	D — Donation		
to 703.349 PERMANENT P			<u>P</u>	7/01/08	12/31/10
	BOND INDEX TOTAL MARKET		<u>Р</u> Р	8/25/08	3/22/10
d d	BOND INDEX TOTAL MARKET		<u> </u>	8/25/08	3/22/10
e e			<del></del>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
a 3,549.					3,549.
b 27,930.		25	5,440.		2,490.
c 276,059.			,205.	<del></del>	11,854.
d					
e					
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column (I than -0-) or Losses (fi	k), but not less
a					3,549.
b					2,490.
С				·	11,854.
d		<del>-</del>			
ее					
2 Capital gain net income or (ne	t capital loss).    If gain, also if (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7		2	17,893.
3 Net short-term capital gain or i	(loss) as defined in sections 1222(5)	and (6):			
If gain, also enter in Part I, line in Part I, line	e 8, column (c) (see the instructions).	. If (loss), enter -0-		3	0.
Part V : Qualification Under	r Section 4940(e) for Reduced	Tax on Net Investme	ent Incom	e	
If 'Yes,' the foundation does not qua	tion 4942 tax on the distributable am lify under section 4940(e). Do not con n each column for each year; see the	nplete this part.	<u> </u>	. Yes	X No
(a)	(b)		g arry critice:	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (	Distribution column (b) divided	
2009	255,567.	7,168	3,308.		0.035652
2008	101,685.		1,649.		0.012089
2007	342,602.	6,33	3,558.		0.054093
2006	51,735.	1,140	0,625.		0.045357
2005	47,154.	900	0,964.		0.052337
2 Total of line 1, column (d)	•			2	0.199528
3 Average distribution ratio for the number of years the foundation	ne 5-year base period – divide the to n has been in existence if less than 5	tal on line 2 by 5, or by the years		3	0.039906
4 Enter the net value of nonchar	itable-use assets for 2010 from Part	X, line 5		4	9,071,171.
5 Multiply line 4 by line 3				5	361,994.
	come (1% of Part I, line 27b) .			6	2,266.
7 Add lines 5 and 6				7	364,260.
8 Enter qualifying distributions fr	rom Part XII. line 4			8	430,911.
- Lines qualifying distributions in					430.711.

Form 990-PF (2010) JONAS FAMILY FOUNDATION TRUST 94-6749			age <b>4</b>
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the in	structions	)	
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	ميند کميد کتاب ميند کميد	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	د، ــــــ
Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,		2,2	66.
check here ► X and enter 1% of Part I, line 27b	30-563		7
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	216g 77740 1777 17 July 125 2	2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	: 's\$
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only. Others enter -0-)			0.
3 Add lines 1 and 2		2,2	266.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) .			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,2	266.
6 Credits/Payments:	14.44		100
a 2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 2,924.			
b Exempt foreign organizations — tax withheld at source		Designation	1
c Tax paid with application for extension of time to file (Form 8868) 6c			5x - {
d Backup withholding erroneously withheld 6d			
7 Total credits and payments. Add lines 6a through 6d		2.9	24.
8 Enter any <b>penalty</b> 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			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6	558.
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax 658. Refunded 11			0.
Part VII-A   Statements Regarding Activities	L		
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	26, 17	Yes	No
participate or intervene in any political campaign?	. 1a	1	Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	11	,	Х
If the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	ed (1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		· (1)
c Did the foundation file Form 1120-POL for this year?	. 10	:	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation \( \brace \\$ \) (2) On foundation managers \( \brace \\$ \) e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	_0. }		7
foundation managers. $\blacktriangleright$ \$			72.4
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	1205	2 3	. 7.63
2. Here the foundation mode any changes, not provided to the IDS up its governing instrument, articles			
<b>3</b> 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? <i>If 'Yes,' attach a conformed copy of the changes</i>	. 3		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?	41	1	/A
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.	2,550		2.34t
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	32.44	*	100.00
By language in the governing instrument, or	3.272 5.200	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		منورية وأثنا	
with the state 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? If 'Yes,' complete Part II, column (c), and Part XV.	. 7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions).	636		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CA			4.
<b>b</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	81		<u></u>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942	2()(5)		لتأتا
for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Par	t XIV 9	igspace	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name.	s		,,
and addresses BAA	10 Form 9	90-PF (	X (2010)
—· — •		• •	, · -)

	990-PF (2010) JONAS FAMILY FOUNDATION TRUST	94~674	9856	P	age <b>5</b>
Part	VII-A Statements Regarding Activities (Continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		. 11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?.	, .	. 12		Х
	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address $\dots$ $\dots$ $\dots$ $\triangleright$ N/A	application?	13	Х	
			1-598-2	752	
	The books are in care of ► BEVERLY DUNDERDALE Telephone  Located at ► 60355 SUNSET VIEW DR BEND OR ZIP + 4 ►	110. P _ <u>34</u>		123_	<b>-</b>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here.	97702-			<del>-</del> -
13	and enter the amount of tax-exempt interest received or accrued during the year.	▶ 15	N/A		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other autbank, securities, or other financial account in a foreign country?	thority over	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the natiforeign country ►	me of the			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		<b>5</b> %,	Yes	No
1 a	During the year did the foundation (either directly or indirectly):		7.5*	. ,	, , <u>.</u>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X	No S	3: y= 1	, , , , , , , , , , , , , , , , , , ,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X	No S	(2,-4 13	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X	No land	ر ودو	~
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .	Yes X	No Sign	,, , ,	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		14 to 102	23	1,47
	for the benefit or use of a disqualified person)?	Yes X	No 🏋	* * * * * * * * * * * * * * * * * * *	
			19.5°	(3) C	2,
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X	No		
b	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?	. 1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶ □	7,356	15 21	· " -1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		<u> </u>	- 10 m	<u>X</u>
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		1 2 - 10 A		
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes X	No No	1. Th	
	If 'Yes,' list the years 20, 20, 20			-;"	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942( (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a	a)(2) )(2) to	3,0	رز دخصت	
	all years listed, answer 'No' and attach statement — see the instructions.)		2b	N	/A
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years he 20, 20, 20	ere.			3,76
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X	No	1.25° 1.35°	
		لثا تا سا		1.15.85	
b	olf 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or	I	The state of the s		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.).		3b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	<del></del>	X
t	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 2010?				X
RAA		<del>-:</del> -	Form 99		

•				
Form 990-PF (2010) JONAS FAMILY FOUND		<del></del>	94-674	19856 Page <b>6</b>
Part VII-B   Statements Regarding Activiti		1 4720 May Be Req	uired (continued)	····
<ul><li>5a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>	_	on (section 4945(e))?	Yes X	No Control of
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section tion drive?	1 4955), or to carry	Yes X	No No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No S
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega			· <b>-</b> □	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No Property of the Property of
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d).		
6a Did the foundation, during the year, receive as on a personal benefit contract?			s Yes X	THE PERSON NAMED IN COLUMN TWO
<b>b</b> Did the foundation, during the year, pay prem <i>If 'Yes' to 6b, file Form 8870.</i>	-	-		. 6ь Х
7a At any time during the tax year, was the found				J
Part VIII Information About Officers, D and Contractors				7b Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions)	
T Elst an officers, affectors, trustees, foundation	(b) Title and average	<del></del>	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
NICOLE DUNDERDALE	PRESIDENT	24,000.	0.	0.
3524 OLIVER CT	8.02			
LAFAYETTE, CA 94549				
_BARBARA_ADOOLITTLE	SECRETARY	24,000.	0.	0.
5195 CORRICK ROAD	10.17		!	
SANTA ROSA, CA 95409				
BEVERLY DUNDERDALE	TREASURER	24,000.	0.	0.
60355 SUNSET VIEW DR	8.32			
BEND, OR 97702-8111				
			1	
2 Compensation of five highest-paid employee	s (other than those in	luded on line 1— see ii	nstructions). If none. e	nter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account.
paid more than \$50,000	hours per week devoted to position	(4)	employee benefit plans and deferred compensation	other allowances
NONE				
	!	L	L	
Total number of other employees paid over \$50,000	Q		<u>.</u>	Form <b>990-PF</b> (2010)

Form 990-PF (2010) JONAS FAMILY FOUNDATION TRUST 94-67	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
	<del></del>
	<del>                                     </del>
	•
	<del>                                     </del>
	<del> </del>
Total number of others receiving over \$50,000 for professional services	- 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<u></u>	Laperises
1 GRANTS MADE TO SECTION 501(C)(3) ORGANIZATIONS	
	ļ <u>.</u>
2	
	,
3	
4	,
	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	7 WHOCH
1 1/11	
	1
2	
	·
	·
All other program-related investments. See instructions	<del>                                     </del>
3	
<b></b>	1
	•
Total. Add lines 1 through 3	0.
Total. Add lines 1 through 3	<u> </u>

BAA

Form **990-PF** (2010)

Form 990-PF (2010) JONAS FAMILY FOUNDATION TRUST 94	-6749856	Page 8
Párt X: Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities.		3,368,822.
<b>b</b> Average of monthly cash balances	1 b	840,489.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	9,209,311.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	1 1	_
2 Acquisition indebtedness applicable to line 1 assets	2	0.
<b>3</b> Subtract line 2 from line 1d	3	9,209,311.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	138,140.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,071,171.
6 Minimum investment return. Enter 5% of line 5	6	453,559.
Part XI . Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating found	ations
and certain foreign organizations check here ► and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6	1	453,559.
2a Tax on investment income for 2010 from Part VI, line 5	1.13	
b Income tax for 2010. (This does not include the tax from Part VI )		
c Add lines 2a and 2b	2c	2,266.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	451,293.
4 Recoveries of amounts treated as qualifying distributions	4	
<b>5</b> Add lines 3 and 4	5	451,293.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	451,293.
Part XII Qualifying Distributions (see instructions)	<u> </u>	
1. Amounts need (including administrative expanses) to accomplish characteristic attaining	EC. 65.	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	430,911.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes.	2	
	33.64	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
<b>b</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	430,911.
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 instructions)	5	2,266.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	428,645.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	er the foundat	·
BAA	For	n <b>990-PF</b> (2010)

# Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7.				451,293.
2 Undistributed income, if any, as of the end of 2010:		0 -3, > -, «	77	451,255.
a Enter amount for 2009 only		ا پ څرو په د د پول د	347,077.	, , , , , , , , , , , , , , , , , , ,
<b>b</b> Total for prior years: 20, 20, 20	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.		
3 Excess distributions carryover, if any, to 2010:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 4,00	3000	
<b>a</b> From 2005		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,76k	63-4 m
<b>b</b> From 2006		1, ", ",	The second second	~
<b>c</b> From 2007 .		, 6		
<b>d</b> From 2008	1839 20 34		2 - 3 - 2 - 2 - 2 - 2	
<b>e</b> From 2009	a mandament attenue at behalde at administration	3		
f Total of lines 3a through e	0.	The thing of the officer		
4 Qualifying distributions for 2010 from Part	1 2 2 400 (	Market Carlot	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11
XII, line 4: ► \$ 430,911.	, , , , ,	. N. A	* ************************************	
a Applied to 2009, but not more than line 2a .		, 36° 40	347,077.	
<b>b</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.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		20 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d Applied to 2010 distributable amount		The Conference of the Conferen	7 1 7	83,834.
e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2010	0.		1/4 / 2/4 / 2/4 / 1/4 /	7
(If an amount appears in column (d), the	U.	Su ranji in Si	The state of the s	U.
same amount must be shown in column (a) )				
		4,21		
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract	This way to be a single of			CONTRACTOR N
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b	A STATE OF THE STA	0.	-1, 1 A > 12 - 1 A A	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				产生教育 建铁矿 四
has been issued, or on which the section	of the and the standers & C.			
4942(a) tax has been previously assessed		0.	ب ا	
d Subtract line 6c from line 6b. Taxable			1, 3, 7,	
amount – see instructions	A CONTRACTOR OF THE STATE OF TH	0.	a salatina salatina a com	
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions	and the state of		0.	
6 Hadalah I. J	J. 1. 1 6 0 5 1 1 1 2	P. S. C. 1		
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be		1. 2. 4. 1		
distributed in 2011	A Control of the Control	A A A		367,459.
7 Amounts treated as distributions out of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)		Comments.		
(see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	_	7, 7, , , ,	** *** *** *** *** *** *** *** *** ***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10 Analysis of line 9.	0.		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	energy grade a typical Personal agriculture agricultur
a Excess from 2006	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		
b Excess from 2007	u-	, , , ,		. ;
c Excess from 2008	, , ,			
d Excess from 2009	, ,			. , , , }
e Excess from 2010 .		- ,		
6 LACE33 HOTH 2010 .			<u> </u>	ار ق م م

Form 990-PF (2010) JONAS FAMILY FOUN				94-6749856	Page <b>10</b>
Part XIV Private Operating Foundation	ns (see instruc	tions and Part \	/II-A, question 9	9)	N/A
1 a If the foundation has received a ruling or d is effective for 2010, enter the date of the	etermination letter ruling	that it is a private o		n, and the ruling	
<b>b</b> Check box to indicate whether the foundation	ion is a private ope	rating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					· · · · · · · · · · · · · · · · · · ·
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed .					<u> </u>
c 'Support' alternative test — enter:		İ			
(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			<u> </u>	145.000	
Part XV   Supplementary Information assets at any time during the	(Complete this e year – see in	part only if the structions.)	organization h	ad \$5,000 or moi	e in
1 Information Regarding Foundation Managers of the foundation who close of any tax year (but only if they have NONE)	have contributed m	ore than 2% of the than \$5,000) (See	total contributions section 507(d)(2).)	received by the found	dation before the
<b>b</b> List any managers of the foundation who	own 10% or more o	of the stock of a cor	rporation (or an equ	ially large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater inter	est.	any large percent of	
					<del></del>
2 Information Regarding Contribution, Gra Check here  if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contributions	s to preselected cha	arıtable organizatior	ns and does not acce ganizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addresse	eq.	
SEE STATEMENT 8					
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should incl	ude:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A		- <del></del> -	<del></del>	······································	
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	tactors
SEE STATEMENT FOR LINE 2A				<u>.</u>	

Page 11

Receptent Name and address frome or business)  Rame and address frome or business)  Rame and address frome or business)  Receptent   3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	it		
Total  Total  Approved for future payment  Total  Approved for future payment	<del></del>	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or	Amount
Total  Total  Approved for future payment  Total  Approved for future payment	Name and address (home or business)	substantial contributor	recipient	Contribution	
b Approved for future payment	a Paid during the year	substantial contributor	recipient		
b Approved for future payment	Ψ.1.1				250,000
			<del></del>		350,000.
Total	<b>-</b> 1			▶ 31	

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

Entor gross	c amounts unless athenues and saled	111-4		1 5 4	1 h 510 510 514	
	s amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
1 Prog	ram service revenue:			code		
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
					·	
_		+				
f			<del></del>			
a Fees	and contracts from government agencies					-:-
	bership dues and assessments					
	st on savings and temporary cash investments			14	19,875.	
	ends and interest from securities			14	190,494.	
5 Net re	ental income or (loss) from real estate:	7-12-12 30	NEW MAN ( COMMON COM	1-54	· 1888年 1885年 1888年 188	<b>建筑地域域</b> 建筑地域
	-financed property					
<b>b</b> Not d	lebt-financed property .					
6 Net rea	ntal income or (loss) from personal property .					
7 Other	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory			18	17,893.	
	ncome or (loss) from special events.					
	s profit or (loss) from sales of inventory .	7 30 64				-
11 Other	r revenue:	32 W. W. W.	A STATE OF THE STA	K. E. S.		Same and the
a				ļ		
				<del> </del>		
				<del> </del>		
		<del> </del>				
е				<u> </u>		
	stal Add solumna (b) (d) and (a)	2 4 15		1	220 262	
12 Subto	otal. Add columns (b), (d), and (e)	* * Santa		· 李沙城	228,262.	220 262
12 Subto	Add line 12, columns (b), (d), and (e)				. 228,262. 13	228,262.
12 Subto 13 Total See works	Add line 12, columns (b), (d), and (e), sheet in line 13 instructions to verify calculate	ons.)			13	228,262.
12 Subto 13 Total See works	Add line 12, columns (b), (d), and (e)	ons.)	ishment of Exemp		13	228,262.
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e), sheet in line 13 instructions to verify calculate	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	
12 Subto 13 Total See works Part XVI Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations.  -B Relationship of Activities to the	ons.)		ot Purp	. 13	

# Form 990-PF (2010) JONAS FAMILY FOUNDATION TRUST 94-6749856 Part XVII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						Yes No
1 Did the	organization directly led in section 501(c) (	or indirectly ei	ngage in any of the follow	ring with any oth	ner organization	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
relating	to political organizat	ions?	her than section 501(c)(3)	, organizations,	or at section 327,	
a Transfe	ers from the reporting	foundation to	a noncharitable exempt o	rganization of:		
(1) Cas	sh					1a (1) X
(2) Oth	ner assets					1a (2) X
<b>b</b> Other to	ransactions					17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
(1) Sal	les of assets to a non	charitable exer	mpt organization			1 b (1) X
			ble exempt organization.			1 b (2) X
			assets			1b (3) X
	imbursement arrange					1b (4) X
						1b (5) X
			p or fundraising solicitation			1b (6) X
			ts, other assets, or paid e			1c X
COMMIN	g or radimited, equipme	one, maning no	to, other assets, or para c	imployees		10 1 21
<b>d</b> If the a	inswer to any of the a	bove is 'Yes,'	complete the following sc	hedule Column	(b) should always show the fair	market value of
the goo	ods, other assets, or s	services given	by the reporting foundation	on. If the founda	ition received less than fair mark, other assets, or services received	et value in
(a) Line no	(b) Amount involved		f noncharitable exempt organizat		Description of transfers, transactions, and	
N/A	(b) Amount mvoived	(C) Name o	i noncharitable exempt organizat	1011 (a)	Description of transfers, transactions, and	snaring arrangements
N/A		<del></del>			<del></del>	
			·			
	<del> </del>					<del></del>
	<u>.</u>					
						· · · · · · · · · · · · · · · · · · ·
	<del></del>		·			
		ļ				
		ļ				
	<del></del>	<u> </u>				
			<del></del>			
2a Is the f	foundation directly or	indirectly affilia	ated with, or related to, or	ne or more tax-	exempt organizations	
describ	ed in section 501(c)	of the Code (of	her than section 501(c)(3	)) or in section	527?	∐Yes [X]No
<b>b</b> If 'Yes,	complete the follow	ng schedule				
(	a) Name of organizati	on	(b) Type of organ	iization	(c) Description of re	lationship
N/A						
_						<u>.</u>
Under	penalties of perjury, I declar	re that I have exam	ned this return, including accompa	anying schedules and	statements, and to the best of my knowled	ge and belief, it is true,
	ct, and complete Declaration	of preparer (other	than taxpayer or fiduciary) is base	d on all information of	of which preparer has any knowledge.	
Sign	K	1 d	a dul	1 2	+/-/-	_
Here	Thursly,	J. Benu	mull		TREASURE:	<u>R</u>
s	Signature of officer or trystee	<u> </u>		Dàte	Title	
	Print/Type preparer's na		Preparer's signature	, ,	Date Check if X if	PTIN
Paid	. J R. A	/EDISIAI		disia	APR 2 8 201 self-employed	P00109323
Preparer	Firm's name	JAMES R. A	VEDISTÁN		Firm's EIN ► 41-2	2094436
Use Only	Europia addisses	050 EL CA	MINO REAL, SUITE	E 107		
y	Firm's address	OS ALTOS,	CA 94022		Phone no (65)	0) 961-9010
BAA						Form <b>990-PF</b> (2010)

#### 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

Name of the organization		Employer Identification number
JONAS FAMILY FOUNDATION	TRUST	94-6749856
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organizatio	n
	4947(a)(1) nonexempt charitable trust <b>not</b>	treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered <b>Note.</b> Only a section 501(c)(7), (8), o	by the <b>General Rule</b> or a <b>Special Rule</b> .  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 9 contributor. (Complete Parts I and	90, 990-EZ, or 990-PF that received, during the year, $5,0$ d II.)	000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), at	ion filing Form 990 or 990-EZ, that met the 33-1/3% suppind received from any one contributor, during the year, a c in 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Compli	contribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (1 aggregate contributions of more the prevention of cruelty to childr	0) organization filing Form 990 or 990-EZ, that received f than \$1,000 for use <i>exclusively</i> for religious, charitable, so ren or animals. Complete Parts I, II, and III.	from any one contributor, during the year, cientific, literary, or educational purposes, or
contributions for use exclusively  If this box is checked, enter here	0) organization filing Form 990 or 990-EZ, that received for religious, charitable, etc, purposes, but these contribute the total contributions that were received during the year the parts unless the <b>General Rule</b> applies to this organize	tions did not aggregate to more than \$1,000.  for an exclusively religious, charitable, etc,
religious, charitable, etc, contribu	utions of \$5,000 or more during the year.	
990-PF) but it must answer 'No' on F	covered by the General Rule and/or the Special Rules doe Part IV, line 2 of their Form 990, or check the box on line set the filing requirements of Schedule B (Form 990, 990-	H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule Name of org	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
_	FAMILY FOUNDATION TRUST	1 -	identification number 749856
	Contributors (see instructions )	— , 1 <u>5</u>	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM AND ADELE JONAS 1993 TRUST		Person X Payroll
		\$1,108,360.	Noncash (Complete Part II if there
	BEND , OR 97702		is a noncash contribution.)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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.)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page	1	of $1$	of Part I
lame of Organization		Empl	oyer identification	n number
JONAS FAMILY FOUNDATION TRUST		94-	-6749856	

Part II Noncash Property (see instructions.) (a) No. from (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I N/A (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (d) Date received (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (a) No. from Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

BAA

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2010)			Page 1	of 1	of Part III
Name of organ	nization		···		Employer identificat	
	FAMILY FOUNDATION TRUST				94-6749856	;
Part III	Exclusively religious, charitable, e organizations aggregating more the	nan \$1,000 for the year.Co	mplete cols (	a) through (e	7), (8), or (10)	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	(Enter this information once. S	naritable, etc, See instructior	ns)	<b>►</b> \$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		-	(d) ription of how gift	
	N/A					
	Transferred manne address	(e) Transfer of gift	D-1-			
	Transferee's name, addres	s, and zir + 4	Rela	wonsnip or t	transferor to trans	steree
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Desc	ription of how gif	t is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of t	transferor to trans	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how gift	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	itionship of t	transferor to trans	sferee
						· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how gift	t is held
	<b>T</b>	(e) Transfer of gift				
	Transferee's name, addres	is, and ZIP + 4	Rela	tionship of t	ransferor to trans	steree

2010	FEDERAL STATEMENTS	PAGE 1
CLIENT JONASFAM	JONAS FAMILY FOUNDATION TRUST	94-6749856
4/28/11  STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		09.31AM
TAX PREPARATION	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED INCOME NET INCOME  **TOTAL**  **TOTAL**  **TOTAL**  (C) **ADJUSTED **NET INCOME**  NET INCOME**  **TOTAL**  *	(D) CHARITABLE PURPOSES \$ 1,750. \$ 1,750.
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED INCOME NET INCOME  . \$ 1,699. \$ 1,699. TOTAL \$ 1,699. \$ 1,699. \$ 0.	(D) CHARITABLE PURPOSES  0.
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
ASSOCIATION DUES BANK FEES LICENSES AND PERMITS MEALS AND ENTERTAINMENT POSTAGE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  \$ 495	(D) CHARITABLE PURPOSES \$ 495. 75. 60. 12. 55. \$ 697.
STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE S		
CORPORATE STOCKS 2,385 SH PEMBINA PIPELINE	VALUATION BOOK METHOD VALUE  COST \$ 39,103.\$	FAIR MARKET VALUE 51,845.
11,555 BARCLAYS BANK 18,001 VANGUARD INTL EQUIT 5,601 VANGUARD REIT 18,434 VANGUARD SMALL CAP 17,083 VANGUARD MID CAP 63,803 SPRTN TOTAL MKT INI	COST 610,446. TY INDEX FD COST 846,248. COST 314,763. COST 1,125,826. COST 1,137,352.	567,582. 859,188. 310,127. 1,232,497. 1,272,000. 2,324,338.

2010

# **FEDERAL STATEMENTS**

PAGE 2

**CLIENT JONASFAM** 

JONAS FAMILY FOUNDATION TRUST

94-6749856

4/28/11

09:31AM

#### **STATEMENT 5** FORM 990-PF, PART II, LINE 10C **INVESTMENTS - CORPORATE BONDS**

CORPORATE BONDS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
100,000 TCI COMMUNICATIONS 7.125 2/15/28 100,000 COUNTRYWIDE HM LN 6% 100,000 GMAC 6.75% 12/1/14 18,492 FIDELITY FLOATING RATE HIGH INC 23,839 FIDELITY INFLATION PROTECTED BOND 33,292 LOOMIS SAYLES BOND INSTL 16,709 PIMCO LOW DURATION 86,163 VANGUARD BOND INDEX TOTAL MARKET	COST COST COST COST COST COST COST COST	\$ 103,876. 95,313. 99,838. 176,784. 272,000. 448,205. 176,784. 863,975. \$ 2,236,775.	100,030. 104,781. 181,037. 277,483. 475,076. 173,609. 913,332.

#### STATEMENT 6 FORM 990-PF, PART II, LINE 13 **INVESTMENTS - OTHER**

		ATION CHOD	 BOOK VALUE	FA	AIR MARKET VALUE
OTHER PUBLICLY TRADED SECURITIES					
11,634 PERMANENT PORTFOLIO	COST		\$ 420,775.	\$	532,934.
		TOTAL	\$ 420,775.	\$	532,934.

**STATEMENT 7** FORM 990-PF, PART III, LINE 3 OTHER INCREASES

COST ADJUSTMENT .

1,821,709. 1,821,709.

#### **STATEMENT 8** FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME:

BARBARA A DOOLITTLE

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

5195 CORRICK ROAD SANTA ROSA, CA 94509

TELEPHONE:

FORM AND CONTENT:

REQUEST A FORM FROM THE FOUNDATION TRUST OFFICE

SUBMISSION DEADLINES:

NONE

RESTRICTIONS ON AWARDS: CHARITABLE ORGANIZATIONS IN MARIN AND SONOMA COUNTIES

201	7 / 1
ZU	ıu

## **FEDERAL STATEMENTS**

PAGE 3

**CLIENT JONASFAM** 

#### **JONAS FAMILY FOUNDATION TRUST**

94-6749856

4/28/11

09:31AM

STATEMENT 9 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CENTER FOR WELL-BEING 865 B TESCONI CIRCLE SANTA ROSA, CA 95401	NONE	NOT PF	GENERAL PURPOSES	\$ 12,000.
NOVATO YOUTH CENTER 680 WILSON AVE NOVATO, CA 94947	NONE	NOT PF	GENERAL PURPOSES	15,000.
SUPPORT OUR STUDENTS 320 10TH STREET, STE. 203 SANTA ROSA, CA 95401	NONE	NOT PF	GENERAL PURPOSES	25,000.
CATHOLIC CHARITIES FAMILY SUPPORT CENTER 987 AIRWAY COURT SANTA ROSA, CA 65403	NONE	NOT PF	GENERAL PURPOSES	25,000.
WHAP 79 COLE DRIVE #5 MARIN CITY, CA 94965	NONE	NOT PF	GENERAL PURPOSES	25,000.
HEALTHY BEGINNINGS 1029 NW 14TH STREET, STE. 102 BEND, OR 97701	NONE	NOT PF	GENERAL PURPOSES	1,000.
GIANT STEPS THERAPEUTIC EQUESTRIAN CENT 775 BAYWOOD DRIVE, STE. 305 PETALUMA, CA 94952	NONE	NOT PF	GENERAL PURPOSES	5,000.
CANAL ALLIANCE 91 LARKSPUR STREET SAN RAFAEL, CA 94901	NONE	NOT PF	GENERAL PURPOSES	15,000.
COTS/FAMILY CONNECTION P.O. BOX 2744 PETALUMA, CA 94953	NONE	NOT PF	GENERAL PURPOSES	20,000.
AUDUBON CANYON RANCH 4900 SHORELINE HIGHWAY ONE STINSON BEACH, CA 94970	NONE	NOT PF	GENERAL PURPOSES	10,000.
SHELTER, INC 1815 ARNOLD DRIVE MARTINEZ, CA 94553	NONE	NOT PF	GENERAL PURPOSES	15,000.
TOUCH OF UNDERSTANDING PBM 208, 4120 DOUGLAS BLVD, STE 306 GRANITE BAY, CA 95746	NONE	NOT PF	GENERAL PURPOSES	15,000.

20	4	
ZU		ľU

## **FEDERAL STATEMENTS**

PAGE 4

**CLIENT JONASFAM** 

#### JONAS FAMILY FOUNDATION TRUST

94-6749856

4/28/11

09:31AM

#### STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE LIVING ROOM CENTER 636 CHERRY STREET SANTA ROSA, CA 95404	NONE	NOT PF	GENERAL PURPOSES	\$ 30,000.
VOICES 1801 OAK STREET NAPA, CA 94559	NONE	NOT PF	GENERAL PURPOSES	15,000.
YWCA SAFE HOUSE CHILDREN'S PROGRAM P.O. BOX 3506 SANTA ROSA, CA 95402	NONE	NOT PF	GENERAL PURPOSES	15,000.
FAMILY KITCHEN 469 NW WALL STREET BEND, OR 97701	NONE	NOT PF	GENERAL PURPOSES	3,000.
LAFAYETTE EDUCATION FOUNDATION P.O. BOX 923 LAFAYETTE, CA 94549	NONE	NOT PF	GENERAL PURPOSES	4,000.:
NOVATO ROTARY ENDOWMENT P.O. BOX 657 NOVATO, CA 94947	NONE	NOT PF	GENERAL PURPOSES	100,000.
			TOTAL	\$ 350,000.