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Form **990-PF**

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

OMB No. 1545-0052

2011Department 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 2011 or tax year beginning

and ending

| | | |
|---|------------|---|
| Name of foundation GENE & JERRY JONES FAMILY ARLINGTON YOUTH FOUNDATION | | A Employer identification number 20-4346960 |
| Number and street (or P.O. box number if mail is not delivered to street address) ONE COWBOYS PARKWAY | Room/suite | B Telephone number (see instructions) 972-497-4394 |
| City or town, state, and ZIP code IRVING TX 75063 | | |
| G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div> | | C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | |
| I Fair market value of all assets at end of year (from Part II, col. (c) line 16) \$ 1,780,062 | | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ |
| (Part I, column (d) must be on cash basis) | | |

| Part 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) (see instructions).) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 1 Contributions, gifts, grants, etc. received (attach schedule) | 500,000 | | | |
| | 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 225 | 225 | 225 | |
| | 4 Dividends and interest from securities | | | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| | b Gross sales price for all assets on line 6a | | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 0 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns & allowances | | | | |
| b Less: Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| 12 Total. Add lines 1 through 11 | 500,225 | 225 | 225 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0 | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | | | | |
| | c Other professional fees (attach schedule) STMT 1 | 1,055 | | | 1,055 |
| | 17 Interest | | | | |
| | 18 Taxes (attach schedule) (see instructions) STMT 2 | 42 | | | 42 |
| | 19 Depreciation (attach schedule) and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (attach schedule) | | | | |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 1,097 | 0 | 0 | 1,097 |
| | 25 Contributions, gifts, grants paid SEE STATEMENT 3 | 594,629 | | | 594,629 |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 595,726 | 0 | 0 | 595,726 | |
| 27 Subtract line 26 from line 12 | | | | | |
| a Excess of revenue over expenses and disbursements | -95,501 | | | | |
| b Net investment income (if negative, enter 0) | | 225 | | | |
| c Adjusted net income (if negative, enter 0) | | | 225 | | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

P 12

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end of year amounts only (See instructions.) | | |
|-----------------------------|---|---|----------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non interest bearing | 41,507 | 45,781 | 45,781 |
| | 2 Savings and temporary cash investments | 1,834,056 | 1,734,281 | 1,734,281 |
| | 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers directors trustees and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (att. schedule) ▶ Less allowance for doubtful accounts ▶ | 0 | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land buildings and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land buildings and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶ | | | |
| | 15 Other assets (describe ▶) | | | |
| | 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 1,875,563 | 1,780,062 | 1,780,062 |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers directors trustees and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶ SEE STATEMENT 4) | 100 | 100 | |
| | 23 Total liabilities (add lines 17 through 22) | 100 | 100 | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117 check here and complete lines 24 through 26 and lines 30 and 31 ▶ <input type="checkbox"/> | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117 check here and complete lines 27 through 31 ▶ <input checked="" type="checkbox"/> | | | |
| | 27 Capital stock trust principal or current funds | | | |
| | 28 Paid in or capital surplus or land bldg and equipment fund | | | |
| | 29 Retained earnings accumulated income endowment or other funds | 1,875,463 | 1,779,962 | |
| | 30 Total net assets or fund balances (see instructions) | 1,875,463 | 1,779,962 | |
| | 31 Total liabilities and net assets/fund balances (see instructions) | 1,875,563 | 1,780,062 | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|--|---|-----------|
| 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 | 1,875,463 |
| 2 Enter amount from Part I line 27a | 2 | -95,501 |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1 2 and 3 | 4 | 1,779,962 |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | 1,779,962 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate 2 story brick warehouse or common stock 200 shs MLC Co.) | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo day yr) | (d) Date sold (mo day yr) |
|---|--|--|----------------------------------|------------------------------|
| 1a N/A | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j) if any | (l) Gains (Col (h) gain minus col (k) but not less than -0) or Losses (from col (h)) |
|--------------------------|--------------------------------------|--|---|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

2 Capital gain net income or (net capital loss) { If gain also enter in Part I line 7
If (loss) enter 0 in Part I line 7 }

3 Net short term capital gain or (loss) as defined in sections 1222(5) and (6)
If gain also enter in Part I line 8 column (c) (see instructions) If (loss) enter 0 in
Part I, line 8

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies leave this part blank

N/A

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If Yes the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2010 | | | |
| 2009 | | | |
| 2008 | | | |
| 2007 | | | |
| 2006 | | | |

2 Total of line 1 column (d)

3 Average distribution ratio for the 5 year base period—divide the total on line 2 by 5 or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable use assets for 2011 from Part X line 5

5 Multiply line 4 by line 3

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

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII line 4
If line 8 is equal to or greater than line 7 check the box in Part VI line 1b and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a) 4940(b) 4940(e) or 4948—see instructions)

| | | | |
|-----------|--|-----------|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2) check here <input type="checkbox"/> and enter N/A on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | 1 | 5 |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V check here <input type="checkbox"/> and enter 1% of Part I line 27b | | |
| c | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I line 12 col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter 0) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | 5 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter 0) | 4 | 0 |
| 5 | Tax based on investment income Subtract line 4 from line 3 If zero or less enter 0 | 5 | 5 |
| 6 | Credits/Payments | | |
| a | 2011 estimated tax payments and 2010 overpayment credited to 2011 | 6a | |
| b | Exempt foreign organizations—tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | |
| 8 | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7 enter amount owed | 9 | 5 |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8 enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2012 estimated tax Refunded | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|----------|----------|
| 1a During the tax year did the foundation attempt to influence any national state or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is Yes to 1a or 1b attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | X |
| c Did the foundation file Form 1120 POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ _____ (2) On foundation managers \$ _____ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If Yes attach a detailed description of the activities | | X |
| 3 Has the foundation made any changes not previously reported to the IRS in its governing instrument articles of incorporation or bylaws or other similar instruments? If Yes attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1 000 or more during the year? | | X |
| b If Yes has it filed a tax return on Form 990 T for this year? | | |
| 5 Was there a liquidation termination dissolution or substantial contraction during the year? If Yes attach the statement required by General Instruction T | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | X | |
| 7 Did the foundation have at least \$5 000 in assets at any time during the year? If Yes complete Part II col (c) and Part XV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) NONE | | |
| 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 | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If Yes complete Part XIV | | X |
| 10 Did any persons become substantial contributors during the tax year? If Yes attach a schedule listing their names and addresses | X | |

STMT 5

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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If Yes attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A | 13 | X | |
| 14 | The books are in care of ► THOMAS WALKER ONE COWBOYS PARKWAY Located at ► IRVING TX ZIP+4 ► 75063 Telephone no ► 972-497-4394 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 PF in lieu of Form 1041—Check here and enter the amount of tax exempt interest received or accrued during the year | 15 | | |
| 16 | At any time during calendar year 2011 did the foundation have an interest in or a signature or other authority over a bank securities or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90 22 1 If Yes enter the name of the foreign country ► | 16 | Yes | No X |

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

| | | Yes | No |
|-----|---|-----|----------|
| 1a | During the year did the foundation (either directly or indirectly) | | |
| (1) | Engage in the sale or exchange or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) | Borrow money from lend money to or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) | Furnish goods services or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) | Pay compensation to or pay or reimburse the expenses of a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If any answer is Yes to 1a(1) (6) did any 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A <input type="checkbox"/> 1b | | |
| c | 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 2011? N/A 1c | | |
| 2 | 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)) | | |
| a | At the end of tax year 2011 did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2011? If Yes list the years ► 20 20 20 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed answer No and attach statement—see instructions) N/A 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a list the years here ► 20 20 20 20 | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b | If Yes did it have excess business holdings in 2011 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 (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 2011) N/A 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | | | |
|---|---|----|--|----------|
| 5a During the year did the foundation pay or incur any amount to <ul style="list-style-type: none"> (1) Carry on propaganda or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955) or to carry on directly or indirectly any voter registration drive? (3) Provide a grant to an individual for travel study or other similar purposes? (4) Provide a grant to an organization other than a charitable etc organization described in section 509(a)(1) (2) or (3) or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious charitable scientific literary or educational purposes or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If any answer is Yes to 5a(1)–(5) did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here | N/A <input checked="" type="checkbox"/> | 5b | | |
| c If the answer is Yes to question 5a(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes attach the statement required by Regulations section 53.4945 5(d) | N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6a Did the foundation during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b Did the foundation during the year pay premiums directly or indirectly on a personal benefit contract? If Yes to 6b file Form 8870 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6b | | X |
| 7a At any time during the tax year was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If Yes did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | 7b | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers directors trustees foundation managers and their compensation (see instructions)**

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid enter 0) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account other allowances |
|----------------------|--|--|---|--------------------------------------|
| SEE STATEMENT 6 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest paid employees (other than those included on line 1—see instructions) If none enter NONE

| (a) Name and address of each employee paid more than \$50 000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account other allowances |
|---|--|------------------|---|--------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50 000

▶ **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest paid independent contractors for professional services (see instructions) If none enter NONE**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ |

Part IX-A Summary of Direct Charitable Activities

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 |
|--------------|----------|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

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 | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 | |
| Total. Add lines 1 through 3 | ▶ |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations see instructions.)

| | | | |
|----------|--|-----------|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable etc purposes | | |
| a | Average monthly fair market value of securities | 1a | 1,750,966 |
| b | Average of monthly cash balances | 1b | 45,888 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 1,796,854 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 1,796,854 |
| 4 | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount see instructions) | 4 | 26,953 |
| 5 | Net value of noncharitable use assets. Subtract line 4 from line 3. Enter here and on Part V line 4 | 5 | 1,769,901 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 88,495 |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

| | | | |
|-----------|--|-----------|--------|
| 1 | Minimum investment return from Part X line 6 | 1 | 88,495 |
| 2a | Tax on investment income for 2011 from Part VI line 5 | 2a | 5 |
| b | Income tax for 2011 (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | 5 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 88,490 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 88,490 |
| 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 | 88,490 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable etc purposes | | |
| a | Expenses, contributions, gifts, etc.—total from Part I column (d) line 26 | 1a | 595,726 |
| 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 | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V line 8 and Part XIII line 4 | 4 | 595,726 |
| 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 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 595,726 |

Note. The amount on line 6 will be used in Part V column (b) in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2010 | (c) 2010 | (d) 2011 |
|---|----------------|----------------------------|-------------|----------------|
| 1 Distributable amount for 2011 from Part XI line 7 | | | | 88,490 |
| 2 Undistributed income if any as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | | |
| b Total for prior years 20____ 20____ 20____ | | | | |
| 3 Excess distributions carryover if any to 2011 | | | | |
| a From 2006 | | | | |
| b From 2007 | | | | |
| c From 2008 | | | | 194 |
| d From 2009 | | | | |
| e From 2010 | | | | 404,733 |
| f Total of lines 3a through e | 404,927 | | | |
| 4 Qualifying distributions for 2011 from Part XII line 4 ▶ \$ 595,726 | | | | |
| a Applied to 2010 but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required—see instructions) | | | | |
| c Treated as distributions out of corpus (Election required—see instructions) | | | | |
| d Applied to 2011 distributable amount | | | | 88,490 |
| e Remaining amount distributed out of corpus | 507,236 | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d) the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below | 912,163 | | | |
| a Corpus Add lines 3f 4c and 4e Subtract line 5 | | | | |
| b Prior years undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years undistributed income for which a notice of deficiency has been issued or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount—see instructions | | | | |
| e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount—see instructions | | | | |
| f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012 | | | | 0 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2012 Subtract lines 7 and 8 from line 6a | 912,163 | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2007 | | | | |
| b Excess from 2008 | | | | 194 |
| c Excess from 2009 | | | | |
| d Excess from 2010 | | | | 404,733 |
| e Excess from 2011 | | | | 507,236 |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation and the ruling is effective for 2011, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

| | Tax year | Prior 3 years | | | (e) Total |
|---|----------|---------------|----------|----------|-----------|
| | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| 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 | | | | | |
| c Support alternative test—enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)) or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions)

1 Information Regarding Foundation Managers

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)).

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Programs

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed.

N/A

b The form in which applications should be submitted and information and materials they should include.

N/A

c Any submission deadlines.

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

N/A

Schedule B
(Form 990 990 EZ
or 990 PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990 Form 990 EZ or Form 990 PF

OMB No 1545 0047

2011**Name of the organization****GENE & JERRY JONES FAMILY ARLINGTON
YOUTH FOUNDATION****Employer identification number****20-4346960****Organization type (check one)****Filers of****Section**

Form 990 or 990 EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990 PF

- ☒ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule****Note** Only a section 501(c)(7) (8) or (10) organization can check boxes for both the General Rule and a Special Rule See instructions**General Rule**

- ☒ 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 total 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 total to more than \$1 000 If this box is checked enter here the total contributions that were received during the year for an exclusively religious charitable etc purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious charitable etc contributions of \$5 000 or more during the year ▶ \$

Caution An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990 990 EZ or 990 PF) but it **must** answer **No** on Part IV line 2 of its Form 990 or check the box on line H of its Form 990 EZ or on Part I line 2 of its Form 990 PF to certify that it does not meet the filing requirements of Schedule B (Form 990 990 EZ or 990 PF)

Name of organization

GENE & JERRY JONES FAMILY ARLINGTON

Employer identification number

20-4346960

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-----------|--|----------------------------|--|
| 1 | COWBOYS STADIUM LP ONE COWBOYS PARKWAY IRVING TX 75063 | \$ 500,000 | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution) |

Federal Statements

11/12/2012 9 38 AM

Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------------|----------|-------------------|-----------------|-----------------------|
| PROFESSIONAL FEES | \$ 1,055 | \$ | \$ | \$ 1,055 |
| TOTAL | \$ 1,055 | \$ 0 | \$ 0 | \$ 1,055 |

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|-------------|-------|-------------------|-----------------|-----------------------|
| TAXES | \$ 42 | \$ | \$ | \$ 42 |
| TOTAL | \$ 42 | \$ 0 | \$ 0 | \$ 42 |

Federal Statements**Statement 3 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants**

| <u>Amount</u> | <u>Noncash Description</u> | <u>FMV Explanation</u> | <u>Book Value Amount</u> | <u>Book Value Explanation</u> | <u>Date</u> |
|---------------|--------------------------------|----------------------------|------------------------------|-----------------------------------|-------------|
| 500,000 | | | | | 4/01/11 |
| 94,629 | | | | | 3/03/11 |

Federal Statements**Statement 4 - Form 990-PF, Part II, Line 22 - Other Liabilities**

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|--------------------------|------------------------------|------------------------|
| I/C JONES FAMILY CHARITY | \$ <u>100</u> | \$ <u>100</u> |
| TOTAL | \$ <u>100</u> | \$ <u>100</u> |

15490 Gene & Jerry Jones Family Arlington
20-4346960
FYE 12/31/2011

Federal Statements

11/12/2012 9 38 AM

Statement 5 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name

Address

City, State, Zip

COWBOYS STADIUM LP

ONE COWBOYS PARKWAY

IRVING TX 75063

15490 Gene & Jerry Jones Family Arlington
20-4346960
FYE 12/31/2011

Federal Statements

11/12/2012 9 38 AM

Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|--|-------------|---------------|--------------|----------|----------|
| CHARLOTTE JONES ANDERSON ONE COWBOYS PARKWAY IRVING TX 75063 | PRESIDENT | 12 00 | 0 | 0 | 0 |
| JERRAL W JONES ONE COWBOYS PARKWAY IRVING TX 75063 | V PRESIDENT | 1 00 | 0 | 0 | 0 |
| ROBERT CLUCK ONE COWBOYS PARKWAY IRVING TX 75063 | V PRESIDENT | 1 00 | 0 | 0 | 0 |
| DAVID FREY ONE COWBOYS PARKWAY IRVING TX 75063 | SEC/TREAS | 1 00 | 0 | 0 | 0 |
| THOMAS WALKER ONE COWBOYS PARKWAY IRVING TX 75063 | ASST TREAS | 1 00 | 0 | 0 | 0 |
| CONNIE TOEVS ONE COWBOYS PARKWAY IRVING TX 75063 | ASST TREAS | 1 00 | 0 | 0 | 0 |
| ALEC SHEINER ONE COWBOYS PARKWAY IRVING TX 75063 | ASST SECR | 1 00 | 0 | 0 | 0 |
| GEORGE MITCHELL ONE COWBOYS PARKWAY IRVING TX 75063 | ASST TREAS | 1 00 | 0 | 0 | 0 |

Form
(Rev. January 2012)**8868****Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3 Month Extension** complete only Part I and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3 Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

Electronic filing (e file) You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870 Information Return for Transfers Associated With Certain Personal Benefit Contracts which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time Only submit original (no copies needed)

A corporation required to file Form 990 T and requesting an automatic 6 month extension check this box and complete

Part I only ☐

All other corporations (including 1120 C filers) partnerships REMICs and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

| | | |
|--|--|--|
| Type or print File by the due date for filing your return. See instructions | Name of exempt organization or other filer see instructions GENE & JERRY JONES FAMILY ARLINGTON YOUTH FOUNDATION | Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-4346960 |
| | Number street and room or suite no. If a P O box see instructions ONE COWBOYS PARKWAY | Social security number (SSN) <input type="checkbox"/> |
| | City town or post office state and ZIP code For a foreign address see instructions IRVING TX 75063 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990 T (corporation) | 07 |
| Form 990 BL | 02 | Form 1041-A | 08 |
| Form 990 EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990 T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THOMAS WALKER
ONE COWBOYS PARKWAY

- The books are in the care of ► **IRVING**

TX 75063Telephone No ► **972-556-9394**

FAX No ►

- If the organization does not have an office or place of business in the United States check this box ☐
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box ☐ If it is for part of the group check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/12** to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2011** or

► ☐ tax year beginning _____ and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|---|-----------|----|----------|
| 3a If this application is for Form 990 BL 990 PF 990-T 4720 or 6069 enter the tentative tax less any nonrefundable credits. See instructions | 3a | \$ | 0 |
| b If this application is for Form 990 PF 990-T 4720 or 6069 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ | 0 |

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

For Privacy Act and Paperwork Reduction Act Notice see Instructions

Form **8868** (Rev. 1 2012)

• If you are filing for an **Additional (Not Automatic) 3 Month Extension**, complete only **Part II** and check this box ☒ **X**

Note Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3 Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time Only file the original (no copies needed)

| | | |
|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Enter filer's identifying number, see instructions | |
| | Name of exempt organization or other filer see instructions GENE & JERRY JONES FAMILY ARLINGTON YOUTH FOUNDATION | Employer identification number (EIN) or <input checked="" type="checkbox"/> 20-4346960 |
| | Number, street, and room or suite no. If a P.O. box, see instructions ONE COWBOYS PARKWAY | Social security number (SSN) <input type="checkbox"/> |
| | City, town, or post office, state, and ZIP code. For a foreign address, see instructions. IRVING TX 75063 | |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990 BL | 02 | Form 1041 A | 08 |
| Form 990 EZ | 01 | Form 4720 | 09 |
| Form 990 PF | 04 | Form 5227 | 10 |
| Form 990 T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990 T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• The books are in the care of ▶

Telephone No ▶

FAX No ▶

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/12**

5 For calendar year **2011** or other tax year beginning and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

| | | |
|---|----|----|
| 8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ |

Signature and Verification must be completed for Part II only

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

M. S. JAMES, CPA

Title ▶ **CPA**

Date ▶ **11/13/12**

Form **8868** (Rev. 1-2012)