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### €orm 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury

Open to Public Inspection

-	nai riceci	THE SCITTICE		the eigenization may have to use a sopy of this return to satisfy state reporting	y requirements	-   -   -   -   -   -   -   -   -   -	- abiie inspection
	For the	e 2008 calend	lar year, (	or tax year beginning Mar 1 , 2008, and ending	Feb 28	, 20	109
В	Check if	applicable	Please use	C Name of organization	D Employ	er Identificatio	on Number
	Add	lress change	IRS label	JOEY F. CASEY MEMORIAL FOUNDATION	25-	6594915	
	Nan	ne change	or print or type.	Number and street (or P O box if mail is not delivered to street addr) Room/suit	e <b>E</b> Telepho	one number	
	Initia	al return	See specific	8121 CRESCO AVENUE	(21	5) 331-	6424
	Terr	mination	Instruc- tions.	City, town or country  State ZIP code + 4			
	Ame	ended return		PHILADELPHIA PA 19136	G Gross r	eceipts \$ 2	261,747.
	App	lication pending	F Name a		(a) Is this a group retur		
			NANCY	CASEY 8121 CRESCO AVENUE PHILADELPHIA PA 19136 H	(b) Are all affiliates inc		Yes No
匸	Tax-e	exempt status		(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	If 'No,' attach a list	(see instructio	ons) — —
J	Web	site: ► N/	Α .		(c) Group exemption no	umber ►	
K		of organization	X Corpora		<del></del>	State of legal do	omicile PA
Pa	ırt l	Summa			<u> </u>		
	1 E	Briefly describ	e the org	anization's mission or most significant activities Offer Tuition	on Reimburseme	ent for Ne	edy Students.
ė	_	- <del>-</del>					
Governance	_						
ern	_		· <del></del>			<b></b>	<del>-</del>
õ		Check this box	× •	if the organization discontinued its operations or disposed of more	than 25% of its as	sets	
প্				bers of the governing body (Part VI, line 1a) t voting members of the governing body (Part VI, line 1b)		3 4	
ties				vees (Part V, line 2a)		<b>4</b> 4 <b>5</b> 0	
Activities &				eers (estimate if necessary)		6 4	_
¥				usiness revenue from Part VIII, line 12, column (C)		7a	0.
				taxable income from Form 990-T, line 34		7b	
					Prior Year		Current Year
đ	8 0	Contributions :	and gran	(Part VIII (Tipe jth)	228,0		224,415.
Revenue	9 F	Program servi	ce reven	po(Part VIII; wee2g)			
eve	10 h	nvestment ind	come (F/a	A VIII, dolumn (A), lines 3.4, and /d)	10,0	25.	-11,718.
	11 (	Other revenue	e (Part/VII	I column (A) 3 ines 5, 6d, 8c, 9c,/10c, and 11e)			
<u> </u>	12 T	Total revenue	– add lir	nes 8 through 11 (must/gual Pa/t VIII, column (A), line 12)	238,0	175.	212,697.
⊳	13 0	Grants and sir	milar anac	punts (2) (Part IX, column (A) (lines 1-3)	268,4	00.	234,211.
3	14 E	Benefits paid f	to or for r	nembers (Raft X, column (A) line 4)	·		0.
	<b>15</b> S	Salaries, other	r compen	sation, employee senerits (Part IX, column (A), lines 5-10)	· <u>-</u>	0.	0.
<b>D</b> e	16a F	Professional fi	undraisin	g fees (Part IX, column (A)∜line 11e)			0.
NVI CURRES	<b>b</b> ⊺	Total fundraisi	ing exper	ses (Part IX, column (D), line 25) ► 0 .			
211 2	l			X, column (A), lines 11a-11d, 11f-24f)	2.7	00.	2,100.
9	l	-	-	ies 13-17 (must equal Part IX, column (A), line 25)	271,1		236,311.
20	l			Subtract line 18 from line 12	-33,0		-23,614.
<b>₹</b>		-			Beginning of Y		End of Year
Net Asuk U.	<b>20</b> T	Total assets (F	Part X lir	ne 16)	111,3		61,517.
A B	l	otal liabilities		·		<del></del>	
\$ 5	22 N	Jet assets or t	fund hala	nces Subtract line 21 from line 20	111,3	180	61,517.
Pa	rt II	Signatu				00.1	01,511.
			$\overline{}$		ments, and to the hest	of my knowled:	ne and helief it is
		Under penalties true, correct, ar	id complete	declare that I have examined this return, including accompanying schedules and stater Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge		go and belief, it is
Sig	ın	<b>&gt; / /</b>		1W/	1 184	12010	
He	re	Signature of	of officer		Date	<del>/</del>	
		<b> </b>	dscod	HD. CASCY Sprisident	•		
	-		nt name and				
			7	Date	Check if	Preparer	's identifying number ructions)
Pa		Preparer's	1 1	1 6 6 1	self- employed		
Pre		signature	<b>►</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	man M. 11 man, CPA 101/14/10		<b>-100</b>	283130
pa: Us	rer's	Firm's name (or	JAG	eph M. Brindisi & Associates, PC		<del></del> _	
On		yours if self- employed),	<b>▶</b> 100	4/	EIN ► Z	0-117	28860
<b>J</b> 11	٠,٦	address, and ZIP + 4	Kin				222-0562
May	the IR			vith the preparer shown above? (see instructions)		<u>  X                                   </u>	Yes No
				work Reduction Act Notice, see the separate instructions.	TEEA0101	12/22/08	Form <b>990</b> (2008)

	990 (2008) JOEY F. CASEY MEMORIAL FOUNDATION	25-65949	15		Page 2
Pai	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
	Offer Tuition Reimbursement for Needy Students.				
				-	
2	Did the organization undertake any significant program services during the year which were not listed on the	prior		_	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O.			تت	
4	· · · · · · · · · · · · · · · · · · ·		FO	17-577	
-	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	expenses sec	ers the	total	)
	expenses, and revenue, if any, for each program service reported		015, 1110	· total	
48	a (Code) (Expenses \$ 72,500. including grants of \$ 0.) (Re	venue \$			0.)
	The Foundation has supplied funds to Little Flower High School				
	in Dhila DN to holp defray the riging goets of twitien				
	for needy that to help derive the fishing costs of cultion				
	for needy students. The Students must qualify for the support.				
41	(Code) (Expenses \$68,000. including grants of \$0.) (Re	venue \$			0.)
	The Foundation has supplied finds to be build the best life and	venue P			<u>U.</u> )
	The Foundation has supplied funds to Archbishop Wood High school :	_n			
	Phila. area to help defray rising tuition costs as well as to				
	support their CYO and Outreach Programs.				
	<u> </u>				
40	: (Code) (Expenses \$31,000. including grants of \$0.) (Re				0.)
	The Foundation has supplied funds to North Catholic High School				
	in Dhila DN to bolm defence the miging costs of twiting				
	for needy students. The Students must qualify for the support.				
	for needy students. The students must quarify for the support.				
			-		
40	Other program services. (Describe in Schedule O.)				
	(Expenses \$ 62,711. including grants of \$ 0.) (Revenue \$		0.	)_	
46	• Total program service expenses ► \$ 234,211. (Must equal Part IX, Line 25, column (B).)				

<u> </u>	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>x</u> _
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		_ x_
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		<u>x</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>x</u>
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u> _
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		<u>x</u> _
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, go to question 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	<del>                                     </del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
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Form 990 (2008) JOEY F. CASEY MEMORIAL FOUNDATION

Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
ā	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes.' complete Schedule N. Part I	31		x
		<del>  31</del>		^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35_		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		х
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		Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		i	ĺ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	L	х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
Note. If the sum of lines 1a and 2a is greater than 250, you be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	_	х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>b</b> If 'Yes,' enter the name of the foreign country	.		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			ļ
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		Х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		×
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			<del></del>
a Did the organization make any taxable distributions under section 4966?	9a		x
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ļ
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	ction A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, de s, or changes in Schedule O. See instructions.	escribe the circumstances,		Yes	No
1 :	a Enter the	e number of voting members of the governing body	1a 4			
ı	<b>b</b> Enter the	e number of voting members that are independent	1b 4	]		r
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business relative trustee or key employee?	ationship with any other	ـــــــــــــــــــــــــــــــــــــ	X	
3	or officer	organization delegate control over management duties customarily performed by or un is, directors or trustees, or key employees to a management company or other person	der the direct supervision?	3		x
4		organization make any significant changes to its organizational documents error Form 990 was filed?		4		Х
5	Did the o	organization become aware during the year of a material diversion of the organization!	s assets?	5		Х
6		organization have members or stockholders?		6		X
7:	Does the	organization have members, stockholders, or other persons who may elect one or mag body?	ore members of the	7a		х
I	<b>b</b> Are any o	decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		X
8	Did the o	organization contemporaneously document the meetings held or written actions undertiving:	aken during the year by	, ,,,,		-
	a The gove	erning body?		8a	Х	
		nmittee with authority to act on behalf of the governing body?		8b	Х	
9 8	a Does the	organization have local chapters, branches, or affiliates?		9a		X
I	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of sches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	9b		
10	Was a co describe	opy of the Form 990 provided to the organization's governing body before it was filed? in Schedule O the process, if any, the organization uses to review the Form 990	All organizations must	10	х	
	organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who cann tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	11		<u>x</u>
Sec	tion B.	Policies				
	<b>.</b>				Yes	<u>N</u> o
128	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u> _
	to conflic		ŭ	12b		
	Schedule	organization regularly and consistently monitor and enforce compliance with the police O how this is done	cy? If 'Yes,' describe in	12c		
		organization have a written whistleblower policy?		13		<u>X</u>
		organization have a written document retention and destruction policy?		14		<u>X</u>
		rocess for determining compensation of the following persons include a review and ap comparability data, and contemporaneous substantiation of the deliberation and decis	oproval by independent sion:	,		*
		nization's CEO, Executive Director, or top management official?		15a		X
t		icers of key employees of the organization?		15b		<u>X</u>
	Describe	the process in Schedule O (see instructions)				
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar a ring the year?	rrangement with a taxable	16a	~	X
ŀ	in joint ve	nas the organization adopted a written policy or procedure requiring the organization to enture arrangements under applicable federal tax law, and taken steps to safeguard the th respect to such arrangements?	o evaluate its participation ne organization's exempt	16b		ı
Sec		Disclosures		וטטו		
17		tates with which a copy of this Form 990 is required to be filed Pennsylvani				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply		aılable	for pu	blic
	Own	website Another's website X Upon request				
19	Describe statemen	In Schedule O whether (and if so, how) the organization makes its governing docume its available to the public	nts, conflict of interest policy	y, and	fınanc	ıal
20	State the	name, physical address, and telephone number of the person who possesses the boo	oks and records of the organ	ızatıon		
		Casey 8121 Cresco Avenue - Philadelphia, P.	_	15)_3		5424
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Form 990 (2008)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons

X Check this box if the organization did no (A)	(B)				c)			(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)									
	hours per week	andividi et frascere	institutional trustee	Offi -e-i	Key employee	High est connomisated employee	rol, nei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
Joseph F. CaseyPresident	3.00	Х						0.	0.	0.	
Thomas J. Crossett Vice President	3.00			х				0.	0.	0.	
Nancy J. Casey Treasurer	3.00	x						0.	0.		
Kathleen A. Milligan Secretary				,,		-				0.	
Secretary	3.00		_	Х				0.	0.	0.	
									_		
	-										
~											

TEEA0107 11/07/08

Part VII   Section A. Officers, Directors, Trus		(ey	En			es,	an	d Highest Con	pensated Emp	loyee	<b>s</b> (co	<u>nt.)</u>
· (A)	(B)	D	<b>.</b>		c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or	stimated bunt of of npensatifrom the ganization nd related panization	ther on on ed
					-				-	-		
	-			_			_					
	-											
	-											
	-											
	-											
1 b Total							<b>•</b>	0.	0.	<u> </u>		0
2 Total number of individuals (including those in 1a) who organization ► 0	ho recei	ved	mor	e th	an \$	100,	,000	) in reportable con	npensation from the	•		
3 Did the organization list any former officer, director of	or trustee	e. ke	ev er	npla	ovee	. or	hiah	nest compensated	emplovee		Yes	No
<ul> <li>on line 1a<sup>3</sup> If 'Yes,' complete Schedule J for such inc</li> <li>For any individual listed on line 1a, is the sum of rep</li> <li>the organization and related organizations greater th</li> </ul>	dividual ortable i	comi	nen	satio	ากล	nd of	ther	compensation fro	m	3		Х
individual  Did any person listed on line 1a receive or accrue co										4		X
rendered to the organization? If 'Yes,' complete Sche Section B. Independent Contractors	edule J f	or si	uch	pers	son	псіа		organization to s		_ 5		X
Complete this table for your five highest compensate compensation from the organization	d indepe	ende	nt c	ontr	acto	rs th	nat r	eceived more thai	1 \$100,000 of			
(A) Name and business address	5							<b>(B)</b> Description o	f Services	Compe	C) ensatio	n
					_						-	
										-		
2 Total number of independent contractors (including the compensation from the organization ► 0	hose in	1) w	ho r	ecei	ved	mor	e th	an \$100,000 in				

rai	Į VI	ii Statement of Ne	venue	<del></del>				
		· ·		_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ر. بع	1 a	Federated campaigns	1 a					
A SI		Membership dues	1 b					'
윤호	С	Fundraising events	1 c					
F S		Related organizations	1 d	<del></del>				
اٍ ٍ ق		Government grants (contribution			ì		1	į.
SIS		-						r E
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other contributions, gifts, g similar amounts not included a Noncash contribns included in	above 1f	224,415.				
중심	_	Total. Add lines 1a-1f	1113 14°11		224,415.			
_		Total. Add liftes 14-11		Business Code	224, 413.			
N N	2a		-				-	
ğ	b						-	<del></del>
핑	c					— <del></del> -		<del></del>
₹	_					<del>-</del> .		
SE	d						<del></del>	
Z Z	е							<del> </del>
PROGRAM SERVICE REVENUE		All other program service	e revenue				<del> </del>	<u> </u>
<u>E</u>	g	Total. Add lines 2a-2f						
İ	3	Investment income (incl	udıng dıvıdends,	interest and	0.100	0.400		
		other similar amounts)			2,139.	2,139.	0.	0.
İ	4	Income from investment	t of tax-exempt b	•		ļ		
	5	Royalties		<u> </u>				
		į	(i) Real	(ii) Personal		19		
I	6a	Gross Rents						
	b	Less: rental expenses			*	₩	**	,
	С	Rental income or (loss)		1				
	d	Net rental income or (lo	ss)	<b></b>				
	7.3	Gross amount from sales of	(i) Securities	(ii) Other		» *>		;
	<i>,</i> a	assets other than inventory	35,193.					
					*			,
	D	Less cost or other basis and sales expenses	49,050.		**	,		
ĺ	c	Gain or (loss)	-13,857.					'
		Net gain or (loss)	13,037.	<u> </u>	-13,857.	-13,857.	0.	
					-13,637.	-13,637.	<u> </u>	0.
NUE	8a	Gross income from fund (not including \$						
OTHER REVEN		of contributions reported	l on line 1c)					
8		See Part IV, line 18	а		ž,		1	Į.
Ĭ.	b	Less: direct expenses	b					
١	С	Net income or (loss) fro	m fundraising ev	ents <u></u>				
	9a	Gross income from gam See Part IV, line 19	ing activities					
	b	Less: direct expenses	b					
	С	Net income or (loss) fro	m gaming activiti	es				_
		Gross sales of inventory and allowances				*		
	h	Less cost of goods sold						
1		Net income or (loss) fro		tory •				
		Miscellaneous Reven		Business Code			,	_
	11 a							
	b		<del>-</del>					
	2		<b>-</b>		<del>-</del> -	<del></del>		<del> </del>
	ت در	All ather server			<del></del>	<del> </del>	-	<del></del>
		All other revenue	. L			<del>-</del>		
		Total. Add lines 11a-11d		_		L		
	12	Total Revenue. Add line 10c, and 11e	s 1h, 2g, 3, 4, 5,	6d, 7d, 8c, 9c,	212,697.	-11,718.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

		(A)	(B)	(C)	_ (D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	234,211.	234,211.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.	0.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		<del> </del>
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under	0.	0.	0.	0.
	section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	0.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.	0.	0.	0.
9	Other employee benefits	0.	0.	0.	0.
10	Payroll taxes	0.	0.	0.	0.
11	Fees for services (non-employees)		<u> </u>		
a	Management	0.	0.	0.	0.
Ŀ	Legal	0.	0.	0.	0.
c	Accounting	1,350.	0.	1,350.	0.
c	Lobbying	0.	0.	0.	0.
e	Prof fundraising svcs. See Part IV, In 17	0.			0.
f	Investment management fees	750.	0.	750.	0.
g	Other	0.	0.	0.	0.
12	Advertising and promotion	0.	0.	0.	0.
13	Office expenses	0.	0.	0.	0.
14	Information technology	0.	0.	0.	0.
15	Royalties	0.	0.	0.	0.
16	Occupancy	0.	0.	0.	0.
17	Travel	0.	0.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19	Conferences, conventions, and meetings	0.	0.	0.	0.
20	Interest	0.	0.	0.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	0.	0.	0.	0.
23	Insurance	0.	0.	0.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	<b>♦</b>	ş	·	
5					
E			<del></del>		
					·
f					
	Total functional expenses. Add lines 1 through 24f	236,311.	234,211.	2,100.	0.
	Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		0.	0.	0 <b>.</b> Form <b>990</b> (2008

Į P c	irt A	· ·		(A) Beginning of year		(B) End of y	ear
	1	Cash - non-interest-bearing		0.	1		0.
	2	Savings and temporary cash investments		4,618.	2	5	6,609.
	3	Pledges and grants receivable, net		0.	3		0.
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trustees, key employees,	0.	5		0.
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))				
_		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6		
ASSETS	7	Notes and loans receivable, net		_	7		
S E	8	Inventories for sale or use			8		
Š	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment cost basis	10a				
	b	Less: accumulated depreciation Complete Part VI of		•			
		Schedule D	10ь		10 c		
	11	Investments - publicly-traded securities		106,762.	11	55	908.
	12	Investments – other securities See Part IV, line 11			12	_	
	13	Investments – program-related. See Part IV, line 11			13	-	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets Add lines 1 through 15 (must equal line a	34)	111,380.	16	61	L,517.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue			19		
Ļ	20	Tax-exempt bond liabilities			20		
Å	21	Escrow account liability Complete Part IV of Schedule	: D	<del></del>	21		
LIABILITIES	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees, key employees.				
į		of Schedule L			22		
\$	23	Secured mortgages and notes payable to unrelated thi	rd parties		23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		0.	26		0.
N E T		Organizations that follow SFAS 117, check here ▶	and complete lines				
		27 through 29 and lines 33 and 34.			_		
ASSE	27	Unrestricted net assets		· · · · · · · · · · · · · · · · · · ·	27		
т	28	Temporarily restricted net assets			28		
Ś	29	Permanently restricted net assets	_		29		
R		Organizations that do not follow SFAS 117, check her	re ► X and complete				
FUND		lines 30 through 34.			_		
Ŋ	30	Capital stock or trust principal, or current funds			30		
В	31	Paid-in or capital surplus, or land, building, and equipro	ment fund		31		
BALAZCES	32	Retained earnings, endowment, accumulated income,	or other funds	111,380.	32	61	L <b>,</b> 517.
Č	33	Total net assets or fund balances.		111,380.	33	61	L <u>,</u> 517.
- <b>5</b>	34	Total liabilities and net assets/fund balances		111,380.	34	61	.,517.
Pa	ırt X	Financial Statements and Reporting					
1	Aco	counting method used to prepare the Form 990 X C	Cash Accrual	Other		Y	es No
2		re the organization's financial statements compiled or re	eviewed by an independent a	ccountant?		_2a	x
	<b>b</b> We	re the organization's financial statements audited by an	independent accountant?			_2b	Х
	c If "	Yes' to 2a or 2b, does the organization have a committee	e that assumes responsibility	for oversight of the aud	lıt,		
	rev	iew, or compilation of its financial statements and selec	tion of an independent accou	entant?		2c	
3	a As	a result of a federal award, was the organization required to the community of the communit	ed to undergo an audit or aud	lits as set forth in the Si	ngle	3a	X
		Yes,' did the organization undergo the required audit or	audits?			3b	-   ^-
BA		res, and the organization undergo the required addit or	audita:				<b>90</b> (2008)
~~							/

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **2008** 

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number JOEY F. CASEY MEMORIAL FOUNDATION 25-6594915 Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 In section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 X from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h 11 Type III - Functionally integrated d | Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the organizations the organization supports (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in (i) Name of Supported (iv) Is the (vi) Is the (vii) Amount of Support organization in col (i) organized in the US? rganization in col (i) listed in your organization col (i) of Organization your support? governing document? Yes Yes No Yes Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

I a	(Complete only if you checke				(БДІДАДІУ) ап	u 170(D)(1	ДАД	(VI)
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·					
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,*	^	y" 🎉	`		
6	<b>Public support.</b> Subtract line 5 from line 4	*	· 46v	à			`	
Sec	tion B. Total Support		-					
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activi	ties, etc (see ins	tructions)				12	
	First five years. If the Form 990 i organization, check this box and	stop here		, third, fourth, oi	r fifth tax year as a	section 501	(c)(3)	▶ □
	tion C. Computation of Pul		<del></del>					-
	Public support percentage for 200 Public support percentage for 200		•	11, column (f)		}	14 15	<u>%</u> %
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did qualifies as a pub	not check the box licly supported orga	on line 13, and	the line 14 is 33-1/3	3 % or more	, chec	k this box
t	33-1/3 support test — 2007. If the and stop here. The organization of	organization did qualifies as a publ	not check a box or icly supported orga	i line 13, or 16a, anization.	and line 15 is 33-1	/3% or more	e, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances' i	test, check this b	oox and stop here.	Explaın ın P	art IV	0% how ► [
t	10%-facts-and-circumstances te or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar	nd-circumstances' f	test, check this b	oox and stop here.	Explain in P	art IV	5 is 10% how the ►
18 BAA	Private foundation. If the organiz				or 17b, check this	box and see	ınstrı	uctions

# Schedule A (Form 990 or 990-EZ) 2008 JOEY F. CASEY MEMORIAL FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

Calendary year (or fiscal yr leginnery in)   (a) 2004   (b) 2005   (c) 2006   (d) 2007   (e) 2008   (f) Total   (f) Gritisg, contributions and control of the propose   (c) 2007   (e) 2008   (f) Total   (f) Gritisg, contributions and control of the propose   (c) 2007   (e) 2008   (f) Total   (f) Gritisg, contributions and control of the propose   (f) Gritisg, control of	$\overline{}$	tion A. Public Support					·		
Section 8.1 Total Support   Section 8.1			(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	)	(f) Total
2 Gross receipts from admissions, merchandlase sold fearlites furnished in a activity that is related to the organization's tax-exempt on a control of the program of the p	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	547,611.	178,500.	223,100.				949,211.
not a unrelated trade or business under section \$13  4 Tax revenues leved for the earlier paid to or expended on its behalf  5 The value of services or governmental with to the organization without charge of the paid to or expended on its behalf  6 Total. Add lines 1.5  73 A mounts included on lines 1.  2, 3 received from disqualified persons that exceed the greater of 1 ½ of the total of lines 2.0  6 A mounts included on lines 2.0  6 A mounts included on lines 2.0  7 A mounts miculated on lines 2.0  8 Public support (Subtract line 7.6 from line 6.0  9 A mounts from line 6.0  9 A public support (Subtract line 7.6  10 A public support from a mount line from 8.0  9 A public support for line 8.0  9 A public support ceivers live 1.0  9 A public support devers live 1.0  9 A	-	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
organization's benefit and either paid to or expended on the phat to or expended on the phat to or expended on the phat to behalf to behalf to behalf to behalf to behalf to behalf to behalf to behalf to behalf to behalf to services or facilities frunshed by a governmental unit to the organization without charge 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	3	not an unrelated trade or business							
5 The value of services or facilities frurnshed by a governmental unit to the graph of programs and in the third organization without charge 0. 0. 0. 0. 0. 0. 949, 211.  7 A Amounts included on lines 1, 2. 3 freceived from disqualifies 2 and 3 received from other than disqualified persons that exceed the greater of 1% of 3 and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 12 for the year or \$5,000 c Add lines 7a and 7b and 7a and	4	organization's benefit and either paid to or expended on	0.	0.	0.				0.
7a Amounts included on lines 1, 2, 3 received from disputable persons b Amounts included on lines 2 and 3 received from other than exceed the disputable persons b Amounts included on lines 2 and 3 received from other than exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b  8 Public support (Subtract line 7c from line 6)  Section B. Total Support  Section B. Total Support  Section B. Total Support  Section B. Total Support  547, 611. 178, 500. 223, 100. 949, 211.  547, 611. 178, 500. 223, 100. 949, 211.  547, 611. 178, 500. 223, 100. 949, 211.  548, 610. 178, 6	5	facilities furnished by a governmental unit to the	0.						0.
and 3 received from other than disqualished persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7 and 7b	7 <i>a</i>	Amounts included on lines 1, 2, 3 received from disqualified persons	547,611.	178,500.	223,100.				949,211.
8 Public support (Subtract line 7c from line 6) 949,211.  Section B. Total Support  Calendar year (or liscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 10 a Gross income from interest, dividends, payments received on securities loans, renis, royalties and income form similar sources  b Unrelated business taxable income (less section 611 taxes) from businesses acquired after June 30, 1975 c Add lines 10 a and 10b 3, 117. 4, 577. 4, 787. 12, 481.  11 Net income from unrelated business satisfies in the louding dinine 10b, whether or not the business is regularly tarned on 10 toss from the sale of capital bassets (Explain in Part (N.) 13 Total support. (sed line 9, 10, 11, and 12) 14 First five years, if the Form 990 is for the organization, check this box and stop here  15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 98.70 % 16 Public support percentage form 2007 Schedule A, Part IV-A, line 27g 16 98.80 % Section D. Computation of Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 1.30 % 18 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 1.20 % 19 a 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this b	-	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,							
Section B. Total Support   Calendar year (or fiscal by beginning in)   Calendar year (or fiscal by beginning	c	Add lines 7a and 7b							
Section B. Total Support   Calendar year (or fiscal yr beginning in)   Calendar yr beginning in   Calendar yr beginning	8	Public support (Subtract line							
Calendar year (or fiscal yr beginning in) > (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 547, 611. 178, 500. 223, 100. 949, 211. 108 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 3, 117. 4, 577. 4, 787. 12, 481. 12									949,211.
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business at sativities not included inline 10b, whether or not the business is regularly carried on regularly carried on 20 to 10	Sec	tion B. Total Support							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources  5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included inline 10b, whether or not the business regularly carned on 10 to 10	Cale	ndar year (or fiscal yr beginning in) 🟲 📗	(a) 2004		<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	;	(f) Total
dividends, payments received on securities loans, rents, royalties and income form similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	-		547,611.	178,500.	223,100.		<u> </u>		949,211.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 3, 117. 4, 577. 4, 787.  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add line 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 Private foundation. If the organization did not check a box on line 14, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	10 a	dividends, payments received on securities loans, rents, royalties and income form	3 117	4 577	4 707				12 491
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First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)  Section C. Computation of Public Support Percentage  15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  19 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization provided organization of the provided organization provided organization organization.  18 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	12	Other income Do not include gain or loss from the sale of capital assets (Explain in	0.	.0.	. 0.1				<u></u>
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Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g  17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h  19 a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  18 b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	14	First five years. If the Form 990 in organization, check this box and	stop here		third, fourth, or	fifth tax year as	a section 501	(c)(3)	▶ □
Public support percentage from 2007 Schedule A, Part IV-A, line 27g   16   98.80 %					<del> </del>		<del></del> -	<del></del> -	
Section D. Computation of Investment Income Percentage		,, , ,	•	• •	13, column (f))		1	<del></del>	
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more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							Ĺ		
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		is not more than 33-1/3%, check	this box and <b>stop</b>	<b>here.</b> The organiza	ation qualifies as	a publicly suppo	rted organizat	tion	and line 18
			ation aid not check						20 05 000 57 0005

Part IV	Supplementa Part II, line 1	al Information. 7a or 17b; or F	Complete this Part III, line 12	s part to prov 2. Provide an	ide the explana  other addition	ation required by Final information. (se	art II, line 10; ee instructions)
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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

<b>4</b> c	<b>l</b> Describe	the exempt	purpose achie	evements for e	each of the	he organ	iization's d	other progr	ram	
	services	Section 501	(c)(3) and (4)	organizations	s and 494	47(a)(1)	trusts are	required t	:0	
	report the	e amount of	grants and al	locations to ot	hers, the	total ex	penses, a	ind revenu	ie, if any, fo	r
	each pro-	gram service	e reported.							
_	_	_								

Code.	Description:	The Foundation has supplied funds to Conwell Egan High School and
Expenses _	19,000.	Nativity grade schools. All located in the Phila. area.
Grants Of	0.	The funds are for needy students to help with tuition costs.
Revenue _	0.	
_		
Code:	Description:	OTHER VARIOUS SCHOOLS
Expenses _	43,711.	
Grants Of	0.	
Revenue _	0.	

### **Supporting Statement of:**

Form 990 p 9/Other amt. not included

Waste Management Health Services Toey Casey Golf Outing Charles McMullin	Amount
Joe Hand Promotions	6,000.
Waste Management	10,000.
Health Services	200,000.
Joey Casey Golf Outing	8,315.
Charles McMullin	100.
T-1-1	004 415

Total <u>224,415.</u>

**Supporting Statement of:** 

^ം.

Form 990 p 9/Sales of Securities

Description	Amount
Publicly Traded Securities (Girard Partners)	35,193.
Total	35,193.

### **Supporting Statement of:**

Form 990 p 9/Gross Basis Amount

Description	Amount
Cost of Publicly Traded Securities	49,050.
Total	49,050.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No 1545-0047

Employer Identification number 25-6594915

JOEY F. CASEY MEMORIAL FOUNDATION  Part   General Information on Grants and Assistance	FOUNDATION on Grants and Assist	ance				25-6594915	5
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>	is to substantiate the grants or assistanc procedures for monit	amount of the gran e? oring the use of gra	of the grants or assistance, the grantees' eligibility for the grants or assistance, and use of grant funds in the United States	intees' eligibility for the lates	grants or assistance,	and	X Yes No
Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Use	nce to Governme	ents and Organ eceived more the	izations in the Unit	ed States. Comple this box if no one	te if the organizar	tion answered 'You more than \$5,00	es' on Form 10. Use
Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if add	itional space is	needed				•
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						_	
			j j				
2 Enter total number of section 501(c)(3) and government organizations	) and government or	ganizations					
3 Enter total number of other organizations	ons					•	
, BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, see	the Instructions fo	r Form 990.	TEEA3901	12/19/08	Sched	Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

JOEY F. CASEY MEMORIAL FOUNDATION

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non-cash assistance				er additional information.									
(e) Method of valuation (book, FMV, appraisal, other)				t I, line 2, and any other	A NEED FORM	THEY QUALIFY FOR	THE DIRECTIONS					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(d) Amount of non-cash assistance				ion required in Part I,	IENT MUST FILE	TO_SEE_IF	EED TO FOLLOW	 			; ! ! ! !		
(c) Amount of cash grant				t to provide the information required	ON NEED. RECIPIENT	BY_THE_FOUNDATION	VING GRANT MONEY NEED TO FOLLOM	           	 		! ! ! ! ! !		             
(b) Number of recipients				lete this part to pr	BASED_		OLS_RECEIVING	HE FOUNDATION			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(a) Type of grant or assistance				Part IV   Supplemental Information. Complete this par	Pt_I_Line_2ALL_GRANT_FUNDS_ARE	Pt_I Line_2WHICH_WILL_BE_EVALUATED	Pt_I_Line_2A GRANTSCHOOLS_RECEI	Pt.I Line 2SET FORTH BY THE FOUNDA			 		

BAA

Schedule I (Form 990) 2008

Form 8868	Rev 4-2008) JOEY F. CASEY MEMORIAL FOUNDATION	25-6594915	Page 2
	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this I	box	<u>► X</u>
	complete Part II if you have already been granted an automatic 3-month extension on a previously fi		_
,	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. You must file original a	and one copy.	
<u> </u>		mployer identification numbe	r
_			
Type or print	JOEY F. CASEY MEMORIAL FOUNDATION 2	5-6594915	
<b>F</b>		or IRS use only	
File by the extended			
due date for filing the	8121 CRESCO AVENUE		-
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	PHILADELPHIA PA 19136		
Check typ	pe of return to be filed (File a separate application for each return):		
X Form 9		Form 6	069
	990-BL Form 990-T (section 401(a) or 408(a) trust) Form 4720	Form 8	870
	990-EZ Form 990-T (trust other than above) Form 5227		
	not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly filed Form 8868	
	poks are in care of Nancy Casey	y mea i om occo.	
	none No > (215) 331-6424 FAX No > (215) 331-1470		
			▶ □
	organization does not have an office or place of business in the United States, check this box	If thus	لـــا is for the
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) up, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box		
-		the names and Elins of	all
	the extension is for		
	quest an additional 3-month extension of time until Jan 15 , 20 10.	1 00 00 0	
	calendar year , or other tax year beginning Mar 1 , 20 08 , and ending Fe	_	
		Change in accounting	• .
	e in detail why you need the extension <u>Information needed to prepare a pro</u>		
	x return is unavailable at the present time. We are requesti		
an	additional three month extension to prepare a proper tax ret	urn.	···
8a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		_
nonr	refundable credits. See instructions	8a \$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated to		
	ments made Include any prior year overpayment allowed as a credit and any amount paid previously Form 8868	8b \$	0.
	ance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		
c Bala with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$	0.
·	Signature and Verification		
Under penalt	ses of berjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kno complete, and that Jam authorized to prepare this form	owledge and belief, it is true,	
correct, and	complete, and that am authorized to prepare this form		
Signature	Mills h Durden Title CPA	Date ► 08/1	2/09
DAA	FIE70502 04/16/09	Form 8868	(Rev 4-2008)

# (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form 8868 (Rev 4-2008)

Department of the Trea Internal Revenue Servi	esury ice •	File a separate application	n for each return.					
If you are filing	ng for an Automatic 3-Month	Extension, complete only Part I	and check this box				<b>►</b> X	
If you are filing	ng for an Additional (Not Auto	omatic) 3-Month Extension, com	<b>plete only Part II</b> (on pa	ige 2 of this fo	orm)			
		dy been granted an automatic 3-			Form 886	8		
Part I Aut	omatic 3-Month Extens	ion of Time. Only submit	original (no copies	needed).				
•		requesting an automatic 6-month					<b>&gt;</b>	
All other corporations income tax return	tions (including 11 <mark>20-C filers)</mark> ns	, partnerships, REMICS, and trus	sts must use Form 7004	to request ar	n extensior	ı of tıme to fıle		
returns noted believed the additional (no Form 990-T Inste	ow (6 months for a corporation of automatic) 3-month extension and, you must submit the fully	ectronically file Form 8868 if you in required to file Form 990-T) Hon or (2) you file Forms 990-BL, i completed and signed page 2 (6 -file for Charities & Nonprofits	lowever, you cannot file 6069, or 8870, group re	Form 8868 e turns, or a co	iectronicali imposite o	ıy if (1) you wa r consolidated	ını	
Nan	ne of Exempt Organization				Employer ide	entification number	r	
Type or								
JOEY F. CASEY MEMORIAL FOUNDATION 25								
File by the oue gate for Number street, and room or suite number. If a P O box, see instructions								
tiling your return. See S121 CRESCO AVENUE  City, town or post office state, and ZIP code. For a foreign address, see instructions.								
		de For a foreign address, see instructions			~~	10126		
<del></del>	ILADELPHIA		······		PA	19136		
	turn to be tiled (file a separa) آ	e application for each return)		□ <i>5</i> 470	<b>^</b>			
X Form 990	=	Form 990-T (corporation)	4007-21-02	Form 4720				
Form 990-BL		Form 990-T (section 401(a) or	• • • • • • • • • • • • • • • • • • • •	Form 522				
Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	Form 990-T (trust other than a	above)	Form 6069				
Form 990-PF	<u></u>	Form 1041-A	<del></del>	Form 887	J			
Telephone No If the organiz If this is for a check this bo	ation does not have an office Group Return, enter the orga x	FAX No or place of business in the Unite inization's four digit Group Exem the group, check this box	d States, check this bo ption Number (GEN)	k If t		he whole group all members	<b>▶</b> □	
the extension								
until <u>Oct</u> The extensi ► cale	15 , 20 09 , to file ion is for the organization's reendar year 20 or		•	ned above				
2 If this tax y	ear is for less than 12 months	s, check reason	turn Final retur	n CI	nange in a	ccounting perio	od	
3a If this appliinonrefunda	cation is for Form 990-BL, 99 ble credits See instructions	0-PF, 990-T, 4720, or 6069, ente	r the tentative tax, less	any	3a \$		0.	
	cation is for Form 990-PF or ide any prior year overpayme	990-T, enter any refundable cred nt allowed as a credit	its and estimated tax pa	yments	_3b\$		0.	
	FTD coupon or, if required,	3a Include your payment with th by using EFTPS (Electronic Fede		m)	3c \$		0.	
Caution. If you as payment instruction		c fund withdrawal with this Form	8868, see Form 8453-E	O and Form	8879-EO fo	or		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.