

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



1JACKJII **592**/2009 8 05 AM Form Form

Department of the Treasury

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

A For the 2 B Check if app	C (01 (00°) F (21 (00°			
B Check if app	08 calendar year, or tax year beginning 6/01/08, and ending 5/31/09			
			Employ	er identification number
Address cha	ge use IRS label or Jack and Jill of America Found	lation		
Name chang	Doing Pusinger As		51-	0224656
	I . I	om/suite E	Telepho	one number
Initial return	See 1930 17TH STREET NW		202	-232-5290
Termination	Specific Instruct City or town, state or country, and ZIP + 4	G	Gross receip	4 405 00
Amended re		ľ	Oross receip	134 - 1 - 1 - 1 -
Ħ	E Name and address of average offices		(a) la thia a	annua makum fau
Application p	nding F Name and address of principal officer	"		group return for
		l H	affiliates (b) Are all a	affiliates 🖂 🖂
			included	Yes No
			If "No," a	attach a list (see instructions)
I Tax-exem				
J Website:	▶ www.jackandjillfoundation.org	н	(c) Group e	exemption number
K Type of org	nization X Corporation Trust Association Other > L Year	of formation	, I	M State of legal domicile
Part I	Summary		· · · · · · · · · · · · · · · · · · ·	
	efly describe the organization's mission or most significant activities			
1	To sponsor and support short term programs that improve the			
8				
<u> </u>	quality of life for children and families through projects	3 .		
[등]	that address educational literacy, scientific and			
8 2 Ch	eck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of	of its assets		
Activities & Governance 3 C Vr 4 P Vr 6 L G Vr 7 P Vr 9 P Vr	mber of voting members of the governing body (Part VI, line 1a)		3	
رو ا	mber of independent voting members of the governing body (Part VI, line 1b)	• •	4	
	al number of employees (Part V, line 2a)		5	
	•	•		
	al number of volunteers (estimate if necessary)		6	
	al gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
b Ne	unrelated business taxable income from Form 990-T, line 34		7b	
	<u> </u>	Prior Year	015	Current Year
6 8 Cd	ntributions and grants (Part VIII, line 1h)	571,	817	502,144
2 9 Pr	gram service revenue (Part VIII, line 2g)			9,720
9 Pr 10 In	estment income (Part VIII, column (A), lines 3, 4, and 7d)	-177,	583	-632,108
~ 11 OI	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35	195	11,970
	al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	429		-108,274
		336		240,413
	ints and similar amounts paid (Part IX, column (A), lines 1-3)		302	240,41.
	nefits paid to or for members (Part IX, column (A), line 4)	120	05.0	125 000
ഗ്ര 15 Sa	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	139		135,089
	fessional fundraising fees (Part IX, column (A), line 11e)	33,	124	
≝ 16a Pr	40 252			
- 1	al fundraising expenses (Part IX, column (D), line 25)			
<u>a</u> b To		274	335	252,356
8 b To	er expeases (Rart X, column (A), lines 11a-11d, 11f-24f)	274, 782		
b To	er expenses (Rart IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	782	997	627,858
17 Ot 18 To	er expenses (Rart IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12	782 -353	997 568	627,858
17 Ot 18 To	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line) 18 from line 12	782 -353 Beginning of Y	997 568	627,858 -736,132 End of Year
17 Ot 18 To	re expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line) 18 from line 12 DAN 1 2 2010 arassets (Part X, line 16)	782 -353 Beginning of Yo 2,981	997 568 ear 612	627,858 -736,132 End of Year 2,276,584
17 Ot 18 To	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 JAN 1 2 2010 Al liabilities (Part X, line 16)	782 -353 Beginning of Yo 2,981 63	997 568 ear 612 416	627,858 -736,132 End of Year 2,276,584 94,520
17 Ort 18 To 19 Reserved to 19 Reser	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 DAN 1 2 2010 Al liabilities (Part X, line 26) assets of fund balances Subtract line 21 from line 20	782 -353 Beginning of Yo 2,981	997 568 ear 612 416	627,858 -736,133 End of Year 2,276,584 94,520
17 Ot 18 To	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 JAN 1 2 2010 Al liabilities (Part X, line 16)	782 -353 Beginning of Yo 2,981 63	997 568 ear 612 416	627,858 -736,133 End of Year 2,276,584 94,520
b To 17 Ot 18 To 19 Re 19 Re 20 To 21 To 22 Ne Part II	al expenses (Part X, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 Al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets of fund balances Subtract line 21 from line 20 Signature Block Under penalties of periury, I declare that I have examined this return, including accompanying schedules and state	782, -353, Beginning of Y 2,981, 63, 2,918,	997 568 ear 612 416 196	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064
17 Ott 18 To 19 Re 19 Re 20 To 21 To 22 Ne Part II	al expenses Add lines 13-17 (must equal Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line) 18 from line 12 AN 1 2 2010 Al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets of fund balances Subtract line 21 from line 20 Signature Block	782, -353, Beginning of Y 2,981, 63, 2,918,	997 568 ear 612 416 196	627,856 -736,133 End of Year 2,276,584 94,520 2,182,064
17 Ott 18 To 19 Re 19 Re 20 To 21 To 22 Ne Part II	al expenses (Part X, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 Al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets of fund balances Subtract line 21 from line 20 Signature Block Under penalties of periury, I declare that I have examined this return, including accompanying schedules and state	782, -353, Beginning of Y 2,981, 63, 2,918,	997 568 ear 612 416 196	627,856 -736,133 End of Year 2,276,584 94,520 2,182,064
## 17 Otto ## 17 Otto ## 18 Toto ## 19 Ref ## 20 Toto ## 22 Ne ## Part II ## 11 Otto ## 17 Ott	al expenses Rart IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and strand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information	782, -353, Beginning of Y 2,981, 63, 2,918,	997 568 ear 612 416 196 the best of er has any	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge
17 Oth 18 To 19 Re see see see see see see see see see	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) assets of fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge
17 Oth 18 To 19 Re	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer Pier Blake Executi	782, -353, Beginning of Y 2,981, 63, 2,918,	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge
### ### ##############################	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) assets of fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge
b To 17 Ot 18 To 19 Re see see see see see see see see see se	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) assets (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stanto belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Pier Blake Type or print name and title	782, -353, Beginning of You 2,981, 63, 2,918, attements, and to an of which prepara	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge 2
b To 17 Ot 18 To 19 Re sequence 20 To 20 To 21 To 22 Ne Part II	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 A assets (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true; correct, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Pier Blake Type or print name and title Preparer's signature Date 12/28/	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge
Bad b To 17 Ott 18 To 19 Re 19	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) venue less expenses Subtract line 18 from line 12 al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true; correct, and complete Declaration of preparer (other than officer) is based on all information in the signature of officer Pier Blake Type or print name and title Preparer's signature Graves and Associates	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge /2
Bad b To 17 Ott 18 To 19 Re 19	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 Al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true; correct, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Pier Blake Type or print name and title Preparer's signature Graves and Associates Craves and Associates	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date ctor	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge knowledge
b To 17 Ot 18 To 19 Re sequence 20 To sequence 21 To 22 Ne Part II DIOSign Here	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and strand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer Pier Blake Type or print name and title Preparer's signature Graves and Associates if self-employed), Graves and Associates State Court	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date ctor EIN Phone	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge /2
Bd b To 17 Ott 18 To 19 Re 19	er expenses (Raft X. column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line) 18 from line 12 AN 1 2 2010 Al labilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Udder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information Signature of officer Pier Blake Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address, and ZIP+4 Springfield, VA 22153-4006	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date ctor	2,276,584 94,520 2,182,064 my knowledge knowledge 2
b To 17 Ot 18 To 19 Re 19 Re 19 Re 20 To 22 Ne Part II Sign Part II Part II Use Only May the IRS	al expenses (Part IX, column (A), lines 11a-11d, 11f-24f) al expenses Add lines 13-17 (must equal Part IX, column (A), line 25) renue less expenses Subtract line 18 from line 12 AN 1 2 2010 al liabilities (Part X, line 16) al liabilities (Part X, line 26) assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and strand belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of officer Pier Blake Type or print name and title Preparer's signature Graves and Associates if self-employed), Graves and Associates State Court	782, -353, Beginning of You 2,981, 63, 2,918, atements, and to an of which prepare	997 568 ear 612 416 196 the best of er has any Date ctor EIN Phone	627,858 -736,132 End of Year 2,276,584 94,520 2,182,064 my knowledge knowledge knowledge

Form 990 (2008) Jack and Jill of America Foundation 51-0224656	Page 2
Part III Statement of Program Service Accomplishments (see instructions)	
1 Briefly describe the organization's mission.	
To sponsor and support short term programs that improve the quality of life for children and families through projects	
that address educational literacy, scientific and	•
	•
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	
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
anocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code) (Expenses \$ 517,638 including grants of \$ 240,413) (Revenue \$	<u> </u>
The Foundation exists as the philanthropic arm of Jack	,
and Jill of America, Inc. Since its inception, the	••
Foundation has acted to influence the ongoing positive	
development of children. A center that furnishes	•
personal, professional, and financial support to children	
in the area of leadership skills, training and	
development.	•
4b (Code) (Expenses \$ Including grants of \$) (Revenue \$	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$. ,
	••
	•
	•
4c (Code) (Expenses \$ Including grants of \$) (Revenue \$	·····
• Code) (Expenses •	,
·	•
	•
	<u> </u>
4d Other program services. (Describe in Schedule O)	1
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses > \$ 517,638 (Must equal Part IX, Line 25, column (B))	
4e Total program service expenses \$ \$17,638 (Must equal Part IX, Line 25, column (B))	Form 990 (2008)

Form 990 (2008) Jack and Jill of America Foundation 51-0224656 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete X 4 Schedule C. Part II 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 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 X 6 Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space. X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 complete Schedule D. Part III 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 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, X 11 Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return X 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 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 X 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 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 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 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 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Schedule J 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, that was issued after December 31, 2002? If "Yes." answer questions X 24a 24b-24d and complete Schedule K If "No," go to question 25 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I

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

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

Form 990 (2008)

26

X

26

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			
а	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	Į.		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		_ <u>X</u> _
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	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		<u> </u>
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		<u> X</u>
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	İ	ĺ	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X

Form 990 (2008)

	art V Statements Regarding Other IRS Filings and Tax Compliance			age :
	Statements regarding other into rainings and rax compliance		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		105	No
	U S Information Returns. Enter -0- if not applicable			ŧ
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			İ
	gaming (gambling) winnings to prize winners?	1c		x
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			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			l
3a	and the second s			
	this return?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			Ī
	and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			x
_	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	8	3	Х
	organization, have excess business holdings at any time during the year?			<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	:	X
a	Did the organization make any taxable distributions under section 4966?	9b		X
40	Did the organization make a distribution to a donor, donor advisor, or related person?	35		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			I
a				ł
b 11				ŧ
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			ł
a	Gross income from other sources (Do not net amounts due or paid to other sources against		;	I
b	amounts due or received from them)			ŧ
12a		12a		
a	- aparton sast fall to their determine and property of the argument to the art of the ar	····		<u> </u>

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) Jack and Jill of America Foundation 51-0224656

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
		F	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body The state of voting members of the governing body	 		
b	Enter the number of voting members that are independent Did any officer disperse trucks on law employee have a family relationship as a hydrogen relationship with			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			х
,	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members	•		
ı a	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	12		
0	the year by the following.			
2	The governing body?	8a	x	Ī
a b	Each committee with authority to act on behalf of the governing body?	8b	X	_
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	"		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		x
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a_		X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		_X_
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b_		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization. ► MS. PIER BLAKE 1930 17TH STREET NW	000.00	<u> </u>	000
W	ASHINGTON DC 20009	202-23	<u> </u>	290

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

- 1a 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) of 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 \$10,000 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

(A)	(B)	 	(C) Position (check all that apply)					(D)	(E)	(F) Estimated		
Name and Title	Average hours per week	individual trustee or director		Officer	Key employee		Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
ERIK A CLIET PRESIDENT	TE 10	x		x				0	0	C		
DARRYL TRAWI	CK							0	0			
VICE PRESIDE	10	X	\vdash	X	_	╁┼		0	-			
CHRISTINE GO TREASURER	10	x		x				o	0	C		
ALICE PEOPLE			Γ									
PRES ELECT	10	X		X		Ш		0	0	C		
PAULETTE KEY SECRETARY	S 10	x		x				o	o	C		
JACQUELINE M			╁		Ħ	t	-					
NAT PRESIDEN	5	X		x				o	0			
GAIL M JOHNS	ON											
NAT VP	5	X		X				0	0	C		
MAVIS JAMES	_											
NAT TREAS.	5	X	-	X	\vdash	\vdash	_	0	0			
NATALIE BRUN MEM AT LARGE	SON-WHEELER 5	x	ŀ	x				0	0			
							_					
		_	-									
						\coprod				<u> </u>		

Pa	rt VÌ	Statement of Rev	enue					
				•	' (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business	excluded from tax under sections
						revenue	revenue	512, 513, or 514
ats st	1a	Federated campaigns	1a		I			
gra	b	Membership dues .	1b		1			
ts, g	C	Fundraising events	1c		1			
ig'a	d	Related organizations	1d					1
ıï.	е	Government grants (contributions)	1e		Į.			
흥합	f	All other contributions, gifts, grants,			1			
듩휨		and similar amounts not included above	1f 5	02,144	1			1
a a	g	Noncash contributions included in lines 1	a-1f \$		1			
2 8	h	Total. Add lines 1a-1f		, ▶	502,144			
Program Service Revenue Contributions, gifts, grants				Busn. Code			<u> </u>	<u> </u>
Se	2a	LOOSE CHANGE			9,715	9,715		
ağ	b	THOMPSON FAMILY			5	5		
<u>Ş</u>	C	•						
S	d							
E	θ					-	-,	
ğ		All other program service rev	enue .	L	0.700			
_		Total. Add lines 2a-2f		>	9,720			<u> </u>
	3	Investment income (including	dividends, interes		202 070	-293,079		
		other similar amounts)			-293,079	-293,019		
	4	Income from investment of ta	x-exempt bond pro	ceeds				
	5	Royalties	(w) E	ersonal				<u> </u>
		(i) Real	(1) F	ersonar				
	6a	Gross Rents						
İ	b	Less rental exps			1			
		Rental inc or (loss)		•	Ť			Ť
	d 7a	Net rental income or (loss) Gross amount from (i) Securit	ines (iii	Other				
		sales of assets	7,067	110				
	L							
•	b	Less cost or other basis & sales exps 1,54	6,206					
	_		9,139	110				
		Net gain or (loss)	3/233	<u> </u>	-339,029	-339,029		†
		Gross income from fundraising ev	rents					
•	va	(not including \$						
nua		of contributions reported on line 1	c)					
Şev.		See Part IV, line 18	a					
Other Revenue	b	Less. direct expenses	ь					
ફ		Net income or (loss) from fun	draising events					
		Gross income from gaming activit	i i	•				
		See Part IV, line 19	a					
	b	Less direct expenses	ь					<u> </u>
	С	Net income or (loss) from gain	ming activities	•				
	10a	Gross sales of inventory, less	5					
		returns and allowances	a					‡
	b	Less. cost of goods sold	ь	<u> </u>				†
	С	Net income or (loss) from sal	es of inventory	<u> </u>				<u> </u>
		Miscellaneous Reven	ue	Busn. Code				1
	11a	MISCELLANEOUS INCOME			11,970	11,970		-
	b							ļ
	С							ļ
	d	All other revenue .		<u></u>				
	е	Total. Add lines 11a-11d			11,970			
	12	Total Revenue. Add lines 1h	ı, 2g, 3, 4, 5, 6d, 7d			646.446	,	,
		9c, 10c, and 11e			-108,274	-610,418		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

_	All other organizations must co				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	0.40	242 442		
	organizations in the U S See Part IV, line 21	240,413	240,413		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S. See Part IV, lines 15 and 16				***************************************
4	Benefits paid to or for members	-	<u> </u>		
5	Compensation of current officers, directors,	79,000	59,250	9,875	9,875
£	trustees, and key employees	79,000	39,230	9,013	3,013
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(r)(1)) and persons described in section 4958(c)(3)(B)	8,926	8,926		
7	Other salaries and wages	46,893	32,826	10,181	3,886
8	Pension plan contributions (include section 401(k)				
Ü	and section 403(b) employer contributions)				
9	Other employee benefits	270	270		· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes			-	
11	Fees for services (non-employees)				
а	Management	14,400	9,848	2,442	2,110
ь	Legal	5,389	1,797	1,796	1,796
С	Accounting	36,900	14,550	19,925	2,425
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	229	77	76	76
13	Office expenses .	33,639	28,698	3,164	1,777
14	Information technology .	20,045	15,618	2,213	2,214
15	Royalties	15 600	10.040	0.644	0 644
16	Occupancy	17,630	12,342	2,644	2,644
17	Travel	34,398	34,398		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	FF 662	42 427	6,118	6,117
19	Conferences, conventions, and meetings	55,662 270	43,427	0,110	0,117
20	Interest	270	210		
21	Payments to affiliates	9,287	9,287		
22	Depreciation, depletion, and amortization	2,275	1,593	341	341
23	Insurance .	2,213	-,000		
24	Other expenses Itemize expenses not			1	
24	covered above (Expenses grouped together	‡		1	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)			‡	
а	BANK & BROKER FEES	18,162	976	8,593	8,593
b	Other	2,222	1,667	277	278
c	PROFESSIONAL DEVELOPMENT	1,468	1,101	184	183
d	AMENITIES	380	304	38	38
8	·				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	627,858	517,638	67,867	42,353
26	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				Form 990 (2008)

	arı.	A balance Sneet	<u> </u>	-		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	-		1	26,614
	2	Savings and temporary cash investments	· ·	757,498		303,475
	3	Pledges and grants receivable, net	ļ l	· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net	··· · · · · · · · · · ·		4	
	5	Receivables from current and former officers, directors, ti	rustaes kay			
		employees, or other related parties Complete Part II of S	· •		5	
	_ ا	· · ·	·			
	6	Receivables from other disqualified persons (as defined to	E .			
		4958(f)(1)) and persons described in section 4958(c)(3)(6	5). Complete			
	l _	Part II of Schedule L	· •		6	
ets	7	Notes and loans receivable, net	-		7	
Assets	8	Inventories for sale or use	· · •	10 401	8	0 565
Ä	9	Prepaid expenses and deferred charges	FO 005	10,401	9	8,565
	10a		10a 52,205			
	6	•	25 250	06 100		16 046
		Part VI of Schedule D	10b 35,359	26,133		16,846
	11	Investments—publicly traded securities .	.	2,187,580	11	1,921,084
	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 34)	2,981,612	16	2,276,584
	17	Accounts payable and accrued expenses		8,181	17	47,930
	18	Grants payable		55,235	18	46,590
	19	Deferred revenue			19	
Liabilities	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D	·		21	
	22	Payables to current and former officers, directors, trustee	es, key			
ăbi		employees, highest compensated employees, and disqua	t t			
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	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		63,416	26	94,520
s	-		X and	•••••••••••••••••••••••••••••••••••••••		
nces		complete lines 27 through 29, and lines 33 and 34.				
an	27	Unrestricted net assets		2,918,196	27	2,182,064
Balan	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets	·		29	
Fund	•	Organizations that do not follow SFAS 117, check he	re ▶ □			
F		and complete lines 30 through 34.				
ō	30	Capital stock or trust principal, or current funds			30	
Assets	1	Paid-in or capital surplus, or land, building, or equipment	fund		31	
SS	31	Retained earnings, endowment, accumulated income, or	·		32	
۲	32	Total net assets or fund balances	·	2,918,196		2,182,064
Net	33	Total liabilities and net assets/fund balances	• • •	2,981,612		2,276,584
	art		······································		<u> </u>	
	mt g	AT I Manufact Otatomonto and Reporting		·		Yes No
1	Δ	ccounting method used to prepare the Form 990.	Cash X Accrual Ot	her		
2		ere the organization's financial statements compiled or revi				2a X
		ere the organization's financial statements audited by an in			•	2b X
		"Yes" to lines 2a or 2b, does the organization have a comm		oversight of		- - -
•		ne audit, review, or compilation of its financial statements a				2c
3		s a result of a federal award, was the organization required			•	
		e Single Audit Act and OMB Circular A-133?				3a
,		"Yes," did the organization undergo the required audit or au	 udits?	••••	•	3b
	<u>. 11</u>	100, and the organization undergo the required dudit of ac				Form 990 (2008)

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Jack and Jill of America Foundation

Employer identification number 51-0224656

P	art I	Reaso	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	see ins	struction	ons)		
The	orga	nization is not a	private foundation because	it is. (Please check only one org	anization)							
1				ociation of churches described in			A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3	П			e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	ıle H)				
4	П	•	•	ın conjunction with a hospital de			•		•	ne hospi	tal's name,		
		city, and state	_	•						•	·		
5		•		f a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
	ш	-	o)(1)(A)(iv). (Complete Part			.,							
6					tion 170(b)(1)(A)(v	١.						
7	X	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											
•		=	section 170(b)(1)(A)(vi). (Co		9			94					
8				70(b)(1)(A)(vi). (Complete Part II	1								
9	H	•) more than 33 1/3 % of its suppo		ntributions	s memb	ershin fe	ees and	daross			
Ū	ш	•	, , ,	pt functions—subject to certain e				-		_			
		•	·	d unrelated business taxable inco	-								
		• • • • • • • • • • • • • • • • • • • •	=	, 1975. See section 509(a)(2). (•		i i taxy ii	om basi					
10	П	•		xclusively to test for public safety	•		a)/4) (se	e instru	ctions)				
11	H	•	-	xclusively for the benefit of, to pe		•							
••	ш	•	•	ed organizations described in sec				-		tion			
			, , ,	ne type of supporting organization	•								
		a Type		c Type III–Functiona			d	_	e III–Otl	her			
۵				inization is not controlled directly			or more						
Ŭ	ш			and other than one or more public						ction			
			ection 509(a)(2)	, , , , , , , , , , , , , , , , , , , ,	.,								
f		. , , ,		mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	nitrogau	a				
•		ū	check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,		J				
_		•		on accepted any gift or contributi	on from a	nv of the	•						ш
g		following pers		accepted an, g a remain		,							
				ntrols, either alone or together wi	th persons	describe	d in (ii)		1			Yes	No
		., .	elow, the governing body of								11g(i)		
			member of a person describe	· · · -	•	•	•				11g(ii)		
		• •	ontrolled entity of a person de	• •					• •	•	11g(iii)		
h			•	e organizations the organization	supports			•					•
				T	1	organization	(v) Did y	ou notific	(vi)	ls the	(vii) Amo	unt of	
(1)		e of supported a	(II) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	sted in your	the organ	•	organizat		supp		
	٠.٤			above or IRC section	1 ''	document?	col (ı)	of your	(i) organi	zed in the			
				(see instructions))	<u> </u>			ort?	 	S?			
					Yes	No	Yes	No	Yes	No			
					+								
									 				
		_											
Tota	.1												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	tion A. Public Support							
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	422,145	509,138	591,265				1,522,548
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3	422,145	509,138	591,265				1,522,548
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)							1,448,298
6	Public support. Subtract line 5 from line 4							74,250
	tion B. Total Support					T		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
7	Amounts from line 4	422,145	509,138	591,265				1,522,548
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69,512	130,259	108,292				308,063
9	Net income from unrelated business activities, whether or not the business is regularly carried on	25,654						25,654
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							1 056 265
11	Total support. Add lines 7 through 10	L I				<u></u>	12	1,856,265 155,423
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the co		ocond third fourth		: a section 501/c):	'3\ '	12]	155,425
13	organization, check this box and stop here		econa, uma, iouru	i, or militiax year as	a section sor(c)	.3)		▶ □
Sec	tion C. Computation of Public Su		age	•				
14	Public support percentage for 2008 (line 6,			n)	•		14	4.0000 %
15	Public support percentage from 2007 Scheo			<i>"</i>		•	15	83.5327 %
16a	33 1/3 % support test—2008. If the organiz			and line 14 is 33 1	/3 % or more, ch	eck this box		
	and stop here. The organization qualifies a							▶ 📙
b	33 1/3 % support test—2007. If the organic			r 16a, and line 15 is	33 1/3 % or mor	e, check this		
	box and stop here. The organization qualifi	es as a publicly sup	ported organization	n .	•			▶ 🕱
17a	10%-facts-and-circumstances test—2008				or 16b, and line 14	ıs 10% or		
	more, and if the organization meets the "fac	cts-and-circumstand	es" test, check this	box and stop here	. Explain in Part I	V how the		. —
	organization meets the "facts-and-circumsta							▶ ∐
b	10%-facts-and-circumstances test—2007						or	
	more, and if the organization meets the "fac					V how the		, m
	organization meets the "facts-and-circumsta							₹ H
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check t	this box and see in	nstructions		<u> </u>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

800	(Complete only if you che tion A. Public Support	ecked the box	on line 9 of Pa	rt I.)	·		
	lendar year (or fiscal year beginning in) ▶	(=) 2004	(b) 2005	(a) 2006	(4) 2007	[(a) 2008 [(6) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						 .
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
800	tion B. Total Support	L	<u> </u>			L	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 2551	(2) 2000	(0) 2000	(4) 2001	(0) 2000	(1) 1012.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				100		-3
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						 .
11	Net income from unrelated business activities not included in line 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 lines 9, 10c, 11,				***************************************		
	and 12)		<u> </u>	550		<u></u>	
14	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax year a	s a section 501(c)	(3)	
800	organization, check this box and stop here tion C. Computation of Public Su		200				
	Public support percentage for 2008 (line 8,			(f))		15	%
15 16	Public support percentage for 2008 (line 8, Public support percentage from 2007 Sche			(U)		16	
	tion D. Computation of Investme					1, •• 1	
<u> </u>	Investment income percentage for 2008 (Irr			olumn (f))		17	%
18	Investment income percentage from 2007					18	%
19a	33 1/3 % support tests—2008. If the organ			14, and line 15 is m	ore than 33 1/3 %,	and line	
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the organ	ox and stop here. 1	The organization qu	alifies as a publicly	supported organiz	ration .	> _
-	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation. If the organization did						▶ ∟

Schedule A (Form 990 or 990-EZ) 2008 Jack and Jill of America Foundation 51-0224656

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Page 4 Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public

Name of the organization

Inspection
Employer identification number

	•				
J	ack and Jill of America Foundation		51-0	224656	
Pa	Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, F		ccounts	s. Complete if	
		(a) Donor advised funds	(b)	Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)		_		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised			
	funds are the organization's property, subject to the organization's exclus	sive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds may be			
	used only for charitable purposes and not for the benefit of the donor or o	donor advisor or other		_	_
	impermissible private benefit?			Yes	No
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Forn	n 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	li tha <u>t a</u> pply)			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	oortant land	d area	
	Protection of natural habitat	Preservation of certified historic s	tructure		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified conservation co	ntribution in the form of a conservation eas	sement		
	on the last day of the tax year.		·		
				Held at the End	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure include	•	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization	n during		
	the taxable year				
4	Number of states where property subject to conservation easement is loc				
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, violations, and			П.,
	enforcement of the conservation easements it holds?			∐ Yes	∐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	. .		·	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ea				
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		\sqcap .	□ .
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			∐ Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easemen				
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that desc	cribes		
Ď.	the organization's accounting for conservation easements Organizations Maintaining Collections of Art,	Historical Transuras or Other S	Similar /	\eeate	
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Form 990. Part IV. line 8.	Jillilai F	155015.	
	Complete if the organization anomored free to	10,111 000,1 0.11,11,1110 0.		·	
10	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and halance sheet	works of		
Ia	art, historical treasures, or other similar assets held for public exhibition,			e.	
	provide, in Part XIV, the text of the footnote to its financial statements the			-,	
	provide, in 1 art XIV, the text of the footbale to its intandal statements the	0000			
ь	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet wor	ks of art,		
_	historical treasures, or other similar assets held for public exhibition, edu				
	provide the following amounts relating to these items:		-		
	(i) Revenues included in Form 990, Part VIII, line 1		•	· \$	
	(ii) Assets included in Form 990, Part X		· •	· \$	
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provid	de the		
-	following amounts required to be reported under SFAS 116 relating to the		-		
а	Revenues included in Form 990, Part VIII, line 1	- · · · · · · · -	•	· \$_	
h	Assets included in Form 990, Part X	•	•		
,	,		••		

		Callactions of Art I			224030 Circilos Associa	Page 2
	rt III Organizations Maintaining				-	(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of the fo	llowing that are a sig	nificant use of its co	llection	
а	Public exhibition	d Loan o	or exchange program	ıs		
b	Scholarly research	e 🔛 Other				
С	Preservation for future generations					
4	Provide a description of the organization's coll Part XIV	ections and explain how the	ey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to				Γ	Yes No
Pa	rt IV Trust, Escrow and Custod				ed "Yes" to Forn	
	Part IV, line 9, or reported a					,
1a	Is the organization an agent, trustee, custodian				,	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	 and complete the following to	able.		—	
_	vi roo, oxplain illo all'all'goment ill' all'illi a	g				Amount
С	Beginning balance				1c	
	Additions during the year	•		•	1d	
	Distributions during the year	•			1e	
	* •	••	•	•	1f	
1	Ending balance		• •	•	<u> </u>	П.,
	Did the organization include an amount on For	im 990, Part A, line 21?	••			Yes No
	If "Yes," explain the arrangement in Part XIV. rt V Endowment Funds. Comp	lote if erganization or	swored "Vee" to	Form 900 Par	+ IV/ line 10	
<u>Fa</u>	tt v Endownient Funds. Comp	(a) Current year		(c) Two years back	(d) Three years back	(e) Four years back
	Danisana afarana kalama	(a) Current year	(b) Prior year	(C) TWO years back	(u) Three years back	(e) Four years back
	Beginning of year balance					
	Contributions				 	
	Investment earnings or losses		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Grants or scholarships					
ө	Other expenditures for facilities					
	and programs					
f	Administrative expenses .	_		***************************************		
g	End of year balance				<u> </u>	<u> </u>
2	Provide the estimated percentage of the year	end balance held as.				
а	Board designated or quasi-endowment _	~				
b	Permanent endowment %					
C	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization that	are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations			•		3a(i)
	(ii) related organizations				•	3a(ii)
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sched	ule R?			3b
_4	Describe in Part XIV the intended uses of the		•			
Pa	rt VI Investments—Land, Build	ings, and Equipmen	t. See Form 990), Part X, line 10)	·
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	, ,	epreciation	(d) Book value
1a	Land					
	Buildings					
	Leasehold improvements					
	Fauinment					
	Other		52	,205	35,359	16,846
	. Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, column (B)			•	16,846

Schedule D (Fo	orm 990) 2008 Ja	ack and	<u> JIII</u>	<u> </u>				51-02	24000		Page 3
Part VII	Investments—	Other Secur	ities. S	ee For	n 990,	Part X,	line 12.				
	(a) Description	of security or cate	gory	•	. 1	. (b) E	look value		(c) Method	of valuation	
	(including	name of security)							Cost or end-of-y	year market value	
Financial deriva	atives and other finance	cial products									
Closely-held eq	uity interests				[•		
Other					[
					[
					[
					[
					[
											D02224
	(b) should equal Forn										<u> </u>
Part VIII	Investments—I			See For	m 990,						
	(a) Descriptio	on of investment ty	ре			(b) E	look value			of valuation	
								-	Cost or end-of-y	ear market value	
	·										
									_		
				-							
					I						
											
									<u></u>		
	(b) should equal Forr				•						
Total. (Column Part IX	(b) should equal Form		0, Part	X, line				****		(1) (2)	
			0, Part							(b) Bool	k value
			0, Part	X, line		-				(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Book	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
			0, Part	X, line						(b) Bool	k value
Part IX	Other Assets. S	See Form 99	90, Part	X, line (a) Descrip						(b) Bool	k value
Part IX Total. (Column	Other Assets. S	See Form 99	ol. (B) line	X, line (a) Descrip	tion				>	(b) Bool	k value
Part IX	Other Assets. S (b) should equal Form Other Liabilitie	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	See Form 99	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		•	(b) Bool	k value
Part IX Total. (Column	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		•	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		•	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		•	(b) Bool	k value
Part IX Total. (Column Part X	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, ces. See Form	ol. (B) line	X, line (a) Descrip	tion	(b)	Amount		>	(b) Bool	k value
Part IX Total. (Column Part X Federal income	(b) should equal Form Other Liabilitie (a) Descri	m 990, Part X, cos. See Form	ol. (B) line	e 15)	tion	(b)	Amount		>	(b) Bool	k value

Sche	dule D (Form 990) 2008 Jack and Jill of America Foundation 51-022465	6	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b]	
С	Recoveries of prior year grants 2c]	
d	Other (Describe in Part XIV)]	
9	Add lines 2a through 2d	_2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	leturr	1
1	Total expenses and losses per audited financial statements .	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)]	
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
Çom	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.		
_			
_			
_			
_			
_			
_			
_			

₹
3
œ
8
8
28
5
O
۳
₫
충
₹
_

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part !

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. ▶ Attach to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

51-0224656

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Jack and Jill of America Foundation

General Information on Grants and Assistance

% X

☐ Yes

the selection ontena used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nce? . initoring the use of	grant funds	in the United States	•			Yes X No	٥ ک
1 63	overnments an ecipient that re	d Organ ceived n pace is	Organizations in the United States. Complete if the organization answered "Yes" on sived more than \$5,000. Check this box if no one recipient received more than \$5,000 ace is needed	ited States. Com Check this box if	plete if the org no one recipie	lanization ansv nt received m	wered "Yes" on ore than \$5,000. Use ▶	
1 (a) Name and address of organization or government	(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	
CAMP ATWATER 2901 14TH STREET NW WASHINGTON, DC			5,870				SUMMER CAMP SERVICES	S
UNITED NEGRO COLLEGE FUND 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX VA 22031-8077			35,750				NATIONAL SCHOLARSHIP	l di
JACK & JILL OF AMERICA INC 1930 17TH STREET NW WASHINGTON DC 20009		:	28,000				NATIONAL LEADERȘHIP	ا م
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	organizations			:				

Schedule I (Form 990) 2008

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

Page 2

Schedule I (Form 990) 2008 Jack and Jill of America Foundation 51-0224656

rar ===================================	Grants and Other Assistance to individuals in the United States. Complete in the organization answered the On Form 990, Fait by, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	if additional space is	e United States. Con needed.	iipiete II trie organiza	IIOII AIISWEIEU TES OII FO	iii 330, raitiv, iiie 22.
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I,	line 2, and any other additi	onal information.

Schedule I (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public

Name of the organization

Jack and Jill of America Foundation

Employer identification number 51-0224656

Form 990 - Organization's Mission or Most Significant Activities charitable needs. Its purpose is to help eliminate some of the contemporary obstacles that confront minority children and young adults.

Form 990	1	Special E	vents Schedule)		2000
Form 990	For calendar yea	ır 2008, or tax year beginning	· _ 6/01/08	, and ending	5/31/09	2008
ame						entification Number
Jack and Ji	.11 of Amer	ica Foundation			51-022	4656
Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss)	(A)	(B) 0 0 0 0 0	(C) 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0	Total 0 0 0 0 0 0 0 0 0
Description (A) (B) (C) Others		EVENTS				

51-0224656

Federal Asset Report Form 990, Page 1 12/28/2009 8:04 AM

FYE: 5/31/2009

Asset Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
Other Depreciation: 1 HP LASERJET 4550N PRI TCR COMPUT 2 INTEL P4.1 COMPUTER SYSTEM TCR COMPUTER SYSTEM TCR COMPUTER SYSTEM TCR COMPUTER SYSTEM TCR COMPUTER SYSTEM TO LAPTOP LATTITUDE DELL 5 TELEPHONE SYSTEM 7 DESKTOP COMPUTER 8 BARD COMPUTER SYSTE02M 9 Blackbaud Computer System 10 BlackBaud Total Other Depreciation	10/01/01	2,349 1,717 895 2,620 2,212 2,681 1,904 29,391 4,815 3,622 52,206		2,349 1,717 895 2,620 2,212 2,681 1,904 29,391 4,815 3,622 52,206	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	2,349 1,717 895 2,183 1,843 1,698 1,206 12,736 963 483	0 0 0 437 369 536 380 5,878 963 724
Total ACRS and Other Deprec Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	iation =	52,206 52,206 0 0 52,206	-	52,206 52,206 0 0 52,206		26,073 26,073 0 0 26,073	9,287 9,287 0 0 9,287

51-0224656

AMT Asset Report

FYE: 5/31/2009

Form 990, Page 1

12/28/2009 8:04 AM

Asset	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5 6 7 8 9 10	Depreciation: HP LASERJET 4550N PRI TCR COMPUT INTEL P4.1 COMPUTER SYSTEM TCR (NETGEAR NETWORKING CC TCR COM INFOCUS LCD PROJECTOR IMAGE LAPTOP LATTITUDE DELL TELEPHONE SYSTEM DESKTOP COMPUTER BARD COMPUTER BARD COMPUTER SYSTE02M Blackbaud Computer System Blackbaud	10/01/01	0 0 0 0 0 0 0			0 0 0 0 0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 HY	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0
••	Total Other Depreciation	-	0		•	0	V	0	0
	Total ACRS and Other Deprec	iation =	0		:	0		0	0
	Grand Totals Less: Dispositions Net Grand Totals	- -	0 0			0		0 0 0	0 0

Depreciation Adjustment Report

12/28/2009 8:04 AM

AMT___

FYE: 5/31/2009

51-0224656

Form Unit Asset

All Business Activities

Tax

AMT
Adjustments/
Preferences

There are no assets that meet the criteria of this report

Description

51-0224656

Future Depreciation Report FYE: 5/31/10

FYE: 5/31/2009

Form 990, Page 1

12/28/2009 8:04 AM

Asset	Description	Date In Service	Cost	Tax	AMT
Other D	Depreciation:				
1	HP LASERJET 4550N PRI TCR COMPUTERS	8/13/01	2,349	0	0
2	INTEL P4.1 COMPUTER SYSTEM TCR COM	10/01/01	1,717	0	0
3	NETGEAR NETWORKING CC TCR COMPUT	10/13/01	895	0	0
4	INFOCUS LCD PROJECTOR IMAGE	8/31/04	2,620	0	0
5	LAPTOP LATTITUDE DELL	12/17/04	2,212	0	0
6	TELEPHONE SYSTEM	8/01/05	2,681	447	0
7	DESKTOP COMPUTER	11/28/05	1,904	318	0
8	BARD COMPUTER SYSTE02M	10/04/05	29,391	5,879	0
9	Blackbaud Computer System	6/11/07	4,815	963	0
10	BlackBaud	10/11/07	3,622	725	0
	Total Other Depreciation		52,206	8,332	0
	Total ACRS and Other Depreciation		52,206	8,332	0
	Grand Totals		52,206	8,332	0

FYE: 5/31/2009

51-0224656

Federal Statements

Taxable Interest on Investments

Unrelated Exclusion Postal Description Amount Business Code Code Code 31,367

31,367

12/28/2009 8:04 AM

Total

51-0224656

Federal Statements

12/28/2009 8:04 AM

FYE: 5/31/2009

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name		<u>Total</u>	Excess		
Short Year 2006	\$	1,030,677 491,871	\$	993,552 454,746	
Total	\$	1,522,548	\$	1,448,298	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

Identifying number

	Jack and Jill of America Foundation 5						51-	51-0224656		
	ess or activity to which this form relates	0.7								
	ndirect Depreciati at! Election To Expen		erty Under Section	n 179						
1. 4	<u>-</u>	-	<u>-</u>		com	olete Pa	rt I.			
1	Note: If you have any listed property, complete Part V before you complete Part I. Instructions for a higher limit for certain businesses							1	250,000	
2		cost of section 179 property placed in service (see instructions)						2		
3		perty before reduction in limitation (see instructions)						3	800,000	
4	Reduction in limitation Subtract line	e 3 from line 2 If zero		4						
5	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	less, enter -0- If married fil	ing separately, se	e instruc	tions		5		
	(a) Description of property		(b) C	(b) Cost (business use only) (c) El		lected cost				
6										
			<u></u>		,					
7	Listed property Enter the amount fr	•			7			1 .		
8	Total elected cost of section 179 pr		ın column (c), lines 6 an	nd 7				8		
9	Tentative deduction Enter the sma							9		
10	Carryover of disallowed deduction f	-						10		
11	Business income limitation Enter the		•	•	see inst	ructions)		11		
12	Section 179 expense deduction Ad			iine 11	13			12		
13 Note	Carryover of disallowed deduction to not use Part II or Part III below to				1 13 1				<u> </u>	
*********	rt II Special Depreciati			ation (Do no	t incli	ıde liste	d prope	rtv)	(See instructions.)	
14	Special depreciation allowance for					ado noto	и ріоро	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Coo mondonono.,	
	during the tax year (see instructions		ior triair notos proporty/	piacoa III coi VIC	•			14		
15	Property subject to section 168(f)(1	•						15		
16	Other depreciation (including ACRS	•	•	•				16	9,287	
	rt III MACRS Depreciati		ide listed property.) (See instru	uction	s.)				
			Section A							
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 20	08				17	0	
18	If you are electing to group any assets pl						▶	<u> </u>		
	Section B—	Assets Placed in Se	rvice During 2008 Tax	Year Using the	Gener	al Depre	iation Sy	stem	-	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only-see instructions)		(e) C	onvention	(f) Me	thod	(g) Depreciation deduction	
<u>19a</u>	3-year property				ļ					
b	5-year property				<u> </u>					
c	7-year property				<u> </u>					
<u>d</u>	10-year property		ļ		<u> </u>				_	
е	15-year property				ļ					
f_	20-year property	-			<u> </u>	-				
g	25-year property			25 yrs	-		S/L			
h	Residential rental		 	27 5 yrs	† 	MM	S/L			
	property		ļ	27.5 yrs	_	MM MM	S/L			
i	Nonresidential real property		-	39 yrs	+		S/L			
	· · · · · · · · · · · · · · · · · · ·	ssate Placed in Sen	vice During 2008 Tax Y	ear Using the		MM tive Depr	S/L		<u></u>	
		SSOLS Flaced III Ser	VICE During 2000 Tax T	ear Comig the A		tive Depi			<u>'</u>	
20a				12 yrs	 		S/L S/L		,	
	12-year			40 yrs	 	MM	S/L			
	40-year Int IV Summary (See ins	tructions)	L	1 40 YIS		141141	<u>. </u>		<u> </u>	
<u></u> 21	Listed property. Enter amount from					·		21		
22	Total. Add amounts from line 12, lin	•	 nes 19 and 20 in column	(g), and line 21	•		•	Ė		
	Enter here and on the appropriate I							22	9,287	
	For assets shown above and place									
	enter the portion of the basis attribu	_	-		23					
										