



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



Short Form 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 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PERMANENTLY DISABLED JOCKEYS FUND INC		D Employer identification number 20-5110346
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 630-595-7660
		PO BOX 803		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 ELMHURST, IL 60126		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **WWW.PDJF.ORG**

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

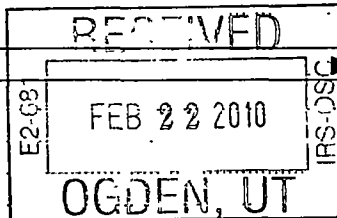
J Organization type (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **990,347.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	989,388.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	959.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	990,347.
	10	Grants and similar amounts paid (attach schedule)	10	359,705.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	15,000.
Net Assets	13	Professional fees and other payments to independent contractors	13	6,910.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,311.
	16	Other expenses (describe ▶)	16	22,526.
	17	Total expenses. Add lines 10 through 16	17	407,452.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	582,895.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	582,895.	



SEE STATEMENT 1

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.	22 582,895.
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	0.	25 582,895.
26 Total liabilities (describe ▶)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	27 582,895.

98 10

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **SEE STATEMENT 3**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)**28 PROVIDED MONTHLY FINANCIAL ASSISTANCE TO APPROXIMATELY 58 DISABLED JOCKEYS.**(Grants \$) If this amount includes foreign grants, check here ☐**28a 359,705.****29**(Grants \$) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32****359,705.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NANCY LASALA	PRESIDENT			
PO BOX 204, ELMHURST, IL 60126	20.00	15,000.	0.	0.
JON COURT, 529 NAVAHO ROAD,	VICE-PRESIDENT			
SHELBYVILLE, KY 40065	0.00	0.	0.	0.
BOB BORK, 7114 CENTRE OAKS DRIVE,	SECRETARY			
HOUSTON, TX 77069	0.00	0.	0.	0.
ROY ARNOLD, 2200 W. EUCLID AVENUE,	TREASURER			
ARLINGTON HEIGHTS, IL 60006	1.00	0.	0.	0.
G.R. CARTER, 6304 N.W. 132ND STREET,	BOARD MEMBER			
OKLAHOMA CITY, OK 73142	0.00	0.	0.	0.
BO DEREK	BOARD MEMBER			
P.O. BOX 1149, SANTA YNEZ, CA 93460	0.00	0.	0.	0.
WILLIAM FARISH, 1500 MIDWAY ROAD,	BOARD MEMBER			
VERSAILLES, KY 40383	0.00	0.	0.	0.
JACK FIRES, 16421 RIVERVALE LANE,	BOARD MEMBER			
RIVERDALE, AK 72377	0.00	0.	0.	0.
CRAIG FRAVEL, 2260 JIMMY DURANTE	BOARD MEMBER			
BOULEVARD, DEL MAR, CA 92014	0.00	0.	0.	0.
PEGGY HENDERSHOT, 2525 HARRODSBURG	BOARD MEMBER			
ROAD, LEXINGTON, KY 40504	0.00	0.	0.	0.
TERRY MEYOCKS, 103 WIND HAVEN DRIVE,	BOARD MEMBER			
NICHOLASVILLE, KY 40356	0.00	0.	0.	0.
BILL MURPHY, 18940 RIVERVIEW DRIVE,	BOARD MEMBER			
CHAGRIN FALLS, OH 44023	0.00	0.	0.	0.
WILLIAM PUNK, 41 CLARIDGE CIRCLE,	BOARD MEMBER			
MANHASSET, NY 11030	0.00	0.	0.	0.
JOHN R. VELAZQUEZ, 133 AVON PLACE,	BOARD MEMBER			
WEST HEMPSTEAD, NY 11552	0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed IL		
42a The books are in care of NANCY LASALA Telephone no 630-595-7660		
Located at CORPORATE ADDRESS ZIP + 4 ▶		
b 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)?		X
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 and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000	0			

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Roy Arnold Date: 2/15/2010

Type or print name and title: Roy Arnold, Treasurer

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 2/11/10 Check if self-employed: ☐ Preparer's Identifying Number (See Instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: MATHER & CO. CPAS, LLC
9100 SHELBYVILLE ROAD, SUITE 200
LOUISVILLE, KY 40222

EIN: Phone no: (502) 429-0800

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (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

Name of the organization

PERMANENTLY DISABLED JOCKEYS FUND INC

Employer identification number

20-5110346

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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 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)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
- e ☐ 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).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?		(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?		(VII) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					989,388.	989,388.
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					989,388.	989,388.
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)						
6 Public Support. Subtract line 5 from line 4						989,388.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4					989,388.	989,388.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					959.	959.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						990,347.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

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)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 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)						
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) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

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 ▶ ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 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 ▶ ☐

FORM 990-EZ

OTHER EXPENSES

STATEMENT

1

DESCRIPTIONAMOUNT

OFFICE SUPPLIES

354.

TELEPHONE & MEDIA SERVICE

701.

TRAVEL

1,516.

EVENT EXPENSES

18,480.

BANK FEES

1,298.

REGISTRATION FEES

177.

TOTAL TO FORM 990-EZ, LINE 16

22,526.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 3

PROVIDE FINANCIAL ASSISTANCE TO PERMANENTLY DISABLED JOCKEYS.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY ADKINS, LUTHER L 831 W. GORDON STREET CORBIN, KY 40701	NONE	7,997
ASSISTANCE TO DISABLED JOCKEY AILES, JERALD E 3869 FALLSBURG ROAD NE NEWARK, NJ 43055	NONE	6,579
ASSISTANCE TO DISABLED JOCKEY ALLEMAND, LEEROY J 1657 GRAND ANSE HIGHWAY BREAUX BRIDGE, LA 70517	NONE	6,778
ASSISTANCE TO DISABLED JOCKEY AMICO, VINCENT 5638 CORMIER ROAD VINTON, LA 70668	NONE	6,999
ASSISTANCE TO DISABLED JOCKEY AVILES, OCTAVIO B 10484 NW 3RD STREET PEMBROKE PINES, FL 33026	NONE	6,817
ASSISTANCE TO DISABLED JOCKEY BAEZ, RODOLFO 38 MOUNT PLEASANT AVENUE WAKEFIELD, MA 01880	NONE	6,834
ASSISTANCE TO DISABLED JOCKEY BURTON, STACY 19133 E. CLOUD ROAD QUEEN CREEK, AZ 85242	NONE	6,716
ASSISTANCE TO DISABLED JOCKEY BUTEAU, JOSEPH P.O. BOX 1027 EASTON, MA 02334	NONE	6,578
ASSISTANCE TO DISABLED JOCKEY COHEN, GARY 2311 SW 80TH TERRACE MIRAMAR, FL 33025	NONE	6,594
ASSISTANCE TO DISABLED JOCKEY DAVIDSON, JESSE 2841 JEANNINE COURT ELLCOTT CITY, MD 21042	NONE	6,783

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT 4
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY DIAZ, JOSE R 10117 CHIMNEY HILL COURT TAMPA, FL 33615	NONE	6,578
ASSISTANCE TO DISABLED JOCKEY DONAHUE, GARY W 3665 NW 35TH STREET COCONUT CREEK, FL 33066	NONE	6,578
ASSISTANCE TO DISABLED JOCKEY DOUPNIK, BARRY S 1410 CEDAR STREET CONCORDIA, KY 66901	NONE	4,000
ASSISTANCE TO DISABLED JOCKEY ERNST, PHILIP C 2 RAIN POND PLACE DERRY, NH 03038	NONE	6,876
ASSISTANCE TO DISABLED JOCKEY FIRES, JACK L P.O. BOX 1918 RIVERDALE, AZ 72377	BOARD MEMBER	6,792
ASSISTANCE TO DISABLED JOCKEY GAMBARDELLA, CARL 4 DANRICH COURT HAVERHILL, MA 01892	NONE	7,629
ASSISTANCE TO DISABLED JOCKEY GUERRA, WALTER 1430 N.E. 14TH AVENUE OCALA, FL 34470	NONE	6,722
ASSISTANCE TO DISABLED JOCKEY GUILLORY, DAVID 2029 COSTAL DRIVE PRINCETON, LA 71067	NONE	6,836
ASSISTANCE TO DISABLED JOCKEY GUNN, REMI 13776 NE JACKSONVILLE ROAD CITRA, FL 32113	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY HALAJIAN, RICHARD A 1863 E/LA ENTRADA PLACE FORT MOHAVE, AZ 86426	NONE	6,579

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY HENSHAW, DEWEY 33 W. IDAHO AVENUE MEREDIAN, ID 93642	NONE	6,579
ASSISTANCE TO DISABLED JOCKEY HUGGINS, II, JOHN L 32 CEDAR COUNTRYSIDE, IL 60525	NONE	6,751
ASSISTANCE TO DISABLED JOCKEY KEEHAN, DENNIS J 10340 RIDGELAND AVENUE CHICAGO RIDGE, IL 60416	NONE	6,578
ASSISTANCE TO DISABLED JOCKEY KLINKE, WILLIAM S 2700 N. HIGHWAY A1A INDIALANTIC, FL 32903	NONE	6,852
ASSISTANCE TO DISABLED JOCKEY LEE, MICHAEL A 14525 NW HIGHWAY 464B MORRISTON, FL 32668	NONE	6,817
ASSISTANCE TO DISABLED JOCKEY LYMAN, CLAUDE J 101 WILSON CREEK ROAD ELLENSBURG, WA 98926	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY MA, HENRY C 50 MOUNT HOPE STREET LOWELL, MA 01864	NONE	6,096
ASSISTANCE TO DISABLED JOCKEY MAFFEO, CHARLES 123 EMERSON VILLAGE HAMPSTEAD, NH 03841	NONE	6,730
ASSISTANCE TO DISABLED JOCKEY MALDONADO, EDWIN 44-14 CALLE 35 CAROLINA, PR 00985	NONE	7,381
ASSISTANCE TO DISABLED JOCKEY MARTINEZ, FRANCISCO A16 CALLE ROMAN RIVERA CAROLINA, PR 00987	NONE	6,800

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY MC CORMICK, DENISE M 41378 BOWDEN STREET DES MOINES, IA 50313	NONE	3,000
ASSISTANCE TO DISABLED JOCKEY MC DOWELL, MIKE P.O. BOX 398 CRESTWOOD, KY 40014	NONE	6,802
ASSISTANCE TO DISABLED JOCKEY MITCHELL, TERRY L 1208 N. MULBERRY DEXTER, MO 63941	NONE	6,752
ASSISTANCE TO DISABLED JOCKEY ROLLER, BENNY E P.O. BOX 667 RUIDOSO DOWNS, NM 88346	NONE	6,122
ASSISTANCE TO DISABLED JOCKEY SALAZAR, EDDIE A 151 PLEASANT AVENUE NW ALBUQUERQUE, NM 87107	NONE	6,998
ASSISTANCE TO DISABLED JOCKEY SORROWS, JR., ABNER G 102 A.W. BOYD LANE ROSE BUD, AR 72137	NONE	6,690
ASSISTANCE TO DISABLED JOCKEY TRAHAN, BRYAN K 366 THOMAS ROAD CHURCH POINT, LA 70525	NONE	6,702
ASSISTANCE TO DISABLED JOCKEY TURCOTTE, RONALD J P.O. BOX 215 VAN BUREN, ME 04785	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY TYRE, DONALD 374 CELERY AVENUE N JACKSONVILLE, FL 32220	NONE	6,817
ASSISTANCE TO DISABLED JOCKEY WHITLEY, KEVIN G 8330 W. POSCHONTS AVENUE TAMPA, FL 33615	NONE	6,578

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY YOUNG, STEPHANIE A 6470 PARK MANOR METAIRIE, LA 70003	NONE	6,913
ASSISTANCE TO DISABLED JOCKEY ZOOK, DONNA M P.O. BOX 366 NEW CUMBERLAND, WV 26047	NONE	6,578
ASSISTANCE TO DISABLED JOCKEY BOULMETIS, JR., SAMUEL 85 GREENSWARD LANE CHERRY HILL, NJ 08002	NONE	1,560
ASSISTANCE TO DISABLED JOCKEY HUGHES, LINDA L 6811 ATLANTA STREET HOLLYWOOD, FL 33024	NONE	760
ASSISTANCE TO DISABLED JOCKEY LA ROCCA, JAYME A 12332 BELLERIVE DRIVE KANSAS CITY, KS 66109	NONE	1,560
ASSISTANCE TO DISABLED JOCKEY HARRIS, STEPHEN B 2607 N.E. ROVERCREST FEDERAL, AZ 72701	NONE	1,560
ASSISTANCE TO DISABLED JOCKEY ENRIQUEZ, HUMBERTO D P.O. BOX 434679 SAN YSIDRO, CA 92173	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY FELTON, JAMES E P.O. BOX 40 PILOT HILL, CA 95664	NONE	6,788
ASSISTANCE TO DISABLED JOCKEY ANDRADE, OSCAR 414 W. BENNETT STREET COMPTON, CA 90220	NONE	1,000
ASSISTANCE TO DISABLED JOCKEY BROWN, JR, DUANE E 13836 RIVERSIDE DRIVE APPLE VALLEY, CA 92307	NONE	6,578

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
ASSISTANCE TO DISABLED JOCKEY LEWIS, JIM A 2839 W KENNEWICK AVENUE KENNEWICK, WA 99336	NONE	6,768
ASSISTANCE TO DISABLED JOCKEY CASTANEDA, MARCO A 8720 SW 34TH PLACE OCALA, FL 34481	NONE	6,764
ASSISTANCE TO DISABLED JOCKEY VERGARA, SAMUEL P.O. BOX 433086 SAN YSIDRO, CA 92142	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY GARY BIRZER 8916 FAWN TRAIL BLANCHESTER, OH 45107	NONE	6,601
ASSISTANCE TO DISABLED JOCKEY MARTA LOVELAND 13087 HIGHWAY 44 CAIDWELL, ID 83607	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY RONNIE DAIGREPONT P.O. BOX 63003 LAFAYETTE, LA 70596	NONE	6,000
ASSISTANCE TO DISABLED JOCKEY JO ELLYN HAYES 3231 W. COUNTY ROAD 75 GUTHRIE, OK 73044	NONE	6,579
ASSISTANCE TO DISABLED JOCKEY SHANNON CAMPBELL 8400 BELMONT ROAD CHESTERFIELD, VA 23832	NONE	6,807
ASSISTANCE TO DISABLED JOCKEY ANTHONY DLUGOPOLSKI 34 MAIN STREET NEW MANCHESTER, WV 26056	NONE	6,579
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		359,705

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	PERMANENTLY DISABLED JOCKEYS FUND INC	20-5110346
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 803	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ELMHURST, IL 60126	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

NANCY LASALA

- The books are in the care of ▶ 1025 SOUTH CENTER STREET - BENSENVILLE, IL 60106
Telephone No. ▶ 630-595-7660 FAX No. ▶ 630-595-7655

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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)