



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



Form **990-EZ**Department of the Treasury
Internal Revenue Service

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)

► 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No. 1545-1150

2009**Open to Public Inspection****A For 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization**J FOUNDATION, INC.**

Number & street (or P.O. box, if mail is not delivered to street addr.)

Room/suite

PO BOX 141

City or town, state or country, and ZIP + 4

Thornton PA 19373**D Employer identification number****01-0551997****E Telephone number****(610) 399-5310****F Group Exemption Number**

Number... ►

• **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: ► **N/A**

J Tax-exempt status (check only one) -- ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

H Check ☒ if organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **44,071**

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	4,165
	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	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here <input checked="" type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	37,788
	b	Less: direct expenses other than fundraising expenses	6b	14,647
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	23,141
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ► See attachment #1)	8	2,118
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	29,424
	EXPENSES	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	34
16		Other expenses (describe ► See attachment #3)	16	1,597
17		Total expenses. Add lines 10 through 16	17	29,641
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-217
	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	26,934
	20	Other changes in net assets or fund balances (attach explanation)	20	-165
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,552

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	26,934	26,552
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	26,934	26,552
26 Total liabilities (describe ►)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,934	26,552

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED AUG 19 2010

p 24

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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		
	section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
41	List the states with which a copy of this return is filed. PA		
42a	The organization's books are in care of See attachment #7 Telephone no		
	Located at 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)?	42b	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.?	42c	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 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	44	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	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X** **X** **X** **X** **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **46** **47** **48** **49a** **49b**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's 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."

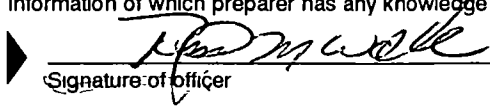
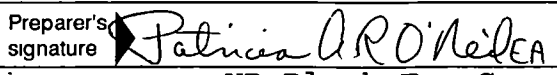
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ... ►

- 51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 ... ►

Sign Here	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.				
	 Signature of officer		Date <u>7/23/2010</u>		
Paid Preparer's Use Only	 Preparer's signature		Date <u>7/23/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying no. (See instr.) <u>P00045422</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>HR Block Tax Group Inc</u> <u>1105 West Chester Pike Ste 5A</u> <u>West Chester, PA</u>		EIN <u>43-1871840</u> Phone no. <u>610-344-4990</u>		

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

**Open to Public
Inspection**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

J FOUNDATION, INC.

01-0551997

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 (For lines 1 through 11, check only one box.)

- 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).**

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 Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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 supported organization(s)

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

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					4165	4165
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 through 3.					4165	4165
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.						4165

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					4165	4165
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						4165
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 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3 % support test -- 2009. 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 -- 2008. 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 -- 2009. 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 -- 2008. 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"/>			

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")					4165	4165
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					44606	44606
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 through 5					48771	48771
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						48771

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6					48771	48771
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.)					48771	48771
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 checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2009. 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 -- 2008. 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 ☐

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Jumpers (part (event type))	Golf Outing (event type)	(total number)	(Add col. (a) through col. (c))
1	Gross receipts	3,590	19,108		22,698
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	3,590	19,108		22,698
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		7,875	7,875
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses		1,735	1,735
10	Direct expense summary. Add lines 4 through 9 in column (d)				(9,610)
11	Net income summary. Combine line 3, column (d), and line 10				13,088

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes		532	532
	4	Rent/facility costs		1,500	1,500
	5	Other direct expenses		3,005	3,005
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 80 % <input checked="" type="checkbox"/> No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d)				(5,037)
8	Net gaming income summary. Combine line 1, column d, and line 7				10,053

9 Enter the state(s) in which the organization operates gaming activities. PA

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

pd ROYAL FLUSH and KING BEE to run gaming tables which gave winners tickets to put into a raffle for prizes (donated).

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		X
10a		X
11	X	
12		X

		Yes	No
13	Indicate the percentage of gaming activity operated in.		
a	The organization's facility	13a	%
b	An outside facility	13b	100.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ <u>See Attachment #8</u>			
Address ▶ _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
c	If "Yes," enter name and address of the third party		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information:		
Name ▶ <u>See Attachment #9</u>			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

Inspection

For calendar year 2009 or tax period beginning

, and ending

J FOUNDATION, INC.

01-0551997

Total

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization		Employer Identification Number	
J FOUNDATION, INC.		01-0551997	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CONTRIBUTION	MELVIN FUNERAL HOME FOR ELIZABETH W 15522 S DUPONT HIGHWAY HARRINGTON DE 19952		FUNERAL EXPENSES
CONTRIBUTION	MELVIN FUNERAL HOME FOR MILLIGAN 15522 S DUPONT HIGHWAY HARRINGTON DE 19952		FUNERAL EXPENSES
CONTRIBUTION	STRANO AND FEELEY FOR PLAZA FUNERAL 635 CHURCHMANS ROAD NEWARK DE 19702		FUNERAL EXPENSES
CONTRIBUTION	PARSELL FUNERAL HOME FOR APRIL FLET 202 LAWS STREET BRIDGEVILLE DE 19933		FUNERAL EXPENSES
CONTRIBUTION	BECK GIVINISH FUNERAL HOME FOR TEMP 7400 NEW FALLS ROAD LEVITTOWN PA 19053		FUNERAL EXPENSES

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH		CASH VALUE		
NONE	CASH	1,170	CASH VALUE		2009-03
NONE	CASH	3,872	CASH VALUE		2009-04
NONE	CASH	2,600	CASH VALUE		2009-05
NONE	CASH	3,500	CASH VALUE		2009-06
		1,407	CASH VALUE		2009-08
Total		12,549			

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning and ending	
Name of Organization J FOUNDATION, INC.		Employer Identification Number 01-0551997	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CONTRIBUTION	DELMARVA POWER FOR LANZI FAMILY PO BOX 17000		ELECTIC BILL
CONTRIBUTION	WILMINGTON DE 19713 CHRYSLER PAYMT FOR LANZI FAMILY PO BOX 9001921		CAR PAYMT
CONTRIBUTION	LOUISVILLE KY 40290-1921 CITI MORTGAGE FOR LANZI FAMILY PO BOX 183040		MORTGAGE PAYMENT
CONTRIBUTION	COLUMBUS OH 43218-3040 VERIZON FOR LANZI FAMILY PO BOX 25505		TELEPHONE BILL
CONTRIBUTION	LEHIGH VALLEY PA 18002-5505 UNITED WATER OF DELAWARE FOR LANZI PO BOX 371804 PITTSBURGH PA 15250-7804		WATER BILL

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH		CASH VALUE		
NONE	CASH	356	CASH VALUE		2009-08
NONE	CASH	376	CASH VALUE		2009-08
NONE	CASH	1,652	CASH VALUE		2009-08
NONE	CASH	161	CASH VALUE		2009-08
Total		2,817			2009-08

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 2: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2009, or tax year period beginning		and ending	
Name of Organization		Employer Identification Number		01-0551997	
J FOUNDATION, INC.					
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate		
CONTRIBUTION	NEW CASTLE COUNTY FOR LANZI FAMILY PO BOX 15359		SEWER SERVICE		
CONTRIBUTION	WILMINGTON DE 19886-5359 OLIVER BAIR FUNERAL HOME FOR GRIFFI		FUNERAL EXPENSES		
CONTRIBUTION	8500 WEST CHESTER PIKE UPPER DARBY PA 19082		FUNERAL EXPENSES		
CONTRIBUTION	DONAHUE FUNERAL HOME FOR CAMPUZANO 8401 WEST CHESTER PIKE		FUNERAL EXPENSES		
CONTRIBUTION	UPPER DARBY PA 19082 HENNINGER FUNERAL FOR VASQUEZ		FUNERAL EXPENSES		
CONTRIBUTION	229 NORTH 5TH STREET READING PA 19601-3303		FUNERAL EXPENSES		
	W L CASE FOR WEGNER FUNERAL		FUNERAL EXPENSES		
	4480 MUCKINAW ROAD		FUNERAL EXPENSES		
	SAGINAW MI 48603-3115				
Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	CASH		CASH VALUE		
NONE	CASH	437	CASH VALUE		2009-08
NONE	CASH	4,252	CASH VALUE		2009-10
NONE	CASH	5,000	CASH VALUE		2009-11
NONE	CASH	2,000	CASH VALUE		2009-12
NONE	CASH	955	CASH VALUE		2009-12
Total		12,644			

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Inspection

For calendar year 2009 or tax period beginning

, and ending

Name of Organization

J FOUNDATION, INC.

Employer Identification Number

01-0551997

Description of Other Expenses	Amount
MEALS AND ENTERTAINMENT	279
DEPOSIT FOR 2010 FUNCTION	500
ADVERTISING	818
Total	1,597

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 20

, and ending

01-0551997

-165

PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997

Primary Purpose

"J" FOUNDATION... A CAUSE FOR KIDS, WAS FORMED TO HELP CHILDREN WHO HAVE BEEN DIAGNOSED WITH A TERMINAL ILLNESS. IT GIFTS AMOUNTS NOT COVERED BY INSURANCE THAT THE CHILD OR THE FAMILY MAY NEED.DURING THIS TIME WHEN BOTH CHILD AND FAMILY ARE EMOTIONALLY, PHSYICALLY AND FINANCIALLY DRAINED, THE FOUNDATION WORKS TO EASE THEIR WORRIES.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
---------------------------	---

Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997
--	--

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def Comp.	(E) Expense Account & Other Allowances
JAMIE PANETTA 1 FOX BROOK LANE Thornton, PA 19373	PRESIDENT AND FOUNDER 2.00	0	0	0
RICH BENONIS 4 MARTINS RUN Media, PA 19063	CHAIRMAN OF THE BOARD	0	0	0
TIM WALLACE 637 JAMES DRIVE West Chester, PA 19382	TREASURER 1.50	0	0	0
JACKIE DIVER 416 TROLLEY WAY West Chester, PA 19382	SECRETARY 1.50	0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997
Part V - Line 42a	

Individual Name ... TIM WALLACE
or
Business Name:

Street Address ... 637 JAMES DRIVE

U S Address

Zip code 19382 City West Chester State PA
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (215) 932-4914

Fax Number (610) 399-4403

GAMING/SPECIAL EVENTS BOOKS AND RECORDS

Attachment 8: Sch G Page 3, Part III, Line 14

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997
Part III - Line 14	

Individual Name TIM WALLACE
or
Business Name

Street Address 637 JAMES DRIVE

U S Address

Zip code 19382 City West Chester State PA
or

Foreign Address

City

Province or State

Country

Postal code

GAMING MANAGER INFORMATION

Attachment 9: Sch G Page 3, Part III, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending .
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997
Part III - Line 16	

Individual Name	
or	
Business Name	
ROYAL FLUSH	
KING BEE	

Compensation	3,655
--------------------	-------

Services Provided
AUCTIONEER AND SUPPLIED PEOPLE TO RUN GAMING TABLES

Title	<u>Independent Contract</u>
-------------	-----------------------------

2009 DETAIL STATEMENTS

J FOUNDATION, INC.
01-0551997

Page 1

STATEMENT #1 - Other Direct expenses (Sch G, Part II Line B-7a)

DJ.....	400
LANE SIGNS.....	685
KING BEE.....	650

TOTAL CARRIED TO Sch G, Part II Line B-7a.....	1,735
--	-------
