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Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2009

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 \$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.

Open to Public  
Inspection

## A For 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

<input checked="" type="checkbox"/> Check if applicable	C Name of organization J FOUNDATION, INC.			D Employer identification number 01-0551997
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions			E Telephone number (610) 399-5310
<input checked="" type="checkbox"/> Initial return	Number & street (or P.O. box, if mail is not delivered to street addr.) PO BOX 141			F Group Exemption Number.... ►
<input type="checkbox"/> Terminated	Room/suite			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 Thornton PA 19373			
<input type="checkbox"/> Application pending				

- 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

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	
	c Net 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
	22		
EXPENSES	10 Grants and similar amounts paid (attach schedule) . . . . .	10	28,010
	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
		18	-217
		19	26,934
ASSETS	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.

NET ASSETS	(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments . . . . .	22	26,552
	23 Land and buildings . . . . .	23	
	24 Other assets (describe ► ) . . . . .	24	
	25 Total assets . . . . .	25	26,552
	26 Total liabilities (describe ► ) . . . . .	26	0
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	27	26,552
		26,934	
		26,934	
		26,934	

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

Form 990-EZ (2009)

f 27

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

What is the organization's primary exempt purpose? See attachment #5

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, & other relevant information for each program title

28			
(Grants \$	) If this amount includes foreign grants, check here . . . . . ►		28a
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

**Part IV. List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instr. for Part IV.)

**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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b>		
b Did the organization file <b>Form 1120-POL</b> 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:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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		
41 List the states with which a copy of this return is filed. ► <b>PA</b>		
42a The organization's books are in care of ► <b>See attachment #7</b> Telephone no ► _____ Located at ► _____		
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)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► <b>43</b> ► <b>□</b>		
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 . . . . .

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization 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 a section 527 organization? . . . . .

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."

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

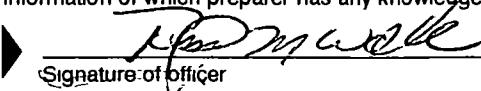
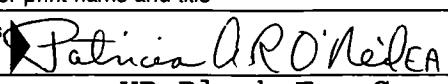
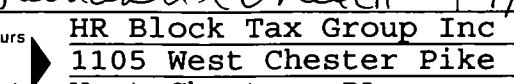
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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		
	► 	7/23/2010	Date
	► TIM WALLACE	TREASURER	
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 7/23/2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	HR Block Tax Group Inc 1105 West Chester Pike Ste 5A West Chester, PA	EIN ► 43-1871840 Phone no. ► 610-344-4990

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

**Name of the organization**

J FOUNDATION, INC.

**Employer Identification number**

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? \_\_\_\_\_

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

h Provide the following information about the supported organization(s)

(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	
Total							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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 . . . . .						
<b>4 Total.</b> 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) . . . . .						
<b>6 Public support.</b> 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.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						4165
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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		%
<b>16a 33 1/3 % support test -- 2009.</b> 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>b 33 1/3 % support test -- 2008.</b> 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"/>
<b>17a 10%-facts-and-circumstances test -- 2009.</b> 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>b 10%-facts-and-circumstances test -- 2008.</b> 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"/>
<b>18 Private foundation.</b> 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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .					48771	48771
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 . . . . .					48771	48771
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)					48771	48771
<b>14 First five years.</b> 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 <b>33 1/3 % support tests -- 2009.</b> 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 . . . . . ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support tests -- 2008.</b> 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 . . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if  
the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**J FOUNDATION, INC.**

Employer identification number  
**01-0551997**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . .  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col. (I)	(VI) Amount paid to (or retained by) organization
		Yes	No			

**Total** . . . . . ►

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

		(a) Event #1 Jumpers (part (event type)	(b) Event #2 Golf Outing (event type)	(c) Other events (total number)	(d) Total events (Add col. (a) through col. (c))
REVENUE	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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
REVENUE	1 Gross revenue .....			15,090	15,090
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 type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80 % <input 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?		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? .....		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 ► \$ _____		

## **SCHEDULE OF OTHER REVENUE**

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

**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  
InspectionFor Calendar year 2009, or tax year period beginning  
and endingName of Organization  
J FOUNDATION, INC.For Calendar year 2009, or tax year period beginning  
and ending

Class of Activity	Recipient's Name and Address	Amount (FMV)	Employer Identification Number	Purpose of Payment to Affiliate
CONTRIBUTION	MELVIN FUNERAL HOME FOR ELIZABETH W 15522 S DUPONT HIGHWAY HARRINGTON DE 19952		01-0551997	FUNERAL EXPENSES
CONTRIBUTION	MELVIN FUNERAL HOME FOR MILLIGAN 15522 S DUPONT HIGHWAY HARRINGTON DE 19952			FUNERAL EXPENSES
CONTRIBUTION	STRANO AND FEELY 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			
<hr/>				
Relationship	Description of Property	Book Value	How FMV is Determined	Date of Gift
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
NONE		1,407		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

Name of Organization  
J FOUNDATION, INC.and ending  
01-055197

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
CONTRIBUTION	DELMARVA POWER FOR LANZI FAMILY PO BOX 17000 WILMINGTON DE 19713 CHRYSLER PAYMT FOR LANZI FAMILY PO BOX 9001921 LOUISVILLE KY 40290-1921		CAR PAYMT
CONTRIBUTION	CITI MORTGAGE FOR LANZI FAMILY PO BOX 183040 COLUMBUS OH 43218-3040		MORTGAGE PAYMENT
CONTRIBUTION	VERIZON FOR LANZI FAMILY PO BOX 25505 LEHIGH VALLEY PA 18002-5505		TELEPHONE BILL
CONTRIBUTION	UNITED WATER OF DELAWARE FOR LANZI PO BOX 371804 PITTSBURGH PA 15250-7804		WATER BILL
Relationship	Description of Property	Book Value	How FMV is Determined
NONE	CASH	356	CASH VALUE
NONE	CASH	376	CASH VALUE
NONE	CASH	1,652	CASH VALUE
NONE	CASH	161	CASH VALUE
NONE	CASH	272	
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  
InspectionFor Calendar year 2009, or tax year period beginning  
and ending**Name of Organization**  
**J FOUNDATION, INC.**

Class of Activity	Recipient's Name and Address	Amount (FMV)	Employer Identification Number	Purpose of Payment to Affiliate
CONTRIBUTION	NEW CASTLE COUNTY FOR LANZI FAMILY PO BOX 15359 WILMINGTON DE 19886-5359		01-0551997	SEWER SERVICE
CONTRIBUTION	OLIVER BAIR FUNERAL HOME FOR GRIFFI 8500 WEST CHESTER PIKE UPPER DARBY PA 19082			FUNERAL EXPENSES
CONTRIBUTION	DONAHUE FUNERAL HOME FOR CAMPUZANO 8401 WEST CHESTER PIKE UPPER DARBY PA 19082			FUNERAL EXPENSES
CONTRIBUTION	HENNINGER FUNERAL FOR VASQUEZ 229 NORTH 5TH STREET READING PA 19601-3303			FUNERAL EXPENSES
CONTRIBUTION	W L CASE FOR WEGNER FUNERAL 4480 MUCKINAW ROAD SAGINAW MI 48603-3115			FUNERAL EXPENSES
<hr/>				
Relationship	Description of Property	Book Value	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
		955		
	Total	12,644		2009-12

## **SCHEDULE OF OTHER EXPENSES**

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

Open to Public  
Inspection

**For calendar year 2009 or tax period beginning**

, and ending

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**Name of Organization**

## J FOUNDATION, INC.

**Employer Identification Number**

01-0551997

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

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

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization <b>J FOUNDATION, INC.</b>		Employer Identification Number <b>01-0551997</b>
Description of Changes		Total Amount
<b>BALANCE ADJUSTMENT</b>		<b>-165</b>
		Total <b>-165</b>

## 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		
<b>Name of Organization</b> J FOUNDATION, INC.			<b>Employer Identification Number</b> 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 RICH BENONIS 4 MARTINS RUN Media, PA 19063 TIM WALLACE 637 JAMES DRIVE West Chester, PA 19382 JACKIE DIVER 416 TROLLEY WAY West Chester, PA 19382	PRESIDENT AND FOUNDER 2.00 CHAIRMAN OF THE BOARD TREASURER 1.50 SECRETARY 1.50	0 0 0 0	0 0 0 0	0 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
<b>Name of Organization</b> <b>J FOUNDATION, INC.</b>		<b>Employer Identification Number</b> <b>01-0551997</b>

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
<b>Name of Organization</b> <b>J FOUNDATION, INC.</b>		<b>Employer Identification Number</b> <b>01-0551997</b>
Part III - Line 14		
Individual Name ..... <u><b>TIM WALLACE</b></u>		
or		
Business Name		
Street Address ..... <u><b>637 JAMES DRIVE</b></u>		
U S Address		
Zip code	<u><b>19382</b></u>	City <u><b>West Chester</b></u>
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	Employer Identification Number	
J FOUNDATION, INC.	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 ..... Independent Contract

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

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