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### Form '990-PF

Department of the Treasury

Internal Revenue Service

## Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0052 **2**009

For calendar year 2009, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity I Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS lahel J.C. FOUNDATION 61-1489700 Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. BANCHORY COURT 561-622-5407 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. PALM BEACH GARDENS, D 1. Foreign organizations, check here FLX Section 501(c)(3) exempt private foundation Foreign organizations meeting the 85% test, check here and attach computation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: X Cash under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) 3,758,240. ▶\$ under section 507(b)(1)(B), check here Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 131,721 131,721 STATEMENT 3,910 3,910 STATEMENT Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 29,149 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a <u>2,227,550.</u> 29,149 Capital gain net income (from Part IV, line 2) 8 Net short-term capital-gain Income modifications 9 3 10a Gross sales less returns and allowances 0.5b Less Cost of goods sold c Gross profit or (loss) 228. 0 STATEMENT 11 Other income Total. Add lines 1 through GPEN 165,008 164.780 0 0. 0 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 3,838 0 STMT 4 0. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 91 0 0. 24 Total operating and administrative 3,929 0 0. expenses. Add lines 13 through 23 254,000 254,000. Contributions, gifts, grants paid Total expenses and disbursements. 0 257,929 254.000. Add lines 24 and 25 27 Subtract line 26 from line 12: -92,921 a Excess of revenue over expenses and disbursements 164,780 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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Form 990-PF (2009) 61-1489700 Page 2 FOUNDATION Balance Sheets Attached schedules and amounts in the description Beginning of year End of year Part II column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 151. 151. Cash - non-interest-bearing 256,374. 256,374. 182,232. 2 Savings and temporary cash investments 391 3 Accounts receivable > Less: allowance for doubtful accounts 391 391. 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 15,000. 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 0 563,783. 559,738 b Investments - corporate stock STMT 6 STMT 7 500,000. 500,000. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 3,126,495. 2,410,107. STMT 8 2,440,821. 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ► 3,823,727. 3,730,806. 3,758,240. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright \mathbf{x}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 3,823,727. 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 3,823,727. 3,730,806 30 Total net assets or fund balances 3,823,727. 3,730,806 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) <u>3,823,727.</u> 2 Enter amount from Part I, line 27a -92,921. 3 Other increases not included in line 2 (itemize) 3 730,806. Add lines 1, 2, and 3 4

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Decreases not included in line 2 (itemize)

Part IV   Capital Gains	and Losses for Lax on It	nvestmen					
• (a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 sh	j., real estate, s. MLC Co.)		<b>(b)</b> How a P - Pur D - Doi	acquired chase nation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
12 SALE OF SECURI	TIES(D.1.4)				P		
b SALE OF SECURI					P		
c CAPITAL GAINS	<u>DIVIDENDS</u>						<del></del>
<u>d</u>							-
<u>e</u>	(Decree alleged	(-) O-	-445 5				<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (lo (e) plus (f) minu	s (g)
a 1,942,525.			<u>1,913,401</u>				29,124.
ь 285,000.			285,000	).			0.
<u>c</u> 25.				-		<del>-</del>	25.
<u>d</u>		-					· · · · · · · · · · · · · · · · · · ·
Complete only for assets shown	ig gain in column (h) and owned by	the foundation	on 12/31/69	$\dashv$		1 Coupe (Cal. (b) as	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i)			) Gains (Col. (h) ga . (k), but not less the Losses (from co	nan -0-) <b>o</b> r
a				+-			29,124.
<u>b</u>			· · · · · ·	_			0.
c							25.
d					•	1	
e							
2 Capital gain net income or (net ca	pital loss)	r ın Part I, line I- ın Part I, line	7 7	} _2			29,149.
3 Net short-term capital gain or (los If gain, also enter in Part 1, line 8,		nd (6):		1			
If (loss), enter -0- in Part I, line 8	columnit (o).			) 3		N/	A
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net I	nvestr	nent Inc	ome	
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment inco	ome.)			
If section 4940(d)(2) applies, leave the	us nart hlank						
ii Section 4340(u)(2) applies, leave ti	ns part blank.						
Was the foundation liable for the sect			•	od?			Yes X No
If "Yes," the foundation does not qual							
	each column for each year; see instr	uctions before	<del> </del>		•	·	(4)
(a) Base period years	Adjusted qualifying dis	tributions	Net value of nonc	(C) charitable	-1150 255015	Dist	(d) ribution ratio
Calendar year (or tax year beginnii 2008	'g '''/	6,918.	1101 12100 01 110110		7,195		o 51026
2007		5,656.			0,502		.058907
2006	13	7,054.			5,810		.034129
2005		0.			0		.000000
2004					<del>_</del>		
2 Total of line 1, column (d)						2	.144062
3 Average distribution ratio for the	5-year base period - divide the total (	on line 2 by 5,	or by the number of	f years			
the foundation has been in exister	nce if less than 5 years					3	.036016
4 Enter the net value of noncharitab	le-use assets for 2009 from Part X,	line 5				4	<u>2,227,772.</u>
						1_1	00 005
5 Multiply line 4 by line 3						5	80,235.
6 Enter 1% of net investment incom	ne / 1% of Part I line 27h)					6	1,648.
6 Ellet 1% Of het myestment moon	ic (176 011 ait i, iiiic 270)						1,040.
7 Add lines 5 and 6						7	81,883.
	a Dort VII. line 4						_
8 Enter qualifying distributions from		41		400		8	254,000.
If line 8 is equal to or greater than See the Part VI instructions.	I line 7, check the box in Part VI, line	t 1b, and comp	elete that part using	a 1% tax	rate.		
				_		<del></del>	Form <b>990-PF</b> (2009)

	m 990-PF (2009) J.C. FOUNDATION	<u>61-1</u>	<u> 148970</u>	0	Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 1948 - </u>	see instr	uctio	ons)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
,	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🕱 and enter 1%	1 1		1,	648.
	of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	1 1			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3	Add lines 1 and 2	3		1,0	648.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,0	548.
6	Credits/Payments:				
a	a 2009 estimated tax payments and 2008 overpayment credited to 2009 600.				
	Exempt foreign organizations - tax withheld at source	1			
c	Tax paid with application for extension of time to file (Form 8868)  6c 2,848.	1			
d	1 Backup withholding erroneously withheld 6d	1			
7	Total credits and payments. Add lines 6a through 6d	7		3,4	148.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1.8	300.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11			0.
	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in .		Yes	No
	any political campaign?		1a		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b	İ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or			
	distributed by the foundation in connection with the activities.				1
C	: Did the foundation file Form 1120-POL for this year?		1c	İ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1	
	(1) On the foundation. $\triangleright$ \$ 0 . (2) On foundation managers. $\triangleright$ \$			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			ŀ	
	managers. ▶ \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	ır			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	<u></u>	X
b	of "Yes," has it filed a tax return on Form 990-T for this year?	N/	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	L	X
	If "Yes," attach the statement required by General Instruction T.			1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
	remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	FL				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	ļ <u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	L	<u> </u>
			r 000	DE	(0000)

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
,	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► RICHARD W. CAUDILL Telephone no. ► 561-63	34-7	090	-
	Located at ► 2 BANCHORY COURT, PALM BEACH GARDENS, FL ZIP+4 ► 33			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\overline{}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	} }		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	] ]	Ì	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)		- 1	
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		]	v
_	before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1 1	Ì	
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009?			
	If "Yes," list the years,,,		Ì	
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		1	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ĺ	
	during the year? Yes X No		1	
b	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		ļ	,
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		ł	
	Form 4720, to determine if the foundation had excess business holdings in 2009.)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		<u> </u>
	For	n <b>990</b> -	·PF (2	2009)

Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Bo	Doguirod (see	61-1489	700	Page 6
	OIIII 4720 Way be	nequired (contil	nuea)		
<ul><li>5a During the year did the foundation pay or incur any amount to:</li><li>(1) 'Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>	n 4045(n)\2		es X No		
(0) Influence the automorphism of the control of th	` ''		es LAL NO		
any voter registration drive?	ir to carry on, directly or ingli	• -	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No		
		L 10	ו מאובבם es		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<del></del>	(TE)		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	}	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or			l	
the prevention of cruelty to children or animals?			es X No	ŀ	ı
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations			]
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance check h			▶∟⊥		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —			ł
expenditure responsibility for the grant?		1/A	es L No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d)		ŀ	1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Y6	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ĺ	6b	<u> </u>
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📙		
b If yes, did the foundation receive any proceeds or have any net income attributa				7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	anagers, Highly	/		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their		1430	(d) 0		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid.	(d) Contributions to employee benefit plans and deferred	(e) E.	xpense nt, other
(a) name and address	to position	(If not paid, enter -0-)	compensation	allov	vances
				-	
			_		
SEE STATEMENT 9		0.	0.	<u> </u>	0.
				ĺ	
				<u> </u>	
				ļ	
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) E)	xpense nt, other
(a) have and addition on proyon paid more than possess	devoted to position	(c) compensation	and deferred compensation	allow	ances
NONE					
	-				
			-		
				1	
				<u> </u>	
				ĺ	
Total number of other employees paid over \$50,000	<del></del>		▶ T	<u>.                                    </u>	0

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions )
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	2,068,674.
	Average of monthly cash balances	1b	193,023.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,261,697.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,261,697.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33,925.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,227,772.
6	Minimum investment return. Enter 5% of line 5	6	111,389.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	111,389.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,648.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	109,741.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	109,741.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	109,741.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	254,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	<u> 254,000.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,648.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	252,352.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	r the section

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4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				<del></del>
line 7				109,741.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			13,804.	<u>-</u>
b Total for prior years:		_		•
3 Excess distributions carryover, if any, to 2009:		0.		<del></del>
1 7 7				•
<b>a</b> From 2004 <b>b</b> From 2005				
6 From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from		· · · · · · · · · · · · · · · · · · ·		
Part XII, line 4: ► \$ 254,000.	:			
a Applied to 2008, but not more than line 2a			13,804.	
b Applied to undistributed income of prior			13,004.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		- 0.		<del></del>
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				109,741.
e Remaining amount distributed out of corpus	130,455.			100,141.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	130,455.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract	·			
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of			,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004		•		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	130,455.			
10 Analysis of line 9;				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				•
e Excess from 2009 130,455.				Farm 000 DE (0000)

Form **990-PF** (2009)

Part XIV Private Operating	Foundations (see ins	structions and Part V	II-A. guestion 9)	N/A	-1489/00 Fage R
1 a If the foundation has received a ruling				N/A	
foundation, and the ruling is effective					
<b>b</b> Check box to indicate whether the fou			in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g loandation described	Prior 3 years	4342())(0) 01	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for			(1)	\-/	(-)
each year listed	İ				
b 85% of line 2a				<del>-  </del>	
c Qualifying distributions from Part XII,			<del></del>		
line 4 for each year listed					
d Amounts included in line 2c not			<u> </u>		
used directly for active conduct of	-		j		
exempt activities				Į	
e Qualifying distributions made directly			·	<del></del>	
for active conduct of exempt activities					
Subtract line 2d from line 2c	•				
3 Complete 3a, b, or c for the			<del></del>	<del></del>	
alternative test relied upon:	j			1	
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
• •					<del>-  </del> -
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<del></del>	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del></del>		<del> </del>	<del>-</del>
(1) Total support other than gross	ļ		1		
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<del></del> -		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				<del> </del>	
an exempt organization					
(4) Gross investment income	7-7-				<del></del>
Part XV Supplementary Inf	ormation (Comple	te this part only	if the foundatio	n had \$5,000 or	more in assets
at any time during					
1 Information Regarding Foundat	ion Managers:				
a List any managers of the foundation v	vho have contributed more t	han 2% of the total cor	tributions received by th	e foundation before th	e close of any tax
year (but only if they have contributed			,		•
SEE STATEMENT 10					
b List any managers of the foundation v	vho own 10% or more of the	stock of a corporation	(or an equally large por	tion of the ownership o	f a partnership or
other entity) of which the foundation h	nas a 10% or greater interes	t.			
NONE					
2 Information Regarding Contribu	ıtion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here <b>X</b> if the foundation	only makes contributions t	o preselected charitable	organizations and does	not accept unsolicited	requests for funds. If
the foundation makes gifts, grants, etc	c. (see instructions) to indiv	duals or organizations	under other conditions,	complete items 2a, b, c	, and d.
a The name, address, and telephone nu	mber of the person to whon	applications should b	addressed:		<del>-</del>
-					
b The form in which applications should	l be submitted and informat	on and materials they s	hould include:		
c Any submission deadlines:					
	<del></del>		<del> </del>		
d Any restrictions or limitations on awar	ds, such as by geographica	I areas, charitable fields	, kinds of institutions, or	other factors:	

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
News and address (hours as hours)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00111110011011	
a Paid during the year			_	
				İ
		•		
				•
			,	
		•		
SEE STATEMENT 11 Total			<b>.</b> .	254 000
b Approved for future payment			<b>▶</b> 3a	254,000.
- ,,				
			•	
NOVE				
NONE				
			•	
Total	<u> </u>		<u></u> 3b	0.
923811 02-02-10			Fo	orm <b>990-PF</b> (2009)

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1		1 1		
investments			14	131,721.	
4 Dividends and interest from securities			14	131,721. 3,910.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	_				
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	29,149.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a TAX REFUND				228.	
b					
С	•				
d	1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0		165,008.	
13 Total. Add line 12, columns (b), (d), and (e)				13	165,008.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

	the foundation's exempt purposes (other than by providing funds for such purposes).
_	
	, and the state of
	, <u> </u>

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Form **990-PF** (2009)

								ige 13
Pa	art X			and Transactions	and Relationships With No	ncharitable	е	
1	Did th			ving with any other organizat	uon described in section 501(c) of		Yes	No
a								
	(1) (	Cash				1a(1)		Х
	(2)	Other assets					1	Х
b	Other	transactions:						
	(1) 5	ales of assets to a noncharita	able exempt organization			1b(1)		Х
	(2) F	urchases of assets from a no	incharitable exempt organization			1b(2)		X
	(3) F	tental of facilities, equipment,	or other assets			1b(3)		Х
	(4) F	leimbursement arrangements	<b>;</b>			1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		Х
	(6) F	erformance of services or me	embership or fundraising solicital	tions		1b(6)		Х
						1c	L	<u>X</u>
d							sets,	
					lue in any transaction or sharing arrange	ment, show in		
		<del>-``</del> -	<del>,</del>					
(a) I	ine no	(b) Amount involved	<del>                                     </del>		(0) Description of transfers, transaction	ins, and sharing an	rangeme	nts
			N/A					
		·- <u>-</u>	<del> </del>					
			<b></b>					
	-		<del>                                     </del>					
			<del> </del>					
	-							
			1					
								-
•								
2a	Is the	foundation directly or indirec	tly affiliated with, or related to, or	ne or more tax-exempt organ	nizations described			
	ın sec	tion 501(c) of the Code (othe	r than section 501(c)(3)) or in se	ection 527?		Yes	X	] No
b	If Yes							
			ganization	(b) Type of organization	(c) Description of re	lationship		
		N/A						
							_	
					<u> </u>			
						let, it is true, corre	ct,	
ł		Rudull W.	( i i i i i	11-2-10	, 555615516			
the Code (other than section 50 Ifc)(3) organizations) or in section 527, relating to political organizations?  1 Transfers from the reporting foundation to a noncharitable exempt organization of:  11 Cash 22 Other assets 31 (2) Other assets 5 Other transactions:  11 Sales of assets from a noncharitable exempt organization 11 (2) Purchases of assets from a noncharitable exempt organization 11 Mt11 12 Purchases of assets from a noncharitable exempt organization 13 Rental of acritices, equipment, or other assets 14 (4) Rembursement arrangements 15 Loans or loan guisantees 16 Performance of services or membership or fundraising solicitations 16 Performance of services or membership or fundraising solicitations 16 Performance of services or membership or fundraising solicitations 17 Sharing of facilities, equipment, making letts, other assets, or paid employees 18 If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received.  18 International transactions of sharing arrangement, show in column (b) Amount involved 19 International transactions of sharing arrangement, show in column (b) Amount involved 10 International transactions of sharing arrangement, show in column (b) Amount involved 10 International transactions of sharing arrangement, show in column (b) Amount involved 10 International transactions of sharing arrangement, show in column (b) Amount involved 10 International transactions of sharing arrangement, show in a section 50 I(c) of the Code (other than sections) of services received in section 50 I(c) of the Code (other than sections) of services received in section 50 I(c) of the Code (other than sections) of services received in section 50 I(c) of the Code (other than sections) of services								
휜	Part XVIII	ring num	ber					
B	<u>د</u> ک	signature	LVA. Golom	ent .	self-			
ر ا	o a g	Grade and Comments	TITETA DE TOURS O	LIC				
- [	g g s	If self-employed)		/ """	EIN			
	ਕੁ⊃	address and 7IP code	DOIDER DIRECT	TODEDA 22407	5.	F.C.1.) C.D.O.	C 0	0.0

923622 02-02-10

FLORIDA

HOLYFIELD THOMAS, 125 BUTLER STREET WEST PALM BEACH, FI

(561)689-6000

Form **990-PF** (2009)

Phone no.

FORM 990-PF INTEREST ON SAVIN	IGS AND T	EMPORARY CA	ASH	INVESTMENTS	STATEMENT	
SOURCE					AMOUNT	
BANK CD'S WACHOVIA 9862				-	34,0 97,7	
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COLUMN A		-	131,7	21
FORM 990-PF DIVIDENDS	AND INT	EREST FROM	SEC	URITIES	STATEMENT	
SOURCE	GRO	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
WACHOVIA 9862		3,935.		25.	3,9	10
TOTAL TO FM 990-PF, PART I, LN	4	3,935.		25.	3,9	10
FORM 990-PF	OTHER	INCOME			STATEMENT	:
DESCRIPTION		(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
TAX REFUND	•		228.	0	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11	2	228.	0		
FORM 990-PF	ACCOUN	TING FEES			STATEMENT	
	(A) EXPENSES PER BOOK					
ACCOUNTING FEES	3,83	8.	0	•	<del></del>	0
TO FORM 990-PF, PG 1, LN 16B	3,83	<del></del>	0	•		0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK FEES STATE FINILG FEE POSTAGE FEE	5. 61. 25.		0. 0. 0.			0.
TO FORM 990-PF, PG 1, LN 23	91.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE	т
MUTUAL FUNDS COMMON STOCK		-		250,376. 313,407.	249,8 309,8	
TOTAL TO FORM 990-PF, PART II	, LINE 10B	=		563,783.	559,7	38.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION			вос	K VALUE	FAIR MARKE'	r
CORPORATE BONDS		_		500,000.	500,7	65.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	=		500,000.	500,70	65.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	8
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKET	r
CERTIFICATE OF DEPOSITS	-	COST	2	2,410,107.	2,440,82	21.
TOTAL TO FORM 990-PF, PART II	, LINE 13	_	2	2,410,107.	2,440,83	 21.

	ST OF OFFICERS, DIRE D FOUNDATION MANAGER		STATI	EMENT 9
NAME AND ADDRESS	TITLE AND C AVRG HRS/WK S	OMPEN-		EXPENSE
RICHARD W. CAUDILL 2 BANCHORY COURT PALM BEACH GARDENS, FL 33418	PRESIDENT/DIRECTO		0.	0.
LORETTA D. CAUDILL 2 BANCHORY COURT PALM BEACH GARDENS, FL 33418	SECRETARY/TREASUR 1.00	ER/DIR. 0.	0.	0.
PHYLLIS G. HADAWAY 9530 ROD ROAD ALPHARETTA, GA 30022	VICE PRESIDENT/DI 1.00	RECTOR 0.	0.	0.
MICHAEL S. CAUDILL 1444 HERSHEL AVE CINCINNATI, OH 45208	PRESIDENT/DIRECTO 1.00		0.	0.
KAREN A. DYER 1013 BRYN MAWR ST. ORLANDO, FL 32804	VICE PRESIDENT/DI 1.00	RECTOR 0.	0.	0.
RICHARD J. CAUDILL 7960 HAMPTON PARK BLVD. EAST JACKSONVILLE, FL 32256	VICE PRESIDENT/DI 1.00	RECTOR 0.	0.	0.
SANDRA KUTCEL 8 ALFRED COURT PALM BEACH GARDENS, FL 33418	DIRECTOR 1.00	0.	0.	0.
STEVEN G. DELL 1125 11TH LANE PALM BEACH GARDENS, FL 33418	DIRECTOR 1.00	0.	0.	0.
BASIL J ZALOOM 11706 LAKE SHORE PLACE NORTH PALM BEACH, FL 33408	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

	T XV - LINE 1A FOUNDATION MANAGERS	STAT	EMENT 10
NAME OF MANAGER			
RICHARD W. CAUDILL LORETTA D. CAUDILL			
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
JOHNS HOPKINS MEDICINE 720 RUTLAND AVE. BALTIMORE, MD 21205	NA UNRESTRICTED	PUBLIC	100,000.
CATHOLIC CHARITIES DIOC. OF PALM BEACH 901 S. FLAGLER DR WEST PALM BEACH, FL 33401	NA UNRESTRICTED	PUBLIC	30,000.
CHRISTIAN ON A MISSION C/O MISSION FIND, PO BOX 356 SUNOL, CA 94586	NA UNRESTRICTED	PUBLIC	20,000.
CINN. UNION BETHEL 300 LYTLE ST CINCINNATI, OH 45202	NA UNRESTRICTED	PUBLIC	2,000.
COAL. OF THE HOMELESS 639 WEST CENTRAL BLVD ORLANDO, FL 32801	NA UNRESTRICTED	PUBLIC	2,500.
ETERNAL WORD TV NETWORK 5817 OLD LEEDS RD IRONDALE, AL 35210	NA UNRESTRICTED	PUBLIC	10,000.

J.C. FOUNDATION			61-1489700
GA. BAPTIST CHILDRENS HOME 505 WATERWORKS RD. PALMETTO, GA 30268		PUBLIC	7,500.
HOPE AND HELP CENTER 1935 WOODCREST DR. WINTER PARK, FL 32792	NA UNRESTRICTED	PUBLIC	1,500.
HOPE RURAL SCHOOL 15929 SW 150TH STREET INDIANTOWN, FL 34956	NA UNRESTRICTED	PUBLIC	7,500.
SISTERS OF NOTRE DAME 1464 FALCONCREST BLVD APOPKA, FL 32712	NA UNRESTRICTED	PUBLIC	4,000.
ST ANN'S PLACE 2107 N DIXIE HWY WEST PALM BEACH, FL 33407	NA UNRESTRICTED	PUBLIC	10,000.
ST IGNATIUS OUTREACH 9999 N MILITARY TRAIL PALM BEACH GDNS, FL 33410	NA UNRESTRICTED	PUBLIC	20,000.
ST JOAN OF ARC CATHOLIC SCHOOL 370 S.W 3RD ST BOCA RATON, FL 33432	NA UNRESTRICTED	PUBLIC	2,500.
ST VINCENT DE PAUL 10701 S MILITARY TR BOYNTON BEACH, FL 33436	NA UNRESTRICTED	PUBLIC	21,500.
THE LORDS PLACE 2808 N. AUSTRALIAN AVE WEST PALM BEACH, FL 33402	NA UNRESTRICTED	PUBLIC	5,000.
SERVANT MINISTRIES P.O. BOX 596073 FORT GRATIOT, MI 48059	NA UNRESTRICTED	PUBLIC	10,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		254,000.

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As of Date: 2/05/10

Account Number: 4244-9862 Command Account Number: 9076426754 J.C. FOUNDATION, INC

# Realized Gain/Loss Detail for Year

	GAIN/LOSS	3,241.63	1,123.81	431.30	701.50	-24.79	484.84	170.24			0.00			0.00			00			0.00
	ADJ COST/ ORIG COST	22,559.00	17,508.20 18,378.00	18,608.20	25,789.70	26,516.00	17,588.14	0,420.32			95,000.00			95,000.00			95,000.00			95,000.00
	PROCEEDS	18 632 01	18,632.02	19,039.50	26,491.20	18 172 00	6.590.56				95,000.00			95,000.00			95,000.00			95,000.00
	LOSE DATE	11/05/09	11/05/09	11/23/09	11/16/09	11/16/09	11/16/09				03/25/09			03/26/09			01/02/09			04/03/09
	ACQUIRED CLOSE DATE	07/27/09	10/21/09	60/20/20	10/08/09	10/16/09	10/16/09			00/22/00	03/22/00			80/22/60			09/23/08			09/22/08
	ADJ PRICE/ ORIG PRICE 44.9180	17.4082	18.2780	25.6897	26.4160	25.6775	25.6775			100 000			0000	0000		000	100.000			100.0000
cos Detail 101 1 cal	QUANTITY 500.0000	1,000.0000	1,000.0000	1,000.0000	1,000.0000	686.0000	249.0000			95,000.0000			95,000,0000			95,000,0000	0000000			92,000.0000
Short Term	DESCRIPTION ABBOTT LABORATORIES AT TRIA CEDITIONS		7 P T A	AL & LINC	,			NEW YORK NY ACT/365 FDIC INSURED	CPN 2 850% DUE 03/26/09	9	KAYSVILLE UT ACT/365	CPN 2.700% DUE 03/26/09	DTD 09/26/08 FC 03/26/09	CAPMARK BANK CD	FDIC INSURED CPN 2.400% DUE 01/02/09	DTD 10/01/08 FC 01/02/09	CATHAY BK CD	FDIC INSURED	CPN 2.800% DUE 04/03/09 DTD 10/03/08 FC 04/03/09	



12/2

CC / CCFK

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As of Date: 2/05/10

RGO MINISTRACTION INC.

Short Torm							
DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	DATE ACCUIRED CLOSE DATE	OSEDATE	30000	ADJ COST	
DOMINION RES INC VA NEW	1,000,0000	34.6680	10/09/09	11/05/09	35 683 08	OHIG COS!	GAIN/LOSS
DONE ENERGY CORP	300,0000	13.7690	04/14/09	11/05/09	4.768.87	4 230 70	520 17
- J	1,000.0000	15.6780	08/22/09	11/05/09	15 896 27	15 778 00	1.000.1
CLAYTON MO ACT/365 FDIC INSURED CPN 2.750% DUE 03/25/09 DTD 09/25/08 FC 10/25/08	0000 000 58	000				00:01	77.01
FIRST NATL BANK CD OMAHA NE ACT/365		0000	03/22/08	60/52/50	95,000.00	95,000.00	0.00
ED							
D1D 10/03/08 FC 04/03/09	95,000.0000	100,0000	09/23/08	04/03/09	95,000,00	95,000,00	ć
טאן אסטייט זיר	150.0000	50.3775	04/14/09	10/19/09	8 197 58	7 656 63	640.05
	850.0000	53.1574	10/09/09	10/19/09	46.453.01	75.050.03	040.90
HANMI BK CD					10.505	43,208.79	1,184.22
LOS ANGELES CA ACT/365 FDIC INSURED							
CPN 2.850% DUE 03/30/09 DTD 09/30/08 FC 03/30/09	0000 000 80	200	9				
	25,000,000	100.000	09/22/08	03/30/06	95,000.00	95,000.00	0.00
AILANIA GA ACT/365 FDIC INSURED							
CPN 2.850% DUE 04/03/09 DTD 10/03/08 EC 04/03/09							
KRAFT FOODS INC CLA	95,000.0000	100.0000	09/23/08	04/03/09	95,000.00	95,000.00	0.00
	1,000.0000	26.7500	11/06/09	11/18/09	27,560.62	26,850.00	710.62
	1,000.0000	26.8672	11/10/09	11/18/09	27,560.62	26,967.20	593.42
	850.0000	26.9780	11/11/09	11/18/09	23,426.53	23,012.05	414.48
	150.0000	26.9800	11/11/09	11/18/09	4,134.10	4,066.25	67.85

CC / CCFK

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As of Date: 2/05/10

Account Number: 4244-9862 Command Account Number: 9076426754 J.C. FOUNDATION, INC

Short Term Continued DESCRIPTION	QUANTITY	ADJ PRICE/ ORIG PRICE	DATE CLOSE DATE	OSE DATE	PROCEEDS	ADJ COST/ ORIG COST	GAIN/I OSS
LAKE CITY BK CD WARSAW IN ACT/365 FDIC INSURED CPN 2.800% DUE 03/26/09 DTD 09/26/08 FC 03/26/09	000 000 40	000	80/66/80	03/36/60	A 000	0000	
MCDONALDS CORP	1,000.0000	58.0280	10/15/09	11/05/09	60,940,43	58.128.00	2.812.43
MICROSOFT CORP	300,000	25.5082	10/09/09	10/23/09	8,489.78	7,685.96	803.82
	300,000	25.5090	10/09/09	10/23/09	8,489.78	7,681.20	808.58
	200,0000	25.5086	10/09/09	10/23/09	5,659.85	5,120.72	539.13
	100.0000	25.5084	10/09/09	10/23/09	2,829.93	2,560.34	269.59
	100.0000	25.5085	10/09/09	10/23/09	2,829,93	2.560.35	269.58
NATIONAL BK COMM CD BERKELEY IL ACT/365 FDIC INSURED CPN 2.800% DUE 03/23/09 DTD 09/23/08 FC 10/23/08	95,000.0000	100.0000	09/22/08	03/23/09	95,000.00	00.000,26	0.0
PAYCHEX INC	300.0000	26.4774	07/27/09	11/05/09	9,051.68	8,043.22	1,008.46
	1,000.0000	28.8969	10/15/09	11/05/09	30,172.30	28,996.90	1.175.40
PLAINSCAPITAL BK CD LUBBOCK TX ACT/365 FDIC INSURED CPN 2.250% DUE 01/02/09							
DID 10/01/08 FC 01/02/09	95,000.0000	100.0000	09/23/08	01/02/09	95,000.00	95,000.00	0.00
PROCTER & GAMBLE CO	400.0000	52.6075	07/27/09	11/05/09	24,105.55	22,343.00	1,762.55
	600.000	57.1000	10/15/09	11/05/09	36,158.34	34,322.00	1,836.34
	80.000	57.0980	10/15/09	11/05/09	4,821.12	4.575.44	245.68
	320.0000	57.0980	10/15/09	11/05/09	19.281,45	18,301.76	69.626



CC / CCFK

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As of Date: 2/05/10

Account Number: 4244-8862 Command Account Number: 9076426754 J.C. FOUNDATION, INC

Short Term Continued							
_	QUANTITY	ADJ PRICE/ ORIG PRICE	ACQUIRED CLOSE DATE	OSE DATE	PROCEEDS	ADJ COST/ ORIG COST	GAIN/LOSS
	280.0000	57.9460	10/23/09	11/05/09	16,871.28	16,324.88	546.40
PROVIDENT BANK CD DEPOSIT NOTES ACT/365 CALLABLE FDIC INSURED CPN 5 050% DUE 08/29/13 DTD 08/29/08 FC 03/01/09 CALL 04/01/09 @ 100.000	95,000,0000	100.0000	08/27/08	03/05/09	95,000.00	95.000.00	0.00
STATE BK LONG ISLAND CD NEW HYDE PARK NY ACT/365 FDIC INSURED CPN 2.750% DUE 03/30/09 DTD 09/30/08 FC 03/30/09	95,000.0000	100.0000	09/22/08	60/08/80	00.000,26	00.000,29	0.00
STILLWATER NATL B & T CD STILLWATER OK ACT/365 FDIC INSURED CPN 2.850% DUE 04/08/09 DTD 10/08/08 FC 04/08/09	18,000.0000	100.0000	80/06/60	04/08/09	18,000.00	18,000.00	0.00
THE SOUTHERN COMPANY	200.0000	29.8790	04/14/09	10/19/09	6,629.80	6,075.80	554.00
	200,0000	31.9980	10/16/09	10/19/09	16,574.50	16,049.00	525.50
	300.0000	31,9980	10/16/09	10/19/09	9,946.54	9,629.40	317.14
	200.0000	31.9980	10/16/09	12/03/09	6,649.23	6,419.60	229.63
	1,000.0000	31.5500	11/19/09	12/03/09	33,246.19	31,650.00	1,596.19
:	1,000,0000	31.7680	11/27/09	12/03/09	33,246.19	31,868.00	1,378.19
Total - Short Term					\$1,942,524.66	\$1,913,400.75	\$29,123.91

CC / CCFK

Page 24 of 29

As of Date: 2/05/10

Account Number: 4244-9862 Command Account Number: 9076426754 J.C. FOUNDATION, INC

		GAIN/LOSS		0.00			0.00			\$0.00
İ	ADJ COST/	ORIG COST		95,000.00		00 000 90	00,000,00		00 000 30	\$285,000.00
		PROCEEDS	ļ	95,000.00		95,000,00			95,000.00	\$285,000.00
	100	OSE DATE		60/06/60		60/08/60			09/22/09	
	ACOLIBED OLOGE DATE		90/20/00	99/22/08		09/22/08			09/22/08	
	ADJ PRICE/ ORIG PRICE		100 000			100.000			100.0000	
	QUANTITY		95,000,0000		•	95,000.0000			0000.000,68	
Long Term	DESCRIPTION	RIVERSIDE NATL BANK CD FORT PIERCE FL ACT/365 FDIC INSURED	CPN 3.500% DUE 09/30/09 DTD 09/30/08 FC 09/30/09	SOVEREIGN BK FSB CD WYOMISSING PA ACT/365	CPN 3.50% DUE 09/30/09	TRISTATE CAP BK CD	PITTSBURGH PA ACT/365 FDIC INSURED	CPN 3500% DUE 09/25/09 DTD 09/26/08 FC 09/25/09	Total - Long Term	



## Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

if yo	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ 🗶						
<ul><li>If yo</li></ul>	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).							
Do no	complete Part II unless you have already been granted an automatic 3-month extension on a previously file	led Fo	m 8868						
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	*							
A corp	oration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete							
Part I o		· 							
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time						
to file i	ncome tax returns.								
noted (not au you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or course submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files, gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,						
Туре		Empl	oyer identification number						
print		-	-						
•	J.C. FOUNDATION	6	1-1489700						
File by th due date									
filing you return. S	7   2 BANCHORY COURT								
instruction	ns City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	PALM BEACH GARDENS, FL 33418								
Check	type of return to be filed (file a separate application for each return):								
Form 990 Form 990-T (corporation) Form 4720									
=	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52								
=	Form 990-EZ Form 990-T (trust other than above) Form 60								
==	Form 990-PF								
		-							
	RICHARD W. CAUDILL								
	books are in the care of ▶ 2 BANCHORY COURT - PALM BEACH GARDENS,		33418						
	phone No. ► <u>561-634-7090</u> FAX No. ► <u>561-691-3980</u>								
	e organization does not have an office or place of business in the United States, check this box								
	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi								
box 🕨	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extension will cover.						
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt		<b>7 .</b>						
-	AUGUST 15, 2010 , to file the exempt organization return for the organization named a	bove.	i ne extension						
	s for the organization's return for:								
	► X calendar year 2009 or								
ļ	tax year beginning, and ending		<b>-</b> ·						
2	f this tax year is for less than 12 months, check reason:		Change in accounting period						
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
į	nonrefundable credits. See instructions.	3a	<b>\$</b> 2,106.						
b	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated								
:	ax payments made. Include any prior year overpayment allowed as a credit.	3ь	<b>\$</b> 600.						
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,								
1	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).								
	See instructions.	3c	<b>\$</b> 1,506.						

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.

.-IA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

Number, street, and room or suite no. If a P.O. box, see instructions.  2 BANCHORY COURT  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PALM BEACH GARDENS, FL 33418  Check type of return to be filed (File a separate application for each return):  Form 990  Form 990-BL X Form 990-FF Form 990-T (trust other than above)  Form 990-BL X Form 990-PF Form 990-T (trust other than above)  Form 4720  Form 6069  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  RICHARD W. CAUDILL  The books are in the care of  2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No.  561-634-7090  FAX No.  561-691-3980  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	Form 8868	3 (Rev. 4-2009)				Page 2				
If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1).    Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)   Amme of Exempt Organization   J. C. FOUNDATION	• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this bo	x		<b>▶</b> 🗓				
Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)  Name of Exempt Organization  J. C. FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  BANCHORY COURT  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  PALM BEACH GARDENS, FL 33418  Check type of return to be filed file a separate application for each return):  Form 990 Form 990 Form 990-File XiP form 990-File Form 990-File XiP form 990-File X			reviously filed	Form	8868.					
Name of Exempt Organization    Composition										
J. C. FOUNDATION   61-1489700	art II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	pies	needed)					
J. C. FOUNDATION   61 - 1489700	Type or	Name of Exempt Organization		Emp	loyer identific	ation number				
Number, street, and room or suite no. If a P.O. box, see instructions.   For IRS use only	print	T. G. POUDENTON	1. 26.6.7.8	_	4 4400					
BANCHORY COURT   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   PALM BEACH GARDENS	File by the					00				
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Form 990	extended due date for	1 ' '	1 7 7 6 7	For I	RS use only					
Check type of return to be filed (File a separate application for each return):  Form 990	filing the		2	٠,	373					
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL X Form 990-F Form 990-T (trust other than above) Form 4720 Form 6069 Form 6069  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  RICHARD W. CAUDILL  The books are in the care of 2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No. 561-634-7090 FAX No. 561-691-3980  If the organization does not have an office or place of business in the United States, check this box  FAX No. 161-691-3980  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  AI request an additional 3-month extension of time until NOVEMBER 15, 2010  For calendar year 2009, or other tax year beginning  ADDITIONAL TIME IS NEEDED TO GATHER INFO. IN ORDER TO FILE THE RETURN.  The this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  By If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	instructions			-	- के कि वि 					
Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6669  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  RICHARD W. CAUDILL  The books are in the care of > 2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No. > 561-634-7090  FAX No. > 561-691-3980  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 part of the group, check this box   and attach a list with the names and EINs of all members the extension is for.  I request an additional 3-month extension of time until  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason: Initial return   Final return   Change in accounting penod  State in detail why you need the extension  ADDITIONAL TIME IS NEEDED TO GATHER INFO. IN ORDER TO FILE THE RETURN.  The form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  By this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868.		· · · · ·	_	_	_	_				
RICHARD W. CAUDILL  The books are in the care of   2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No.   561-634-7090  FAX No.   561-691-3980  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 it is for part of the group, check this box  NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason:  Initial return  The books are in the care of   2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  FAX No.   561-691-3980  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is for Homelong group, check this box  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.  Bas \$ 1,648.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868.	=		=	= '		Form 8870				
RICHARD W. CAUDILL  The books are in the care of ▶ 2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No. ▶ 561-634-7090 FAX No. ▶ 561-691-3980  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 ▶ ☐ and attach a list with the names and EINs of all members the extension is for.  NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning ☐ and ending ☐ If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFO. IN ORDER TO FILE THE RETURN.  The books are in the care of ▶ 2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No. ▶ 561-691-3980  FAX No. ▶ 561-691-3980  If this is for a Group Return, enter the organization is for the whole group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for Change in accounting period of the state of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for Change in accounting period of the state of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for Change in accounting period of the state of the s	For	m 990-BL LX Form 990-PF L Form 990-T (trust other than above) L Form	4720 L	Fo	rm 6069					
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The books are in the care of ▶ 2 BANCHORY COURT - PALM BEACH GARDENS, FL 33418  Telephone No. ▶ 561-634-7090  FAX No. ▶ 561-691-3980  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 this is for part of the group, check this box  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  and attach a list with the names and EINs of all members the extension is for.  NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period State in detail why you need the extension  ADDITIONAL TIME IS NEEDED TO GATHER INFO. IN ORDER TO FILE THE RETURN.  The RETURN.  The books are in the care of the group of the whole group, check this box  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  By the sum of the group of the whole group, check this box  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  By the sum of the group of the whole grou		RICHARD W. CAUDILL				<del></del>				
Telephone No. ► 561-634-7090  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  I request an additional 3-month extension of time until										
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For calendar year 2009, or other tax year beginning, and ending    If this tax year is for less than 12 months, check reason:   Initial return   Final return   Change in accounting period   State in detail why you need the extension	box 🕨	. If it is for part of the group, check this box 🕨 🔲 and attach a list with the names an	d EINs of all n	nemb	ers the extensi	on is for.				
If this tax year is for less than 12 months, check reason: Initial return										
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFO. IN ORDER TO FILE THE RETURN.  23 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.  24 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  25 c			ind ending			·				
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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.  By this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  By this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid tax payments made.		· · · · · · · · · · · · · · · · · · ·								
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b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b \$ 4,225.	^₃ If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less	any							
tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868.	non	refundable credits. See instructions.		8a	\$	1,648.				
previously with Form 8868. 8b \$ 4,225.	<b>b</b> If th	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esti	imated	·						
	tax	payments made. Include any prior year overpayment allowed as a credit and any amount pa	id _							
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit				8b	\$	<u>4,225.</u>				
			· · · · · · · · · · · · · · · · · · ·	ļ						
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0.	with	· <del></del>	instructions.	8c	\$	0.				
Signature and Verification		<u> </u>								
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, t is true, correct, and)complete, and that I am authorized to prepare this form.	it is true, co	atives of perjury, i declare that I have examined this form, including accompanying schedules and stateme priect, and complete, and that I am authorized to prepare this form.	ints, and to the t	est of	my knowledge a	na beliet,				
	Signature I	$\mathcal{L}$ $\mathcal{L}$		Date	►R/12	-110				
	ga.a.o			Duly		8 (Rev. 4-2009)				
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