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**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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 JULY 01, 2009, and ending JUNE 30, 2010

| | | | |
|---|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization JACKS ARE BETTER INC. | D Employer identification number 13-3901500 |
| | | Number & street (or P.O. box, if mail is not delivered to street addr) Room/suite | E Telephone number |
| | | C/O DREXEL 60 CLARK STREET | |
| | | City or town, state or country, and ZIP + 4 Yonkers NY 10704 | F Group Exemption Number ▶ |

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)

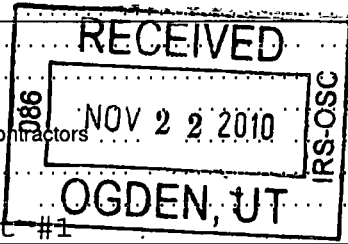
J Tax-exempt status (check only one) -- 501(c)(7) ◀ (insert no.) | 4947(a)(1) or | 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 . . . ▶ \$ 3,450

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 | |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | 3,450 |
| | 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 type="checkbox"/> | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | b Less: direct expenses other than fundraising expenses | 6b | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe ▶ _____) | 8 | | |
| 9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 3,450 | |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 200 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 642 |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶ See attachment #1) | 16 | 2,148 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 2,990 | |
| ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 460 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 32,961 |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 33,421 |



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

| (See the instructions for Part II) | | (A) Beginning of year | (B) End of year |
|---|--|-----------------------|--------------------------------|
| 22 Cash, savings, and investments | | 509 | 22 align="right">969 |
| 23 Land and buildings | | 31,956 | 23 align="right">31,956 |
| 24 Other assets (describe ▶ See attachment #2) | | 496 | 24 align="right">496 |
| 25 Total assets | | 32,961 | 25 align="right">33,421 |
| 26 Total liabilities (describe ▶ _____) | | 0 | 26 align="right">0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 32,961 | 27 align="right">33,421 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

SCANNED DEC 21 2010

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

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | X |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved. | | |
| 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: | | |
| 40b | 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 | | X |
| 40c | 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 | | |
| 40d | d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed. NONE | | |
| 42a | The organization's books are in care of See attachment #5 Telephone no. Located at ZIP + 4 | | |
| 42b | 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42c | 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. | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | Yes | No |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

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.

| | Yes | No |
|---|--------------------------|-------------------------------------|
| 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

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

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Signature of officer: *[Handwritten Signature]* Date: 11/15/10

Type or print name and title: THOMAS DRISSEL

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying no. (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: JOSEPH F. GRECO
656 YONKERS AVENUE 2ND FLOOR
Yonkers, NY 10704

EIN: _____ Phone no: 914-423-3236

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

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public
Inspection

For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010.

Name of Organization
JACKS ARE BETTER INC.

Employer Identification Number
13-3901500

| Description of Other Assets | Beginning of Year | End of Year | EOY FMV (990-PF Only) |
|-----------------------------|-------------------|-------------|-----------------------|
| EXCHANGE | 496 | 496 | |
| Totals | 496 | 496 | |

SCHEDULE OF OTHER EXPENSES

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

| | | | |
|---|--|------------------------|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning | 07-01-2009, and ending | 06-30-2010. |
| Name of Organization JACKS ARE BETTER INC. | | | Employer Identification Number 13-3901500 |

| Description of Other Expenses | Amount |
|-------------------------------|--------------|
| INSURANCE | 843 |
| REAL ESTATE TAXES | 1,305 |
| Total | 2,148 |

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

| | |
|---|--|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010. |
| Name of Organization JACKS ARE BETTER INC. | Employer Identification Number 13-3901500 |

Primary Purpose

MAINTAIN A HUNTING LODGE FOR MEMBERS

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

| | |
|---------------------------|---|
| Open to Public Inspection | For calendar year 2009 or tax period beginning 07-01-2009, and ending 06-30-2010. |
|---------------------------|---|

| | |
|--|---|
| Name of Organization JACKS ARE BETTER INC. | Employer Identification Number 13-3901500 |
|--|---|

| (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 |
|---|-------------------------------------|---|---|--|
| THOMAS DREXEL 60 CLARKE SREET Yonkers, NY 10704 | DIRECTOR | 0 | 0 | 0 |
| GERARD PALADINO Yonkers, NY 10701 | DIRECTOR | 0 | 0 | 0 |
| DAVID FOTI Yonkers, NY 10701 | DIRECTOR | 0 | 0 | 0 |

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2009 or tax period beginning 07-01, and ending 06-30-2010.

Name of Organization JACKS ARE BETTER INC. Employer Identification Number 13-3901500

Part V - Line 42a

Individual Name THOMAS DREXEL

or Business Name:

Street Address 60 CLARKE STREET

U.S. Address:

Zip code 10704 City Yonkers State NY

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number