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# Form **990-PF**

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cal	enda	year 2009, or t	ax year beginni	ng 1	L1/01	, 200	9, and en	ding 1	0/3	1	, 2010		
G Che	eck al	l that apply	Initial return	Init	ıal Return	of a former	public cha	arıty		_	Fin	al return	-
			Amended ret	urn		Address	change	□ N	ame	change	,		
Use t	he [	<u>-</u>							Α	Empl	oyer identification nu	mber	
IRS lal	oel. 📙	THE FOUR J	FOUNDATIO	N						80	-0201569		
Otherw	. 'I'	223 GLEN S		A					В		hone number (see the	instructions)	
prin or typ		PASADENA,	CA 91105							(6	26) 395-03	95	
See Spe	cıfıc								C	<del></del>	emption application is		eck bere ►
Instruct	ions								Б		gn organizations, che		▶
H C	heck	type of organiza	ation X Sec	tion 50	1(c)(3) exe	mpt private	foundation	n	7		gn organizations mee		test, check
	Sec	ction 4947(a)(1)				ther taxable				here	and attach computati	on	•
		ket value of all asset		J Acc	counting m	ethod X	Cash	Accrual	E	It pri	vate foundation statu: r section 507(b)(1)(A	s was termir	nated
(f	rom Pa	rt II, column (c), line	e 16)		Other (specif			-	J₽		foundation is in a 60		
_ \$				(Part I	, column (d	d) must be	on cash b	asıs )			r section 507(b)(1)(B		
Part I		nalysis of Re			(a) Rev	enue and	<b>(b)</b> Ne	t investm	ent	(c)	Adjusted net	(d) Dis	bursements
	E)	<b>(penses</b> (The lumns (b), (c), a	total of amount	s in	expense	s per books		income		"	income	for o	charitable
	sa	rily equal the ar	nounts in colum	neces- n (a)			1						irposes basis only)
	(Se	ee the instructio	ns))	· · ·				· · · · · · · · · · · · · · · · · · ·		1		(casii	Dasis Utily)
	1		grants, etc, received			25,000	.			ļ	<u> </u>		*
	2		oundn is <b>not</b> req to at						Á	<u> </u>	* ',\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		46° ;
	3	cash investmer	rings and tempo nts	rary									* 1
	4	Dividends and inter										,	
	5a	Gross rents										<u> </u>	\$>
	b	Net rental income or (loss)					,				*		Y,
Ŗ		Net gain/(loss) from		line 10			<u> </u>		15		* *	:	, ×
R E V	D	Gross sales price for assets on line 6a	r all		,	*			á.		***		ii,
Ε	7		ome (from Part IV, Iir	e 2)	1	<b>% 401</b> 1.					, \$ <u>\$</u>		
N U	8	Net short-term	, ,		* *	<u> </u>	¥ 5		986	<u> </u>			
Ĕ	9	Income modific Gross sales less	cations I			· 28	<b>∛</b>  } ₹				*		***
	'''	Gross sales less returns and allowances					<b>(</b>		Š		, , , , , , , , , , , , , , , , , , ,		* ,
	Ь	Less Cost of goods sold				, ,			:		×^ 、		
	c	Gross profit/(loss)	(att sch)	-			<u> </u>		•				
	11	Other income (	attach schedule	)	*			-				* .	
													· `\
	_	Total. Add line:				25,000			0.		0.	7.	A.
	13	•	ficers, directors, truste	es, etc		900				-			900.
	14	Other employee sal	•	<b>6.1</b> -			<del> </del>		<del>.</del>	-			
	15	Legal fees (attach s	employee bene			103	-			-			102
â		Accounting fees (at				711							103. 711.
M		Other prof fees (att		51 2		/11	<b>-</b>						/11.
Q		Interest.								_			
R S	118	-Taxes (attach schedule) s	ee inst£D		<u> </u>								
- R 3 - Z G		Depreciation (a	attach2 l										
門門	۱ ۵	Scrittain debie	tion				ļ					_	
N V G ≺E	1	Occupancy	nces, and meet				1			-		_	
H (Ta)	21 -22	Printing and by		irigs	ļ								
A E X	23	Other expense	s (attach schedu	ıle)			···			+			
	"	S	SEE STATEM	ENT 3		30	.						30.
E N S E	24	Total operating	g and administr	ative								-	
ร	25	expenses. Add	[ lines 13 throug	h 23		1,744	.			<u> </u>			1,744.
	25		, grants paid STM			2,955	· <del> </del>			<del> </del>	, a 44,		<u> 2,955.</u>
	26	Add lines 24 ar	s and disburser nd 25	nents.		4,699			0.		0.		4,699.
		Subtract line 20	6 from line 12:	<del></del> -							<u>J.</u>		
	а	Excess of reve	nue over expen	ses		20 222					d lo d	». » «	1.
	.	and disbursem				20,301	<del> </del>	378		<u> </u>		* *	****
		Net investment inco			<b>蒙</b> ヾ				<u>0.</u>	<del> </del>	<u> </u>		*
		Adjusted net incom	e (ii negative, enter	U-)	L		<u> </u>			1	0.	ı	1

D-44		Attached schedules and amounts in the description	Beginning of year	Er	nd of year
Part	<u>                                      </u>	Balance Sheets column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	119,093.	114,39	4.
	2	Savings and temporary cash investments			
	3	Accounts receivable	*	· · · · · · · · · · · · · · · · · · ·	2 4
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable	Áw vala :		
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see the instructions)			
_	7	Other notes and loans receivable (attach sch)	, , , , , , , , , , , , , , , , , , ,		
A S E T S		Less allowance for doubtful accounts ▶			
Š	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – US and state government obligations (attach schedule)			
	b	Investments — corporate stock (attach schedule)			
	c	Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis.	አ-	×. ;	*
		Less. accumulated depreciation (attach schedule)			
		Investments – mortgage loans.			
	13	Investments – other (attach schedule) STATEMENT 5		25,00	0.
	14	Land, buildings, and equipment basis	· · · · · · · · · · · · · · · · · · ·	<u>^\</u>	<u>`</u>
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	119,093.	139,39	4. 0.
L	17	Accounts payable and accrued expenses		· <del></del> : - ·	
I	18	Grants payable			
A B	19	Deferred revenue			
-	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ī	22	Other liabilities (describe			
Ė	22	Total liabilities (add lines 17 through 22)	0.		o.
	23	Foundations that follow SFAS 117, check here	0.		
		and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted			
EU	25	Temporarily restricted			
A D	26	Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			<b>─</b>   ````````````````````````````````````
S N C	28	Paid-in or capital surplus, or land, building, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds	119,093.	139,39	
RS	30	Total net assets or fund balances (see the instructions)	119,093.	139,39	4.
	31	Total liabilities and net assets/fund balances (see the instructions)	119,093.	139,39	4.
Part	1113	Analysis of Changes in Net Assets or Fund Balance			
	Total	net assets or fund balances at beginning of year - Part II, colu		gree with	110 003
•		of-year figure reported on prior year's return).		-	1 119,093. 2 20,301.
		r amount from Part I, line 27a		-	2 20,301.
3 4	_	increases not included in line 2 (itemize)  Lines 1, 2, and 3			<u>4</u> 139,394.
		ases not included in line 2 (itemize)		-	5
_		I net assets or fund balances at end of year (line 4 minus line 5)			6 139,394.

(a) List and descr	ibe the kind(s) of property sold (e.g., rouse, or common stock, 200 shares ML	eal estate,	(b) How acquir	e (month, day, year)	(d) Date sold (month, day, year)
1a N/A	<u> </u>	, , ,	D — Donation	1	
b	<del></del>				
С			_		
d					
e			·		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale	s	(h) Gain or (e) plus (f) m	(loss) ninus (g)
a					
b					
<u>c</u>					
<del></del>	wing gain in column (h) and owned by	the foundation on 12/31/69	_	(I) Cours (Col	uma (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		(I) Gains (Coli gain minus column (I than -0-) or Losses (fi	(), but not less
a b					
				<u>.</u>	
d					-
е					
2 Capital gain net income or (r	net capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2	•
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	and (6)			<u>_</u>
If gain, also enter in Part I, Ii in Part I, line 8	ine 8, column (c) (see the instructions)	If (loss), enter -0-		3	
Part V Qualification Und	er Section 4940(e) for Reduce	d Tax on Net Investme	nt Income		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable an <u>allify under section 4940(e) Do not co</u> It in each column for each year, see th	mplete this part		Yes	X No
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distribution olumn (b) divided	
2008	8,157.	119	,553.		0.068229
2007	8,900.		,924.		0.070678
2006					
2005					
2004	1			<del></del>	
2 Total of line 1, column (d)			2	2	0.138907
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the to on has been in existence if less than 5	otal on line 2 by 5, or by the 5 years		3	0.069454
4 Enter the net value of nonch	arıtable-use assets for 2009 from Part	X, line 5	4	1	142,595.
5 Multiply line 4 by line 3				5	9,904.
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)			5	
7 Add lines 5 and 6			7	,	9,904.
8 Enter qualifying distributions	from Part XII, line 4		_ 8	3	4,699.
If line 8 is equal to or greater Part VI instructions.	r than line 7, check the box in Part VI,	line 1b, and complete that p	art using a	1% tax rate See ti	ne

BAA	. Fo	rm <b>9</b> 9	0-PF (	(2009)
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10_		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
b	o 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 <i>General Instruction G? If 'No,' attach explanation</i>	8b	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see the instructions)  N/A		ì.	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
	• 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		Χ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  • By language in the governing instrument, or			
	u Tes, auacu ne sialeneni leonileo dy veneral instruction T.			

-	, 1 <b>990-PF</b> (2009) THE FOUR J FOUNDATION	0.0	020156	^	_	_
	t VII-A Statements Regarding Activities Continued	80-	<u>020156</u>	9	<u></u>	Page
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		Х
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 Website address  N/A	applicat	tion?	13	Х	
14	The books are in care of ► JEANNETTE VALDIVIA  Located at ► 223 GLEN SUMMER RD. STE A PASADENA CA  ZIP + 4 ►	no ► 911		395	-039	96_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	_ <u></u>  -		N/A		N/Z
Par	and enter the amount of tax-exempt interest received or accrued during the year t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		15			N/F
ı aı	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly)				, %;	110
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	,agger		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	Ĵ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo	*	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	(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 )	Yes	XNo		* * * * * * * * * * * * * * * * * * * *	
b	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?		1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•		e e	'	Œ.
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 before the first day of the tax year beginning in 2009?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation 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 ▶ 20, 20, 20	Yes	XNo			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions)			2b	N	/A
c	of the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years h	ere				' A
	► 20, 20, 20			*		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		600 × × × ×	*
t	olf 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after 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, Form 4720, to	i		\	,0000m	***************************************
	détermine if the foundation had excess business holdings in 2009 )			3b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a,		Х

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X

**b** 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?

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Part VII-B   Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	ir any amount to.			Ī	· 1
(1) Carry on propaganda, or otherwise attemp	•		Yes 2	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra				No [	
(3) Provide a grant to an individual for travel,	•		Yes 2	∐ No	* 4
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	14940(d)(2)? (see instr	uctions)	Yes X	No .	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	c, literary, or or animals?	Yes	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions		5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here	▶ [	] [	314 ' F
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	·	N/A Yes	] No	
If 'Yes,' attach the statement required by Reg					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
6a Did the foundation, during the year, receive at on a personal benefit contract?			∐ Yes ∑	. οΝ Σ	
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, airectly or inaired	ctiy, on a personal bene	fit contract?		6b X
7a At any time during the tax year, was the found	dation a party to a proh	nibited tax shelter transa	ction? Yes	No [	
<b>b</b> If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction?	<u> </u>	7b N/A
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Employ	yees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Ex	pense account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		er allowances
JEANNETTE VALDIVIA	PRESIDENT	900.	0.		0.
223 GLEN SUMMER RD.	2.00				
PASADENA, CA 91105	· · · · · · · · · · · · · · · · · · ·				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see in	structions). If none,	enter 'NO	NE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Ex	pense account, er allowances
NONE			compensation		
				<del> </del>	
				<del> </del>	<del></del>
				<del> </del>	
Total number of other employees paid over \$50,000					0
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Form 990-PF (2009) THE FOUR J FOUNDATION 80-0  Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	201569 Page
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Partix A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	_
2	-
3	_
	-
4	
	_
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	-
	-
	<del></del>

Total. Add lines 1 through 3 BAA

All other program-related investments See instructions

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rajų 💌	see instructions.)	ons must complete this part. Fo	oreign ioi	undations,
1 Fair m a Averaç	arket value of assets not used (or held for use) directly in carrying monthly fair market value of securities.	g out charitable, etc, purposes	1a	27,083.
<b>b</b> Averag	ge of monthly cash balances		1 b	117,684.
<b>c</b> Fair m	arket value of all other assets (see instructions)		1 c	
d Total (	add lines 1a, b, and c)		1d	144,767.
e Reduc	tion claimed for blockage or other factors reported on lines 1a and	d 1c		·
(attach	n detailed explanation)	1e 0.		
2 Acquis	ition indebtedness applicable to line 1 assets		2	0.
3 Subtra	ct line 2 from line 1d		3	144,767.
	deemed held for charitable activities Enter 1-1/2% of line 3 eater amount, see instructions)		4	2,172.
5 Net va	lue of noncharitable-use assets. Subtract line 4 from line 3 Ente	r here and on Part V, line 4	5	142,595.
6 Minim	um investment return. Enter 5% of line 5		6	7,130.
	<b>Distributable Amount</b> (see instructions) (Section 49 and certain foreign organizations check here ►	42(j)(3) and (j)(5) private oper and do not complete this pa		ndations
1 Mınımı	um investment return from Part X, line 6		1	7,130.
2a Tax or	investment income for 2009 from Part VI, line 5	2 a		
<b>b</b> Income	e tax for 2009. (This does not include the tax from Part VI)	2 b	4	
<b>c</b> Add Iır	nes 2a and 2b		2c	
3 Distrib	utable amount before adjustments Subtract line 2c from line 1		3	7,130.
4 Recov	eries of amounts treated as qualifying distributions		4	
5 Add Iır	nes 3 and 4		5	7,130.
6 Deduc	tion from distributable amount (see instructions)		6	
7 Distrib	outable amount as adjusted Subtract line 6 from line 5. Enter her	e and on Part XIII, line 1	7	7,130.
Part XII	Qualifying Distributions (see instructions)			_
	nts paid (including administrative expenses) to accomplish charita ses, contributions, gifts, etc – total from Part I, column (d), line 2		1a	4,699.
<b>b</b> Progra	m-related investments – total from Part IX-B		1 b	
2 Amour	nts paid to acquire assets used (or held for use) directly in carryin	g out charitable, etc, purposes	2	
3 Amour a Suitab	nts set aside for specific charitable projects that satisfy the illity test (prior IRS approval required)		3a	
<b>b</b> Cash o	distribution test (attach the required schedule)		3b	
4 Qualif	ying distributions Add lines 1a through 3b Enter here and on Pa	art V, line 8, and Part XIII, line 4	4	4,699.
<b>5</b> Found Enter	ations that qualify under section 4940(e) for the reduced rate of ta	ax on net investment income	5	
	ted qualifying distributions. Subtract line 5 from line 4		6	4,699.
Note	The amount on line 6 will be used in Part V, column (b), in su qualifies for the section 4940(e) reduction of tax in those years	bsequent years when calculating whe	ther the fou	undation
BAA	, , , , , , , , , , , , , , , , , , , ,	·		orm <b>990-PF</b> (2009)

### Part XIII Undistributed Income (see instructions)

a Excess from 2005 b Excess from 2006 c Excess from 2007 466.		<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
2 Undestributed recore, if any, as of the end of 2009				÷	7 120
a Enter amount for 2008 only botal for prior years 20 _ 20 _ 20 _ 3 Exess dishabitions carryover, if any, to 2009.  a From 2004 b From 2005 c From 2006 c From 2007 e From 2008		- A	***	***	7,130.
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f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2005 b Excess from 2006 c Excess from 2007  466.			0.		
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2005 b Excess from 2006 c Excess from 2007  466.	e Undistributed income for 2008. Subtract line 4a from				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466.			<b>1</b> .	0.	<b>*</b> *
4d and 5 from line 1 This amount must be distributed in 2010  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466.	6 Hadistributed income for 2000. Subtract lines	<sup>1</sup> , <sup>2</sup> ,	र खू		
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466.				y	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8  Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9  Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  2		a sajix			0.
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)  8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466.					
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2005 b Excess from 2006 c Excess from 2007  466.	by section 170(b)(1)(F) or 4942(g)(3)				,
applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466.	(see instructions)	U.			- A.
9 Excess distributions carryover to 2010.       2,645.         Subtract lines 7 and 8 from line 6a       2,645.         10 Analysis of line 9       2         a Excess from 2005       5         b Excess from 2006       466.         c Excess from 2007       466.	8 Excess distributions carryover from 2004 not	_	* * *	4.6 .	
Subtract lines 7 and 8 from line 6a  2 , 645 .  10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007  466 .	applied on line 5 or line / (see instructions)	U.			. ,
10 Analysis of line 9  a Excess from 2005 b Excess from 2006 c Excess from 2007 466.	9 Excess distributions carryover to 2010.	2 645			
a Excess from 2005 b Excess from 2006 c Excess from 2007 466.			<u>.</u>	i i	*
b Excess from 2006 c Excess from 2007 466.		, "		· .	*
c Excess from 2007 466.			•		
		,		_ *	
d Excess from 2008   2,179.	<b>d</b> Excess from 2008 2,179.	. (Pina	<u> </u>		
e Excess from 2009	· · · · · · · · · · · · · · · · · · ·	, ‱,	* **	<b>T</b>	^*

Form 990-PF (2009) THE FOUR J FOUND		tions and Dort \	/II A guartian 0	80-020156	
Part XIV Private Operating Foundation  1 a If the foundation has received a ruling or of					N/A
is effective for 2009, enter the date of the	ruling	•		_	1
<b>b</b> Check box to indicate whether the foundate <b>2a</b> Enter the lesser of the adjusted net	Tax year	rating foundation d	escribed in section Prior 3 years	4942(j)(3) or	4942(j)(5)
income from Part I or the minimum	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for each year listed	(1) 1000	(2) 2000	(0) 2001	(4) 2000	(6) 10(6)
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter					
(1) Value of all assets				-	<del></del>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XVI Supplementary Information assets at any time during th	(Complete this e vear – see in:	part only if the output	organization had	d \$5,000 or mor	e in
Information Regarding Foundation Managers a List any managers of the foundation who holose of any tax year (but only if they have NONE	gers: nave contributed mo	ore than 2% of the t	otal contributions re section 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	f the stock of a corp 0% or greater intere	poration (or an equa est	lly large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here   X   if the foundation only n	nakes contributions	to preselected char	ritable organizations	and does not acce	pt unsolicited
requests for funds If the foundation make complete items 2a, b, c, and d	s gifts, grants, etc,	(see instructions) to	o individuals or orga	nızatıons under oth	er conditions,
a The name, address, and telephone number	er of the person to v	hom applications s	hould be addressed		
<b>b</b> The form in which applications should be s	submitted and infor	mation and material	is they should includ	de	
c Any submission deadlines			· · · · · · · · · · · · · · · · · · ·		·
<b>d</b> Any restrictions or limitations on awards, s	such as by geograpi	nical areas, charitat	ole fields, kinds of in	nstitutions, or other	factors

Page 11

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	ıt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
				1
				•
Total			► 3a	
<b>b</b> Approved for future payment				
Total			► 3b	)

# P

antei yivəə a	mounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	
1 Progran	n service revenue.	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
_				Code		(see the mstructions,
		1		1		
					_	
		+			*	
e						
T	d and a de frança de la companya de					
-	d contracts from government agencies					
	ship dues and assessments					
	n savings and temporary cash investments					
	ds and interest from securities	especial in appropriately. A	over 2 de <b>Market</b> et 222 s 00e allieux Miller			33 2 20 20 200000 2000
	al income or (loss) from real estate:	<b>*</b>		360		
	anced property			<u> </u>		
	t-financed property			-		<u>-</u> .
6 Net rental	income or (loss) from personal property					
	vestment income					
8 Gain or (l	oss) from sales of assets other than inventory					
	ome or (loss) from special events			<u> </u>		
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	evenue	<b>非洲</b> 4	48.4840	an v	<b>E</b> 10 10 10 10 10 10 10 10 10 10 10 10 10	
a				ļ		
b	·····			ļ <u>.</u>		
c						
d				<u> </u>		
е						
12 Subtota	Add columns (b), (d), and (e)	## 1		7		
13 Total. A	dd line 12, columns (b), (d), and (e).				13	0.
See workshe	et in the instructions for line 13 to verify	calculations)			•	
Part"XVI-B	Relationship of Activities to th	e Accompli	shment of Exemp	t Purp	oses	
Line No. E	explain below how each activity for which complishment of the foundation's exemp	income is report of purposes (of	orted in column (e) of Fi ther than by providing f	Part XVI- funds for	A contributed important such purposes) (See t	ly to the he instructions)
N/A						<del></del>
44/ 44	· · · · · · · · · · · · · · · · · · ·					
		<del></del> .		-		
					<u>.</u>	

# Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Or	rganizations						
а	(1) (2) (3) F	he organization diripled in section 50 ing to political organsfers from the reportant of th	rectly or indirectly 1(c) of the Code (anizations? orting foundation to the code (anization) or the co	table exempt organizat	(c)(3) organız npt organızat	ations) or in section	ation in 527,	1a (1) 1a (2) 1b (1) 1b (2) 1b (3)	X X X
		Reimbursement arra oans or loan guara	•					1b (4)	X
		•		ship or fundraising solic	itations			1 b (5) 1 b (6)	X
С				lists, other assets, or pa		es.		1c	<u> </u>
	If the	answer to any of loods, other assets	the above is 'Yes	, complete the followin n by the reporting found show in column <b>(d)</b> the	g schedule. ( dation If the	Column <b>(b)</b> should a foundation receive	d less than fair marl	market valu	
	ine no.	(b) Amount involv	ved (c) Name	e of noncharitable exempt orga	anization	(d) Description of t	ransfers, transactions, an	d sharing arrang	jements
N/A									
						<del></del>	<del></del> -		
				·		<del></del>			
								· .	
					-		-	· · · · · · · · · · · · · · · · · · ·	
			_						
		"				-			
				_					
				<del></del>					
		e foundation directly ribed in section 501 es,' complete the fo		lliated with, or related to other than section 501(	o, one or mo (c)(3)) or in s	re tax-exempt orga ection 527?	nızatıons	Yes	XNo
		(a) Name of organ		(b) Type of or	rganization		(c) Description of re	elationship	
N/A							· · · · · · · · · · · · · · · · · · ·		
		-				,			
					·				
1							<del></del>		
Un cor	·		Walde	this return, including accompar fiduciary) is based on all inform	iying schedules a ation of which pro	17/2/11	′ ► PRESIDEN		correct, and
G	Sign	ignature of difficer or trystee Date Title							<del></del>
H E Pa R Pr	aid	Preparer's signature	IMOTHY M. R	YAN May	_	Date 6/13/11		eparer's Identifyin ee <b>Signature</b> in th A	
E   pa	arer's	Firm's name (or R	YAN & THUM;	CPA'S		11-1-1	EIN N/A		
Us	se nly	yours if self- employed),	00 W GRAND	AVENUE STE 204					
		address, and ZIP code E.	SCONDIDO, C	A 92025-2606			Phone no ► (7	60) 747-	2660
BAA			<del></del>	-				Form <b>990</b>	-PF (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No 1545-0047

2009

Name of the organization		Employer identification number					
THE FOUR J FOUNDATION		80-0201569					
Organization type (check one)		· -					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	ed as a private foundation					
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as	a private foundation					
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>Ge Note:</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule a	and a Special Rule See instructions					
General Rule —							
X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II )	, or 990-PF that received, during the year, \$5,000 or	more (in money or property) from any one					
Special Rules —							
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or 990-EZ, that met the 33-1/3% support tes one contributor, during the year, a contribution of the greal or (ii) Form 990-EZ, line 1 Complete Parts I and II.						
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 prevention of cruelty to children or animals	ation filing Form 990 or 990-EZ, that received from ai 0 for use <i>exclusively</i> for religious, charitable, scientifi Complete Parts I, II, and III	ny one contributor, during the year, ic, literary, or educational purposes, or the					
contributions for use exclusively for religiou this box is checked, enter here the total cor	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5	5,000 or more during the year	►\$					
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not e 2 of their Form 990, or check the box on line H of it g requirements of Schedule B (Form 990, 990-EZ, or	ts Form 990-EZ, or on line 2 of its Form					
BAA For Privacy Act and Paperwork Reduction	on Act Notice, see the Instructions	ichedule B (Form 990, 990-EZ, or 990-PF) (2009					

			· · ·
Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	anization		r identification number
THE FO	OUR J FOUNDATION	80-0	201569
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JEANNETTE VALDIVIA CHAR REM UNITRUS  223 GLEN SUMMER RD.  PASADENA, CA 91105	\$25 <u>,</u> 000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <b>-</b>	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(c) Aggregate contributions

(b)

Name, address, and ZIP + 4

(a)

Number

Page

of 1

of Part II

Name of organization
THE FOUR J FOUNDATION

Employer identification number 80-0201569

Partil Noncash Property (see instructions)

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	600 SHARES COMMON STOCK OF SONREY, INC. REPRESENTING 98.04& OF THE CORPORATION'S OUTSTANDING STOCK.		
		\$ 25,000.	1/01/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA		edule <b>B</b> (Form 990, 990, F7	

Name of organization
THE FOUR J FOUNDATION

Employer identification r

THE FOUR J FOUNDATION	80-0201569
Partill Exclusively religious, charitable, etc, indi	vidual contributions to section 501(c)(7), (8), or (10)

	organizations aggregating more th	nan \$1,000 for the year.(C	Complete cols (a)	through (e) and the following line entry)	
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, o (Enter this information once –	haritable, etc, - see instructions	)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
		(e)			
	Transferee's name, addres	Transfer of gift s, and ZIP + 4	Relation	nship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
	Transferee's name, addres	Relation	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee			
	<del></del>				

2009	FEDERAL STATE	ERAL STATEMENTS			
	THE FOUR J FOUNDA	OUR J FOUNDATION			
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES	-				
LEGAL FEES	(A) EXPENSES PER BOOKS  TOTAL \$ 103. \$	(B) NET (C) INVESTMENT ADJUSTED INCOME NET INCOME  0. \$ 0.	(D) CHARITABLE PURPOSES \$ 103. \$ 103.		
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES					
ACCOUNTING FEES	(A) EXPENSES PER BOOKS  TOTAL \$ 711. \$ 711.	(B) NET (C) INVESTMENT ADJUSTED NET INCOME  0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 711. \$ 711.		
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES					
FILING FEES	(A) EXPENSES PER BOOKS  TOTAL \$ 30. \$	(B) NET (C) INVESTMENT ADJUSTED NET INCOME  0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 30. \$ 30.		
STATEMENT 4 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GF	NTS				
CASH GRANTS AND ALLOCATIONS CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DOAMOUNT GIVEN:		RA MADRE BLVD. 91107	\$ 1,900.		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DO	EDUCATIONAL ST. IGNATIUS 6025 MONTE VI LOS ANGELES, NONE EE: EXEMPT	ISTA ST.			
AMOUNT GIVEN:			40.		
CLASS OF ACTIVITY:	EDUCATIONAL				

•

2009

#### FEDERAL STATEMENTS

PAGE 2

THE FOUR J FOUNDATION

80-0201569

120.

175.

500.

220.

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS** 

DONEE'S NAME:

SAN JOAQUIN MEMORIAL HIGH SCHOOL

DONEE'S ADDRESS:

1406 N. FRESNO ST. FRESNO, CA 93703

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

EXEMPT

CHARITABLE

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

**VARIOUS** 

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: NONE

AMOUNT GIVEN:

**EXEMPT** 

CLASS OF ACTIVITY:

CHARITABLE

DONEE'S NAME:

VISION OF HOPE

DONEE'S ADDRESS:

1555-34TH AVENUE OAKLAND, CA 94601

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN:

CLASS OF ACTIVITY:

CHARITABLE

DONEE'S NAME:

YES U CAN

DONEE'S ADDRESS:

3813 WELLINGTON RD. LOS ANGELES, CA 90008

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

AMOUNT GIVEN:

2,955. TOTAL \$

STATEMENT 5 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD		BOOK VALUE		IR MARKET VALUE
OTHER SECURITIES					
SONREY MANAGEMENT INC.	MKT VAL	\$	25,000.	\$	0.
	TOTAL	\$	25,000.	\$	0.

# Form **8868** (Rev April 2009)

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

OMB No 1545-1709

- Department of the Treasury

File a separate application for each return.

memai Revenue	Service	i ne a sepe	nate application for each retains				
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month	Extension, com	plete only Part I and check this box		•	► X	
<del>-</del>	=		Extension, complete only Part II (o		ıs form)		
-	•	•	an automatic 3-month extension or	, 5	•		
Part I 🎎 🗸	Automatic 3-Month Extens	sion of Time.	Only submit original (no copie	es needed).			
A corporation	required to file Form 990-T and	requesting an au	itomatic 6-month extension — check	k this box and	complete Part I only	, ►□	
All other corp	orations (including 1120-C filers)	-	EMICS, and trusts must use Form				
ncome tax re							
he additional Form 990-T	l (not automatic) 3-month extensi	sion or (2) you file ly completed and	Form 8868 if you want a 3-month au e Form 990-T) However, you canno e Forms 990-BL, 6069, or 8870, grou signed page 2 (Part II) of Form 886 s & Nonprofits	up returns, or a	a composite or cons	olidated	
P	Name of Exempt Organization				Employer identification	number	
Type or print							
'	THE FOUR J FOUNDATIO				80-0201569		
ile by the due date for	Number, street, and room or suite number	If a P O box, see inst	ructions				
ılıng your eturn See	223 GLEN SUMMER RD.						
nstructions	City, town or post office, state, and ZIP cod	de For a foreign addre	ss, see instructions				
	PASADENA, CA 91105						
Check type o	f return to be filed (file a separat	ite application for	each return)	_			
Form 990	·	Form 990-T (c	orporation)	Form 472	720		
Form 990	-BL	Form 990-T (s	ection 401(a) or 408(a) trust)	Form 522	27		
Form 990	-EZ	Form 990-T (tr	ust other than above)	Form 606	59		
X Form 990	-PF	Form 1041-A		Form 887	70		
Telephone If the orga If this is for check this the extens I I reques	or a Group Return, enter the organishox  If it is for part of the sion will cover  If an automatic 3-month (6 month)	e or place of busicanization's four dithe group, check	FAX No  ness in the United States, check this igit Group Exemption Number (GEN this box and attach a list will on required to file Form 990-T) extenization return for the organization	N) If th the names a ension of time			
The ext	ension is for the organization's re		mization return for the organization	named above			
▶ ∐	calendar year 20 or						
► [X]	tax year beginning $11/01$	, 20 _09_,	and ending 10/31 , 20	<u> 10                                    </u>			
2 If this ta	ax year is for less than 12 months	ns, check reason	Initial return Final re	turn C	Change in accountin	g period	
	pplication is for Form 990-BL, 99 ndable credits See instructions	90-PF, 990-T, 472	0, or 6069, enter the tentative tax, I	less any	3a \$	0.	
<b>b</b> If this a made. I	pplication is for Form 990-PF or nclude any prior year overpayme	990-T, enter any ent allowed as a	refundable credits and estimated ta credit	ax payments	3b \$	0.	
deposit	<b>Due.</b> Subtract line 3b from line with FTD coupon or, if required, tructions	3a Include your by using EFTPS	payment with this form, or, if requir (Electronic Federal Tax Payment S	ed, ystem)	3c \$	0.	
Caution. If you		nic fund withdrawa	al with this Form 8868, see Form 84	53-EO and For	rm 8879-EO for	-	
BAA For Priv	vacy Act and Paperwork Reducti	tion Act Notice, s	ee instructions.		Form <b>8868</b> (F	Rev. 4-2009)	

Form 8868	(Rev 4-2009)		Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox	<u>►</u> X
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previously file	ed Form 8868	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no		
	Name of Exempt Organization Emplo	yer identification number	
Type or			
print	* # #### 7 * A ##	0201569	
File by the	Number, street, and room or suite number. If a P O box, see instructions	S use only	
extended due date for	RYAN & THUM, CPA'S	79000 J.	* **
filing the return See	300 W GRAND AVENUE STE 204		
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	ESCONDIDO, CA 92025-2606		
	e of return to be filed (File a separate application for each return)		
Form 9		Form 6069	
Form 9		☐ Form 8870	
Form 9			
	not complete Part II if you were not already granted an automatic 3-month extension on a previously	filed Form 8868.	<del></del>
	oks are in care of JEANNETTE VALDIVIA		
•	one No. ► (626) 395-0396 FAX No ►		- □
	rganization does not have an office or place of business in the United States, check this box	16.11	
	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  p, check this box  If it is for part of the group, check this box  If and attach a list with the	. If this is f	
		names and Elivs of al	i
	he extension is for uest an additional 3-month extension of time until 9/15 , 20 _11		
	alendar year , or other tax year beginning $11/01$ , 20 $09$ , and ending $10/3$	1 20.10	
		hange in accounting pe	arınd
	in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITI		iiou
	THER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RE		
9a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	efundable credits. See instructions	8a \$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax		
	nents made. Include any prior year overpayment allowed as a credit and any amount paid previously Form 8868	8b\$	0.
		0D 7	
c Balar with f	nce Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.
	Signature and Verification	<u>'</u>	
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledgomplete, and that I am authorized to prepare this form	e and belief, it is true,	
Signature -	Title ► PRESIDENT	Date ►	