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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

, 20

B Check if applicable

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

C Name of organization

J FOUNDATION, INC.

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

PO BOX 141

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

Thornton PA 19373

D Employer identification number

01-0551997

E Telephone number

(610) 399-5310

F Group Exemption
Number... ►

G Accounting Method:

☒ Cash ☐ Accrual Other (specify) ►

I Website: ► N/A

H Check ☒ if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

62,384

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	4,973
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	57,411
	c	Less direct expenses from gaming and fundraising events	6c	18,420
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	38,991
	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 in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,964
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	57,500
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,153
	16	Other expenses (describe in Schedule O)	16	2,254
	17	Total expenses. Add lines 10 through 16	17	60,907
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16,943
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,552
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,609

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

11

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a , section 4912 40a ; section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed PA		
42a The organization's books are in care of See attachment #3 Telephone no. 42a Located at 42a ZIP + 4 42a		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions).		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #4				

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

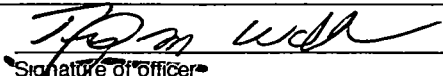
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
See attachment #5		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

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.

Sign Here  Date 6/27/11
 TIMOTHY WALLACE TREASURER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Patricia O'Neil Date 6/27/11 Check ☐ if self-employed PTIN
 Firm's name ▶ HRB TAX SERVICES Firm's EIN ▶
 Firm's address ▶ 1105 WEST CHESTER PIKE STE 5A Phone no. 610-344-4990
WEST CHESTER PA 19382

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				4,165	4,973	9,138
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				44,606	57,411	102,017
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				48,771	62,384	111,155
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						111,155

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6				48,771	62,384	111,155
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)				48,771	62,384	111,155
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests -- 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3 % support tests -- 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
J FOUNDATION, INC.

Employer identification number
01-0551997

Part I

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 BIG HEART (event type)	(b) Event #2 PAR 3 CLASSI (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts	25,236	14,920		40,156
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	25,236	14,920		40,156
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,111		9,111
	8	Entertainment			
	9	Other direct expenses	3,500	5,809	9,309
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(18,420)
	11	Net income summary. Combine line 3, column (d), and line 10			21,736

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☒ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997

Primary Purpose

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

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997

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

990 BOOKS ARE IN CARE OF

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

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997
Part V - Line 42a	

Individual Name TIM WALLACE
or
Business Name.

Street Address 637 JAMES DRIVE

U S. Address.

Zip code 19382 City West Chester State PA
or

Foreign Address
City
Province or State
Country
Postal code
Phone Number (215) 932-4914
Fax Number (610) 399-4403

990 FIVE HIGHEST COMPENSATED EMPLOYEES

Attachment 4: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization J FOUNDATION, INC.	Employer Identification Number 01-0551997

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(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 Empl. Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances
NONE		0	0	0

990 FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 5: page 1 Form 990-EZ Page 4, Part VI

	For calendar year 2010 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
J FOUNDATION, INC.	01-0551997	

Part VII Five Highest Compensated Independent Contractors

(a) Name and Address of Each Independent Contractor Paid More Than \$100,000	(b) Type of Service	(c) Compensation
NONE		0

2010 DETAIL STATEMENTS

J FOUNDATION, INC.
01-0551997

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

POSTAGE AND DEL.....	934
PRINTING AND REPRODUCTION.....	219

TOTAL CARRIED TO 990 EZ PG 1 Line 15.....	1,153
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STATEMENT #2 - Contributions, gifts, grants (EZ1/PF1 Line 1)

OTHER.....	704
MISC.....	1,344
MISC.....	2,925

TOTAL CARRIED TO EZ1/PF1 Line 1.....	4,973
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STATEMENT #3 - Gross income from fundraising (990-EZ PG 1 Line 6b)

BROAD ST RUN.....	4,500
CASINO NIGHT.....	489
OCT 2010 BASH.....	11,591
TALLEYRAND.....	275
DECATHLON.....	400
SCH G.....	40,156

TOTAL CARRIED TO 990-EZ PG 1 Line 6b.....	57,411
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STATEMENT #4 - Grants and similar amt paid (990-EZ PG 1 Line 10)

K OBRIEN ASSISTANCE(BK OF AMERICA).....	3,822
G HERNANDEZ FUNERAL(CHANDLER ,HENNINGER HOM...	2,765
J & J CARRE(CHAS EVANS AND SONS).....	1,730
R HOLSTON BURIAL EXP(CRANSTON FUN HOME).....	4,320
J PAUL DONATION(DOHERTY FUN HOME).....	3,575
D JONES BURIAL(E L FOSTER FUN HOME).....	3,500
RIVIERA ASSTNCE(E CONGO FUN HOME).....	1,500
RIVIERA ASSTNCE(GRACELAWN MEM PK)	
LINDENMUTH ASSTNCE(HANCOCK FUN HOME).....	695
K WILSON ASSTNCE(HOUSE OF LAW).....	1,277
J VON JOHNSON ASST(H IRVING FUN HOME).....	6,123
L NELSON ASST(J LEHMAN FUN HOME).....	3,232
M BELL FUN ASSTNCE(MACFADDEN FUN HOME).....	4,000
K SPASATO FUNERAL(MAY FUN HOME).....	2,015
A MILLER ASST(MCCREARY FUN HOME).....	1,000
T CAMPBELL ASST(MCCREARY FUN HOME).....	4,000
LINDENMUTH ASST(OVERHILL FLOWERS).....	85
A SWARTZ(PP & L GAS ELECT).....	795
MACHI FUN ASST(S MILLIKEN FUN HOME).....	2,196
SANTIAGO ASST,CAMBOS-CABRERA(S & F FUN HOME)...	4,525
DILLON-KINNEY MTG(SUN FCU).....	1,128
L EVANS ASST(TRADER FUN HOME).....	2,500

Continued On Page2

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization J FOUNDATION, INC.	Employer identification number 01-0551997
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions PO BOX 141	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Thornton PA 19373	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► See attachment #3

Telephone No. ► _____ FAX No. ► _____

- 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 ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
- ☒ calendar year 20 10 or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

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.

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

2010 DETAIL STATEMENTS

J FOUNDATION, INC.
01-0551997

Page 2

A SWARTZ ASST(VERIZON PHONE BILL,RENT).....	2,717	
TOTAL CARRIED TO 990-EZ PG 1 Line 10.....		57,500

STATEMENT #5 - Other expenses (EOEZ Pg 1 Line 16)

TAX PREP.....	250	
BEEF AND BEER DEP FOR 2011.....	200	
BD MTG CHRISTMAS.....	330	
DOMAIN REGISTRY.....	95	
TSHIRTS FOR BROAD ST RUN.....	921	
LANE SIGNS FOR CAS NIGHT.....	458	
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....		2,254

STATEMENT #6 - Other Direct expenses (Sch G, Part II Line A-7a)

GREASE BAND.....	3,500	
TOTAL CARRIED TO Sch G, Part II Line A-7a.....		3,500

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

DAVIS TROPHY.....	469	
PENN OAKS.....	5,040	
DJ.....	300	
TOTAL CARRIED TO Sch G, Part II Line B-7a.....		5,809