

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

		venue Service	٨	lote. The founda	tion may	be able to	use a copy of this	s return to sati	sfy state repo	orting require	ements.		20	10
For	cale	ndar year 2010,	or tax yea	r beginning	JŪI	J 1,	2010	, and e	nding	JUN 3	0, 2	011		
G	Check	all that apply:		Initial return			Initial return of a f	ormer public o	charity		Final	return		
				Amended retur	n		Address char	nge .		Name chan	ge			
Na	me o	foundation		-						A Employ	er identif	ication r	number	
		С & J	FOUN	MOITAGN						86-	1026	568		
Nu	mber a	nd street (or PO t	box number	if mail is not deliver	ed to stree	t address)			Room/suite	B Telepho	ne numbe	er		
		1665	MAGU]	RE DRIV	Æ_					928	-684	-254	11	
Cıt	y or t	own, state, and			-	•				C If exempti	on applicat	lion is per	nding, check here	
		WICKE			<u> </u>					D 1. Foreig	gn organi	zations,	check here	▶□
H_	Check	type of organiz	zation:	X Section 50						2. Foreigi check	n organizat here and at	ions meet ttach com	ting the 85% test,	• ▶□
L	Se	ction 4947(a)(1) nonexem	ipt charitable tru	st 📖	Other taxa	able private found	ation		E If private	foundati	on statu	ıs was terminat	ted
I F	air ma	arket value of all	l assets at e	end of year J		ing metho		Accr	ual				A), check here	
•		Part II, col (c),				ther (spec				F If the for	ındatıon i	is in a 60	D-month termin	nation
	\$	T 4 1 2 4 D				ımn (d) m	ust be on cash	basis)		under se	ction 507	/(b)(1)(E	B), check here	▶└
P	art I	The total of amo	l evenue an ounts in colu	nd Expenses mns (b), (c), and (d)	may not		Revenue and		vestment		ljusted ne	et	(d) Disburse for charitable p	ements purposes
-ئ-5		necessarily equa	al the amoun	its in column (a))			nses per books	Inco	ome 	L	come		(cash basis	s only)
2012	1		gifts, grant	ts, etc., received		ļ	<u>400,000.</u>			N	/A			
	2	Check Linear Check	if the foundation	n is not required to attac	h Sch B		7 450		- 4					
L & NY	3	Interest on saving cash investments				ļ	7,459.		7,459.				TATEME	
>	4	Dividends and	interest fro	m securities		<u> </u>	113,113.	11	3,113.			<u>}</u>	TATEME	NT Z
ζ	Ι.	Gross rents								ļ		\longrightarrow		
	Ι.	Net rental income			_	ļ	226,547.					==		
9	°a	Groce calce price	from sale of	assets not on line 2 , 187 , 7		<u> </u>	220,347.			 	1	}	;EIVEL)
Revenue	7	assets on line 6a Capital gain net in			<u> </u>			22	6,547.	-	 			ာမွ
æ	8	Net short-term						22	0,347.	 	하	JAN	2 5 2012	 위
	9	Income modific	. •							_	一	JAN	Z U ZUIL	2
		Gross sales less and allowances	returns			-					1-1-	=		
	Ι.	Less Cost of goo)(ill)	ILN, U	1 1
	1	Gross profit or					-	· · ·		-				
	1	Other income	()				3,118.		3,118.				TATEME	NT 3
	12	Total. Add line	s 1 throug	h 11			750,237.		0,237.					
	13	Compensation of	officers, dire	ectors, trustees, etc			10,000.		0.				10	,000.
	14	Other employe	e salaries a	ind wages										
	15	Pension plans,	employee	benefits										
Ses	16a	Legal fees						-						
ped	b	Accounting fee		STMI		`	9,620.		4,810.				4	,810.
ŭ	C	Other profession	onal fees	STMI	' 5		34,700.	3	4,700.					0.
ti Ve	17	Interest												
and Administrative Exper	18	Taxes		STMI	. 6		802.		802.					0.
inis	19	Depreciation ar	nd depletio	n										
퉏	20	Occupancy												
Þ	21	Travel, confere	-	meetings										
a	22	Printing and pu		STMT	. 7		10		1.0	ļ		\rightarrow		
Operating	23 24	Other expenses			,	-	10.		10.			\rightarrow		0.
era	24	Total operating expenses. Add					55,132.	۸ ا	0,322.				1.4	010
Ö	25	Contributions,		-		-	325,000.	4	0,344.	<u></u>		-+		,810,
		Total expense:		-		<u> </u>	<u> </u>			<u> </u>		-+		, 000.
	~	Add lines 24 ar		a. somonia,		.	380,132.	Δ.	0,322.				339	,810.
_	27	Subtract line 20		12:		 	,		-,	<u> </u>		$\overline{}$, , , , , ,
				ses and disbursem	ents	:	370,105.							
				f negative, enter -0			• • • • • • • • • • • • • • • • • • • •	30	9,915.	<u> </u>		\neg		
	C	Adjusted net in		*						N	/A			
0235	n i			_										

12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2010)

三		Balance Sheets Attached schedules and amounts in the description	Beginning of year	E	nd of year
ГЬ	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	223,052.	299,51	1. 299,511.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	ļ	Less; allowance for doubtful accounts			
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 8	1,206,994.	1,490,95	3. 1,490,953. 8. 357,488.
	C	Investments - corporate bonds STMT 9	6,606.	357,48	8. 357,488.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	2,643,445.	2,666,40	8. 2,666,408.
	14	Land, buildings, and equipment basis			
	ŀ	Less accumulated depreciation			
	15	Other assets (describe)			
	•				
_	16	Total assets (to be completed by all filers)	4,080,097.	4,814,36	0. 4,814,360.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ë		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.		0.
		Foundations that follow SFAS 117, check here			
Ś	١	and complete lines 24 through 26 and lines 30 and 31.			
nces		Unrestricted		·································	_
ala	25	Temporarily restricted			
9 P	26	·			
5		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balan		and complete lines 27 through 31.	ا م		
ets.		Capital stock, trust principal, or current funds	0.		0.
SS		Paid-in or capital surplus, or land, bldg., and equipment fund	4,080,097.	4,814,36	7 1
¥	1	Retained earnings, accumulated income, endowment, or other funds	4,080,097.	4,814,36	0.1
ž	30	Total net assets or fund balances	4,000,097.	4,014,30	<u> </u>
	24	Total liabilities and not acceptational belonger	4,080,097.	4,814,36	<u> </u>
_	31	Total liabilities and net assets/fund balances		4,014,50	0.1
P	art	Analysis of Changes in Net Assets or Fund B	alances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		it agree with end-of-year figure reported on prior year's return)	00		1 4,080,097.
	•	r amount from Part I, line 27a			2 370,105.
_			GAIN/(LOSS) SE	CURTTES	3 364,158.
-		lines 1, 2, and 3			4 4,814,360.
		eases not included in line 2 (itemize)			5 0.
-		net accets or fund halances at end of year (line 4 minus line 5) - Part II or	dumn (h) line 30		6 4 814 360

Part IV Capital Gains	s and Losses for Tax on I	nvestmen	t Income						
				(b) H P - D -) How acquired P - Purchase D - Donation		(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRAD	ED SECURITY	.,	•			\top			
b CAPITAL GAINS	DIVIDENDS								
C							_		
d				<u> </u>					
<u>e</u>				Щ,	_				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale		_			un or (loss) (f) minus (g)
a 2,177,269		ļ	1,961,17	1.					216,098.
b 10,449	•	ļ			_				10,449.
<u>c</u>		<u> </u>							
d	 	<u> </u>							
Complete only for accets show	ung gain in column (b) and awned by	the foundation	on 10/21/60	-					
Complete unity for assets show	ying gain in column (h) and owned by							ol. (h) gaın ot less than	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					(from col. (I	h)) ´
_a									216,098.
<u>b</u>									10,449.
C							_		
_d		<u> </u>							
<u>e</u>	<u> </u>								
2 Capital gain net income or (net	capital loss) { If gain, also enter-	er in Part I, line 0- in Part I, line	7 7	}[2				226,547.
3 Net short-term capital gain or (I If gain, also enter in Part I, line 8	oss) as defined in sections 1222(5) a	ınd (6):		٦					
If (loss), enter -0- in Part I, line				}	3			N/A	
	Under Section 4940(e) fo	r Reduced	Tax on Net	Inve	stment	Inco	me		
(For optional use by domestic prival if section 4940(d)(2) applies, leave	ite foundations subject to the section this part blank.	4940(a) tax on	net investment in	come.)				
If "Yes," the foundation does not qu	ection 4942 tax on the distributable ar alify under section 4940(e). Do not c	omplete this pa	rt.						Yes X No
	n each column for each year; see inst	ructions before	making any entrie	es.					
(a) Base period years Calendar year (or tax year begini	(b) ning in) Adjusted qualifying di	stributions	Net value of no	(c) nchard	table-use as	sets	,	Dıstrıb col. (b) dıvı	(d) ution ratio ided by col. (c))
2009		34,616.		3,	273,7	91.			.102211
2008		25,724.			261,1				.099909
2007		09,064.			<u>428,7</u>				.056931
2006		32,421.			416,5				.052625
2005	1.3	32,211.		3,	050,9	45.			.043334
2 Total of line 1, column (d)							2		.355010
	e 5-year base period - divide the total	on line 2 by 5,	or by the number	of year	rs				
the foundation has been in exist	tence if less than 5 years						3	_	.071002
4 Enter the net value of noncharita	able-use assets for 2010 from Part X,	, line 5					4		4,558,942.
5 Multiply line 4 by line 3							5		323,694.
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)						6		3,099.
7 Add lines 5 and 6							7		326,793.
8 Enter qualifying distributions from Part XII, line 4					8		339,810.		
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, check the box in Part VI, lini	e 1b, and comp	lete that part using	g a 1%	tax rate.				

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2010)

X

3b

4a

4b

N/A

Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	
(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 PartilX=A Summary of Direct Charitable Activities		> C
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the	Expenses
1 THE C & J FOUNDATION MAKES NO PROGRAM RELATED NO DIRECT CHARITABLE ACTIVITIES ARE CARRIED ON	INVESTMENTS.	
FOUNDATION. ALL ADMINISTRATION EXPENSES INCURR CONNECTION WITH THE TAX EXEMPT PURPOSE WERE AL		0.
GRANT MAKING ACTIVITIES. ALL OTHER EXPENSES OF	THE	
FOUNDATION WERE PROPERLY ALLOCABLE TO THE INVE 3 ACTIVITIES OF THE FOUNDATION.	STMENT	0.
		0.
4		
PartilX=Bi Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		000 DE (0040)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	4,318,525.
	Average of monthly cash balances	1b	4,318,525.
	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	4,628,368.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,628,368.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	69,426.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,558,942.
6	Minimum investment return. Enter 5% of line 5	6	227,947.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	227,947.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 3,099		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	3,099.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,099. 224,848.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	224,848.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	224,848.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	339,810.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	339,810.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		- · - ·
	income. Enter 1% of Part I, line 27b	5	3,099.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,099. 336,711.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7	<u> </u>			224,848.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		·	0.	
b Total for prior years:		•		
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005				,
b From 2006				
c From 2007 5,837.				
dFrom 2008 213,906.				
eFrom 2009 173,824.				
f Total of lines 3a through e	393,567.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 339,810.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	·		/	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				224,848.
e Remaining amount distributed out of corpus	114,962.			
5 Excess distributions carryover applied to 2010 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			Ö.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	508,529.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			,	
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable			-18	
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must	,			
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	E00 E00			
Subtract lines 7 and 8 from line 6a	508,529.			
10 Analysis of line 9:				
a Excess from 2006			,	
b Excess from 2007 c Excess from 2008 213, 906.				
1=2				
1111				
eExcess from 2010 114,962.				

Tare XV Cappicinentary information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
•				
SEE STATEMENT 12				
Total			► 3a	325,000.
Approved for future payment				"
NONE				
Total			<u> </u>	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	ded by section 512, 513, or 514	(e)	
Entor gross amounts unless otherwise mulculed.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a			10000	-	
b		<u> </u>	+		
	-		+ +		
d			+		
e	-		+ +		
f	-		+ +		
g Fees and contracts from government agencies	-				
2 Membership dues and assessments		-,-			
3 Interest on savings and temporary cash					_
investments			14	7,459.	
4 Dividends and interest from securities			14	113,113.	
5 Net rental income or (loss) from real estate:					·
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	3,118.	
8 Gain or (loss) from sales of assets other				-	
than inventory			18	226,547.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b		-			
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		350,237.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	350,237.
(See worksheet in line 13 instructions to verify calculations.)					

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

TE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
	0
-	
	

Form 990-PF	F (2010) C & J	FOUNDATION		86-10	26568 P	age 13
Part XV			and Transactions a	nd Relationships With Nonch	naritable	
4 0.445	Exempt Organ			- dot 504(-) -4	- IVes	TNA
		rectly engage in any of the following (3) organizations) or in section 5	-	* *	res	No
	•	is to a noncharitable exempt or		zauons		
(1) Ca	, ,	iation to a nonchantable exempt of	ganization of.		1a(1)	X
	ther assets				1a(1)	$\frac{X}{X}$
	ransactions:				14(2)	+ 22
	ales of assets to a noncharita	able exempt organization			1b(1)	X
		oncharitable exempt organization			1b(1)	X
	ental of facilities, equipment,	• •			1b(3)	X
	eimbursement arrangements				1b(4)	X
	oans or loan guarantees				1b(5)	Х
	=	embership or fundraising solicitation	ons		1b(6)	Х
c Sharin	g of facilities, equipment, ma	ailing lists, other assets, or paid en	nployees		1c	X
d If the a	inswer to any of the above is	s "Yes," complete the following sch	edule. Column (b) should alw	ays show the fair market value of the good	s, other assets,	
or serv	rices given by the reporting	foundation. If the foundation receiv	ed less than fair market value	e in any transaction or sharing arrangement	t, show in	
column	• • • • • • • • • • • • • • • • • • • •	other assets, or services received.				
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, a	nd sharing arrangem	ients
		N/A				
	· -					
						
+					·	
				-		
		ctly affiliated with, or related to, one er than section 501(c)(3)) or in sec	· -	ations described	Yes 🔀	K No
b If "Yes,	," complete the following sch	nedule.				
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relatio	nship	
	N/A					
		 .				
		- · · ·				
			<u> </u>			
	and complete, Declaration of prep	topher P. Outper than taxpayers fiduciary) is to	pased on all information of which pr	statements, and to the best of my knowledge and reparer has any knowledge		ect,
	Signature of officer or tr		Date	Title		
	Print/Type preparer's n	ame Preparer's s	signature	Date Check if PTII	N	
		Cain	cel Craves	12/13/11 self- employed		_
Paid	CAYCE L. C	CRAVEN COUNT	ecour !	'~''3/// P	00294777	1

P00294777

Firm's EIN ▶ 65-0915666

Phone no.

Preparer Use Only CAYCE L. CRAVEN

Firm's name ► GENSPRING FAMILY OFFICE

Firm's address ▶ 2355 E CAMELBACK RD, STE 750

PHOENIX, AZ 85016

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

Name of the organization	Employer identification number							
c	& J FOUNDATION	86-1026568						
Organization type (check o	ne):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt chantable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions.						
General Rule								
For an organization contributor Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m lete Parts I and II.	oney or property) from any one						
Special Rules								
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the recolol(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
aggregate contribu	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, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
contributions for use If this box is check purpose. Do not co	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 exclusively 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 exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule I Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line and requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF),						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

C & J	FOUNDATION		86	-1026568
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
1	CORINNE QUAYLE 1665 MAGUIRE DRIVE WICKENBURG, AZ 85390	\$\$	00.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	tions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of Name of organization Employer identification number

C & J FOUNDATION

86-1026568

	Noncash Property (see instructions)		
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

77 ×	traditional transfer of the second second	the Market and the second seco	86-1026568
F	Exclusively religious, charitable, etc., i nore than \$1,000 for the year. Comple Part III, enter the total of exclusively relig 51,000 or less for the year. (Enter this in	te columns (a) through (e) and the follows, charitable, etc., contributions of	501(c)(7), (8), or (10) organizations aggregating flowing line entry For organizations completing f
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	,
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
<u> </u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transferee's name, address, a	(c) Use of gift	Relationship of transferor to transferee (d) Description of how gift is held
		(c) Use of gift	
	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

					_
FORM 990-PF INTEREST ON SAV	INGS AND TI	EMPORARY CAS	H INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
MERRILL LYNCH SMITH BARNEY				7,45	8.
TOTAL TO FORM 990-PF, PART I	, LINE 3, 0	COLUMN A		7,45	9.
FORM 990-PF DIVIDEN	DS AND INTI	REST FROM S	ECURITIES	STATEMENT	2
SOURCE	GROS	SS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
FORTRESS MERRILL LYNCH US 12 MONTH OIL PARTNERSHIP INTEREST		12,107. 111,452.	0. 10,449. 0.	12,10 101,00	
TOTAL TO FM 990-PF, PART I,	LN 4	123,562.	10,449.	113,11	
FORM 990-PF	OTHER	INCOME		STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
US 12 MONTH OIL	_	3,118	3,118		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	3,118	3,118		
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ACCOUNTING FEES	9,620	4,81	LO.	4,81	0.
TO FORM 990-PF, PG 1, LN 16B	9,620	4,81	LO.	4,81	0.
:					—

FORM 990-PF	OTHER PROFES	SIONAL FEES	S'	TATEMENT !
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	(D) CHARITABLI PURPOSES
CONSULTING FEES BANK CHARGES CERTIFICATION FEE TAX PREPARATION FEES	28,435. 8. 17. 6,240.	8.		0 0 0 0
TO FORM 990-PF, PG 1, LN 160	34,700.	34,700.		0
FORM 990-PF	TAX	ES	S	PATEMENT (
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-		
FOREIGN TAX WITHHELD ON DIVIDENDS	802.	802.		0
TO FORM 990-PF, PG 1, LN 18	802.	802.		0
FORM 990-PF	OTHER E	XPENSES	S	FATEMENT '
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLI PURPOSES
AZ CORPORATION COMMISSION	10.	10.	····	0
TO FORM 990-PF, PG 1, LN 23	10.	10.		0

FORM 990-PF C	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH ACCOUNTS 4002,4003	-	1,490,953.	1,490,953.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B	1,490,953.	1,490,953.
FORM 990-PF C	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MERRILL LYNCH ACCOUNT 4003, 4004	-	357,488.	357,488.
TOTAL TO FORM 990-PF, PART II, LI	INE 10C	357,488.	357,488.
FORM 990-PF OT	THER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SB ACCOUNT 0955 - PARTNERSHIP INVESTMENT MERRILL LYNCH ACCOUNTS	FMV	1,033,424.	1,033,424.
4002,4003,4004 MERRILL LYNCH ACCOUNTS 4002	FMV	0. 1,632,984.	0. 1,632,984.
TOTAL TO FORM 990-PF, PART II, LI	INE 13	2,666,408.	2,666,408.

	T OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 11
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
DAN QUAYLE 7001 N. SCOTTSDALE ROAD, #2010 SCOTTSDALE, AZ 85253	DIRECTOR 1.00	0.	0.	0.
CORINNE P. QUAYLE 1665 MAGUIRE DRIVE WICKENBURG, AZ 85390	CHAIRMAN 3.00	0.	0.	0.
MICHAEL QUAYLE 9809 DEREV COURT FORT WAYNE, IN 46825	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER QUAYLE 8552 EAST SWEETWATER AVENUE SCOTTSDALE, AZ 85260	PRESIDENT 5.00	10,000.	0.	0.
MARTHA THOMAS N. 7588 OLSTAD LANE MONTICELLO, WI 53570	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	10,000.	0.	0.

FORM 990-PF

STATEMENT 12

			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AOPA FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	PROMOTE AIRCRAFT SAFETY	501(C)(3)	10,000.
BERACHAH CHURCH FOOD BANK 2815 SAGE ROAD HOUSTON, TX 77056	FOOD PANTRY FOR HOMELESS	501(C)(3)	25,000.
BETTY FORD CENTER PO BOX 1560 RANCHO MIRAGE, CA 92270-1056	SCHOLARSHIPS FOR ALCOHOLICS AND DRUG ADDICTS	501(C)(3)	20,000.
DAN QUAYLE CENTER 815 WARREN STREET PO BOX 856 HUNTINGTON, IN 46750	TEACHING CHILDREN ABOUT THE AMERICAN POLITICAL SYSTEM	501(C)(3)	10,000.
GONZAGA COLLEGE HIGH SCHOOL NINETEENTH EYE STREET, NW WASHINGTON, DC 20001	COLLEGE SCHOLARSHIP FUND	501(C)(3)	12,500.
HILLSDALE COLLEGE 33 E. COLLEGE STREET HILLSDALE, MI 49242	LEARNING, DEVELOPMENT, RESEARCH	501(C)(3)	5,000.
KCCF SUSTAINING FUND CINDY QUAYLE, COMMUNITY FOUNDATION ALLIANCE - 123 N.W. 4TH ST. STE 322 EVANSVILLE, IN 47708	BENEFITS CINDY QUAYLE FOUNDATION AND CANCER RESEARCH	501(C)(3)	5,000.
MAYO CLINIC MEDICAL CENTER FOR DEVELOPMENT 13400 E. SHEA SCOTTSDALE, AZ 85259	PROSTATE CANCER RESEARCH	501(C)(3)	20,000.

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

C & J FOUNDATION			86-1026568
NEW GLARUS VISIONS INC PO BOX 552 NEW GLARUS, WI 53574	SCHOLARSHIP TO HIGH SCHOOL SENIORS FOR TECHNICAL COLLEGE	501(C)(3)	16,000.
PAUL CARBONE CANCER CENTER, UNIVERSITY OF WI FOUNDATION PO BOX 8860 MADISON, WI 53708-8860	CANCER RESEARCH & STUDIES	501(C)(3)	24,000.
PHOENIX CHILDREN'S HOSPITAL FOUNDATION 2929 E CAMELBACK RD, SUITE 122 PHOENIX, AZ 85016	GRANT FOR MEDICAL RESEARCH FOR CHILDREN'S DISEASES	501(C)(3)	15,000.
PHOENIX THEATER 100 E. MCDOWELL ROAD PHOENIX, AZ 85004	FOSTER THE EMOTIONAL, PHYSICAL AND SOCIAL DEVELOPMENT	501(C)(3)	10,000.
PROSTATE CANCER RESEARCH CENTER JOHN HOPKINS ONCOLOGY CENTER 1650 ORLEANS STREET ROOM 1M-51 BALTIMORE, MD 21237-1000	FOR RESEARCH OF PROSTATE CANCER	501(C)(3)	45,000.
SALVATION ARMY 2707 E. VAN BUREN ST. PHOENIX, AZ 85008	PROVIDE FOOD FOR POOR AND HOMELESS FAMILIES	501(C)(3)	20,000.
THIEMS BIBLE MINISTRIES PO BOX 460829 HOUSTON, TX 77056-8829	PRESERVE & PERPETUATE THE DOCTRINAL & THEOLOGICAL TEACHINGS OF PASTOR THIEME	501(C)(3)	25,000.
THE MARTHA FUND UNITED METHODIST HOME 1070 W. JEFFERSON ST FRANKLIN, IN 46131	SCHOLARSHIPS FOR STUDENTS TO BECOME NURSES	501(C)(3)	20,000.
WICKENBURG HUMANE SOCIETY PO BOX 147 WICKENBURG, AZ 85358	BUILD NEW ANIMAL SHELTER IN WICKENBURG & OPERATIONS	501(C)(3)	20,000.
ARIZONA SCIENCE CENTER 600 E WASHINGTON ST. PHOENIX, AZ 85004	INSPIRE, EDUCATE, & ENTERTAIN PEOPLE ABOUT SCIENCE	501(C)(3)	10,000.

C & J FOUNDATION			86-1026568
AUDUBON SOCIETY 3131 S. CENTRAL AVE. PHOENIX, AZ 85040	TO FURTHER PROTECTION OF BIRDS AND OTHER WILDLIFE & THEIR HABITATS	501(C)(3)	2,500.
ARIZONA HUMANE SOCIETY 1521 W. DOBBINS ROAD PHOENIX, AZ 85041	PREVENTION OF CRUELTY TO ANIMALS	501(C)(3)	5,000.
UNITED WAY OF GREEN COUNTY PO BOX 511 MONROE, WI 53566	ASSISTING PEOPLE IN NEED	501(C)(3)	5,000.
TOTAL TO FORM 990-PF, PART XV, LIN	NE 3A		325,000.

Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ightharpoons X
	are filing for an Additional (Not Automatic) 3-Month Ex	-		form).	, —
	complete Part II unless you have already been granted a	-	, , , ,	•	
	nic filing (e-file). You can electronically file Form 8868 if		The state of the s		ornoration
	d to file Form 990-T), or an additional (not automatic) 3-mo				
	to file any of the forms listed in Part I or Part II with the ex				
		•			
	al Benefit Contracts; which must be sent to the IRS in pag		(see instructions) For more details on ti	ne electronic filing of t	nis torm,
	www.irs.gov/efile and click on e-file for Charities & Nonprofits				
Rant					
-	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete	. \square
Part I o					
All othe to file in	r corporations (including 1120-C filers), partnerships, REM scome tax returns.	IICs, and t	rusts must use Form 7004 to request an	extension of time	
Type or	Name of exempt organization			Employer identifica	tion number
print	C & J FOUNDATION			86-102656	8
File by the		ee instriic	tions		
filing your return Se	1665 MAGUIRE DRIVE	oc manac	nons.		
instruction		oreign add	iress, see instructions		
Enter tr	ne Return code for the return that this application is for (file	a separa	te application for each return)		0 4
Applica	ation	Return	Application		Return
ls For		Code	Is For		Code
Form 99	90	01	Form 990-T (corporation)		07
Form 99	90-BL	02	Form 1041-A		08
Form 99	90-EZ	03	Form 4720		09
Form 99	90-PF	04	Form 5227		10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 99	90-T (trust other than above)	06	Form 8870		12
	COVEY MANAGEMEN	T	<u> </u>		
• The	books are in the care of > 7001 N. SCOTTSI	DALE 1	RD #2010 - SCOTTSDAL	E, AZ 85253	
	phone No. ► 480-922-5700		FAX No. ▶		
If the	e organization does not have an office or place of business	s in the Ur	nited States, check this box		
If the	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If thi	s is for the whole grou	p. check this
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of all		
	request an automatic 3-month (6 months for a corporation				
	FEBRUARY 15, 2012 , to file the exemp				
ıs	for the organization's return for:	3	3		
•	calendar year or				
	X tax year beginning JUL 1, 2010	an	dending JUN 30, 2011		
	tax your boginning	, u	d onding	 ·	
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	l return	
	J.				
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069, e	nter the tentative tax, less any		
	onrefundable credits See instructions.	, -		3a \$	6,215.
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		
	stimated tax payments made. Include any prior year overp	_		3b \$	2,465.
c B	alance due. Subtract line 3b from line 3a Include your pa	yment wit	h this form, if required,		
b	y using EFTPS (Electronic Federal Tax Payment System).	See ınstru	ctions.	3c \$	3,750.

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.