

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



Department of the Treasury

Internal Revenue Service

EXTENSION GRANTED TO NOVEMBER 15, 2010

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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning and endir	ng	
В	Check if applicab	le Please use IRS C Name of organization	D Employer identification number	_
	Addre	label or print or JORDAN THOMAS FOUNDATION INC.		
	Name chang	Doing Business As	20-3498598	
	lnıtıal return	i See Number and street (or P.U. box if mail is not delivered to street address) Room	n/suite E Telephone number	_
	Termi ated	Instruct P • O • BOX ZZ / O 4	423-756-2010	
	Amen return	City or town, state or country, and ZIP + 4	G Gross receipts \$ 321,083	
L	Application pendi	Challanouga, in 3/422	H(a) Is this a group return	
	pena	F Name and address of principal officer JORDAN THOMAS	for affiliates? Yes X No	0
_		310 N CREST RD , CHATTANOOGA, TN 37404	H(b) Are all affiliates included? Yes No	0
		empt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list (see instructions)	
		te: ► WWW.JORDANTHOMASFOUNDATION.ORG	H(c) Group exemption number ▶	
			L Year of formation: 2006 M State of legal domicile: ${f T}$	'N
P	art I	Summary	-	
ė	1	Briefly describe the organization's mission or most significant activities THE MIS		_
Governance		IS TO HELP AND ASSIST UNDERPRIVILEGED CHILD		_
/er	2	Check this box if the organization discontinued its operations or disposed o	1 !	_
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
ţ	5	Total number of employees (Part V, line 2a)	5	0
Activities &	6 7a	Total grees uprelated business revenue from Port (IIII Common Com		5
ĕ	h	Total gross unrelated business revenue from Part VIII, course Spring Part VIIII, course Spring Part VIII, course Spring P) <u>.</u>
_	1 5	The trained business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of the business taxable income from 10th 99 at the base of th	Prior Year Current Year	•
Revenue	8	Contributions and grants (Part VIII, line 1h) NOV 1 5 2010	181,096. 288,064	_
	9	Program service revenue (Part VIII, line 2g)	101,030: 200,004	•
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 701	6,441. 5,108	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10 GDEN, UT	<34,727	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,537. 258,445	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,347. 5,650	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		_
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		_
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	900.	_
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 15,629.		_
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	87,770. 48,502	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	116,017. 54,152	_
	19	Revenue less expenses Subtract line 18 from line 12	71,520. 204,293	_
Net Assets or			Beginning of Current Year End of Year	_
Sset	20	Total assets (Part X, line 16)	326,208. 530,501	<u>. •</u>
et A	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20	326,208. 530,501	<u> </u>
	art II	Signature Block		_
		Under penalties of perjury, I declare that I have stamined this return including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based an information of which preparer has any known of the complete of the co	ements, and to the best of my knowledge and belief, it is true, correct, owledge	
٠.		ich Mener	1 11 /0/10	
Sign		Signature of officer	Date	_
He	re	JORDAN THOMAS, PRESIDENT	Dail	
		Type or prafficame and title		—
_			Check if Preparer's identifying number	—
Pai	d	Preparer's signature	Self- (see instructions)	
Pre	parer's	Firm's name (or HENDERSON & COLICER DI.C.	J employed >	_
Use	Only	self-employed), 871 MCCADLIE AVENUE	EIN ►	—
		address, and ZIP + 4 CHATTANOOGA, TN 37403	Phone no. ► 423.752.2666	
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)	X Yes N	

Form **990** (2009)

Pa	at III Statement of Program Service	e Accomplishments	
1	Briefly describe the organization's mission.		
		GANIZATION IS TO HELP AND	D ASSIST UNDERPRIVILEG
	CHILDREN WHO HAVE EXPE	RIENCED A TRAUMATIC INJU	RY.
	GIIIIII WIIO IMIVE DIII	NIBROBS II TRIORITE THOU	
2		nt program services during the year which were n	
	the prior Form 990 or 990-EZ?		. Yes [
	If "Yes," describe these new services on Sch	nedule O.	
3	Did the organization cease conducting, or m	ake significant changes in how it conducts, any p	program services?
	If "Yes," describe these changes on Schedu		
4	Describe the exempt purpose achievements	for each of the organization's three largest progra	am services by expenses
	Section 501(c)(3) and 501(c)(4) organizations	s and section 4947(a)(1) trusts are required to rep	ort the amount of grants and
	allocations to others, the total expenses, and	d revenue, if any, for each program service report	ed
		26 421	
4a	(Code) (Expenses \$	26,431. including grants of \$) (Revenue \$
		HILDREN WHO EXPERIENCED A	A TRAUMATIC INJURY OR
	LIMB LOSS.		
	 ,-	****	
			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
		- · · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	
		<u></u>	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
			\$-1
			41
4d	Other program services (Describe in Schedu	ule O)	
	-	ng grants of \$) (Revenue \$,
	(Expenses 5 inclinding		
4e	(Expenses \$ includir Total program service expenses ▶ \$	26,431.	D

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
2	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>	 	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			İ
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	,	-	-
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	,		1
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	-	_	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			-
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		ļ.	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		٠.	İ
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1	1	
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l _	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990	2009)

22

28

29

31

32

33

34

35

37

38

X Form 990 (2009)

35

36

37

X

X

X

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 2 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 0 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a 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)? 4a X **b** If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? Х 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Form 990 (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management			
		Ī	Yes	No
1a	Enter the number of voting members of the governing body 1a 5	3		
ь	Enter the number of voting members that are independent	į l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X X X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			-
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		_ <u>X</u> _
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_		7.7
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
D	Other officers or key employees of the organization	15b		<u>X</u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40.		v
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	466		
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ►TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply	101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncıal	
-	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨		
-	SUSAN E. RICH, SECRETARY - 423-756-2010			
	633 CHESTNUT STREET, SUITE 1800, CHATTANOOGA, TN 37450			
		Form	990 (2009)

932006 02-04-10 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) (C)							(D)	(E)	(F)	
Name and Title	Average hours	(cl	Position (check all that apply)				lv)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JORDAN THOMAS										_	
PRESIDENT	1.00	_						0.	0.	0.	
VICTOR J. THOMAS VICE PRESIDENT	1.00							0.	0.	0.	
SUSAN E. RICH	1.00							0.		<u> </u>	
SECRETARY	1.00							0.	0.	0.	
BILL RUSSELL											
TREASURER	1.00							0.	0.	0.	
LIZBETH KENNEDY THOMAS	1 00								0		
DIRECTOR JEFFREY DENDY	1.00				_	 		0.	0.	0.	
DIRECTOR	1.00							0.	0.	0.	
JIM ROGERS					_						
DIRECTOR	1.00	<u> </u>	ļ			<u> </u>		0.	0.	0.	
CAROLYN THOMPSON DIRECTOR	1.00							0.	0.	0.	
JANET JOBE	1.00		-	-		\vdash		0.	0.	<u> </u>	
KEY EMPLOYEE	15.00							29,075.	0.	0.	
								-			

Form 990 (2009)

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

		(2009) JORDA	N THOMAS	FOUNDAT:	ION INC.		20-3498	3598 Page 9
Par	t VII	I Statement of Rever	nue	 ,	·			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
ga	b	Membership dues .	1b			1		
am am	С	Fundraising events	1c	107,057.				
<u>a</u> gi	d	Related organizations	1d					
Sim's		Government grants (contribut						
er si	f	All other contributions, gifts, gran						
흔딂		similar amounts not included above	ve 1f	181,007.				
E D		Noncash contributions included in lines	1a-1f \$	31,291.				
0 6	h	Total. Add lines 1a-1f	 		288,064.			
_	_			Business Code				
<u>i</u>	2 a							
le è	Ь							
Ven	С.							
gra Re	d							
Program Service Revenue	e	All other program service reve				-		
_		Total. Add lines 2a-2f	riue			_		
_	3	Investment income (including	dividends inter					
	Ū	other similar amounts)	arvideride, inter	Lot, and	5,108.			5,108.
	4	Income from investment of tax	x-exempt bond	proceeds	3,100.			3,100.
	5	Royalties		>				
		,	(i) Real	(ii) Personal	***************************************		· ·	
	6 a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)	L					
	d	Net gain or (loss)		•				
e l	8 a	Gross income from fundraising						
Other Revenue		including \$107,0						
è		contributions reported on line	1c) See					
ē		Part IV, line 18	a					
⇟│		Less direct expenses	t	62,638.	24 525			
		Net income or (loss) from fund	-	D	<34,727.	<u> </u>		<34,727.>
	9 a	Gross income from gaming ac						
		Part IV, line 19	a					
]		Less direct expenses	t: 	·				
l		Net income or (loss) from gam Gross sales of inventory, less	-		-			
	iu a	and allowances		.				
	h	Less cost of goods sold	a					
		Net income or (loss) from sale	•	'				
t		Miscellaneous Revenu		Business Code				
-	11 a			Dusiness Code				
	b				_			
	C		· ······			 		
		All other revenue				 		
	-	Total. Add lines 11a-11d	•					
	12	Total revenue See instructions.	•••		258,445.	0.	0 .	<29,619.>
	10							Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	ete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	5,650.	5,650.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	···			
•	trustees, and key employees				
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	29,075.	9,692.	9,692.	9,691.
b	Legal	20.	20.		
С	Accounting	1,130.	1,130.		
d	Lobbying	_	•		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	95.	95.		
g	Other	8,338.		2,400.	5,938.
12	Advertising and promotion	543.	543.		
13	Office expenses	1,275.	1,275.		
14	Information technology	3,005.	3,005.		
15	Royalties				
16	Occupancy	845.	845.		
17	Travel	2,260.	2,260.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,045.	1,045.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	POSTAGE AND SHIPPING	290.	290.		
b	PRINTING AND REPRODUCTI	250.	250.		
С	TAXES AND LICENSES	200.	200.		
d	FOREIGN TAXES	131.	131.		
е					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	54,152.	26,431.	12,092.	15,629.
26	Joint costs Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (2000)

Form **990** (2009)

Pa	rt X	Balance Sheet				
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		893.	1	500.
	2	Savings and temporary cash investments		114,385.	2	270,531.
	3	Pledges and grants receivable, net			3	•
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, di				
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	•		8	
As	9	Prepaid expenses and deferred charges		<u></u>	9	
	J	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b	1	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	210,930.	12	259,470.	
	13	Investments - program-related See Part IV, line		13	205 / 2700	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	326,208.	16	530,501.
	17	Accounts payable and accrued expenses		320,2001	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	·-
Liabilities	22	Payables to current and former officers, director		Terroria de la companya della companya della companya de la companya de la companya della compan		
Βį		highest compensated employees, and disqualifi	· · · ·			
Ë		of Schedule L	oa polosiis complete i ait ii		22	
	23	Secured mortgages and notes payable to unrela	ated third parties	-	23	
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities Complete Part X of Schedule D	o a m o parago		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere and complete			
ç,		lines 27 through 29, and lines 33 and 34.		-		···
ဥ	27	Unrestricted net assets			27	
<u>a</u>	28	Temporarily restricted net assets	•		28	
ω O	29	Permanently restricted net assets	•		29	
Š		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
ř		complete lines 30 through 34.				
ţ	30	Capital stock or trust principal, or current funds		0.	30	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	•	0.	31	0.
Ţ	32	Retained earnings, endowment, accumulated in		326,208.	32	530,501.
2	33	Total net assets or fund balances	outor out of fulled	326,208.	33	530,501.
	34	Total liabilities and net assets/fund balances		326,208.	34	530,501.
	, , , ,	Total habilities and het assets/fullu balaffees		320,200.	_ 54	

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

JORDAN THOMAS FOUNDATION INC. 20-3498598 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a L Type I **b** Type II c ____ Type III - Functionally integrated d ____ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (vi) Is the organization in col. (iii) Type of (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 (i) of your support? laovernina document? U.S.? above or IRC section (see instructions))

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 38,043. 91,680. 116,116. 181,096. 315,976. 742,911. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 38,043. 91,680. 116,116. 181,096. 315,976. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 742,911. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007(e) 2009 (f) Total 38,043. 91,680 181,096 7 Amounts from line 4 116,116 315,976. 742,911. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 11,131. 6,441 5,108 22,680. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 765,591. 11 Total support. Add lines 7 through 10 14,024. 12 Gross receipts from related activities, etc. (see instructions) 12 13 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 $\triangleright X$ Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Or Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	(0) 200.	(d) 2000	(e) 2003	LIJ TOTAL
membership fees received (Do not						
include any "unusual grants ")						
		 - -	 	<u></u>		·
2 Gross receipts from admissions, merchandise sold or services per-		1				
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						·-
3 Gross receipts from activities that						
are not an unrelated trade or bus-			j			
iness under section 513		1				
4 Tax revenues levied for the organ-						-
ization's benefit and either paid to						
or expended on its behalf						
·			-	 		
5 The value of services or facilities						
furnished by a governmental unit to			1			
the organization without charge		ļ	1	<u> </u>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		İ				
3 received from disqualified persons		<u> </u>	_			
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			<u> </u>			
			·	+		
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>	<u> </u>	<u> </u>		
		T	_	- 		
alendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
Oa 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		ĺ				
` <u></u>						
c Add lines 10a and 10b						
1 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)			1			
13 Total support (Add tines 9, 10c, 11, and 12)						
4 First five years. If the Form 990 is for the	e organization's	s first second the	rd fourth or fifth t	ay year as a secti	on 501(c)(3) organiz	ation
check this box and stop here		oo., 000011 u ,	a, roaran, or mar a	ax your as a soon	on our (o)(o) organiz	ation,
ection C. Computation of Public	Support Pa	rcentage				
	· · · · · · · · · · · · · · · · · · ·					
5 Public support percentage for 2009 (line		•	column (f))		15	
6 Public support percentage from 2008 S					16	
ection D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 2009	(line 10c, colur	nn (f) divided by lii	ne 13, column (f))		17	
8 Investment income percentage from 20	08 Schedule A.	Part III, line 17	. "	•	18	
9a 33 1/3% support tests - 2009. If the or	-		on line 14, and line	e 15 is more than	Li-	
	-				•	51.60
more than 33 1/3% check this boy and		viuanizativii uudli	nos as a publicity s	supported diganiz	audii	▶∟
more than 33 1/3%, check this box and	•	•	lino 14 ! 40	and has 40	are the - 00 4 /00/	al
b 33 1/3% support tests - 2008. If the or	ganization did r	not check a box or				and
	ganization did r this box and st	not check a box or op here. The orga	nızatıon qualifies a	as a publicly supp	orted organization	and .

Schedule D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	JORDAN THOMAS FOUN	20-3498598	
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or denot advisor, or for any other purpose	Yes No
Pa		nanization answered "Yes" to Form 990. I	
1	Purpose(s) of conservation easements held by the organization		art iv, mic i
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space	- Treservation of a cer	tilled Historic Structure
2	Complete lines 2a through 2d if the organization held a qualit	fied concentation contribution in the form	of a concentration accompant on the last
~	day of the tax year	ned conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Hold at the Fad of the Tay Year
а	Total number of conservation easements		Held at the End of the Tax Year
h	Total acreage restricted by conservation easements		2a
C	Number of conservation easements on a certified historic str	ructure included in (a)	2b
d	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired	, ,	2c
3	Number of conservation easements modified, transferred, re		2d
	year >	reased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
·	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	_	
_	and section 170(h)(4)(B)(ii)?	re samely and requirements of coolien in a	Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organization		
	conservation easements		and organization of accounting to:
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these i	rtems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items		
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
		-	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		THOMAS FOU			20-	3498598 Page 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, accession	on, and other record	ds, check any of the	following that are	a significant use o	f its collection items
	(check all that apply)					
а	Public exhibition	C	i 🔲 Loan or ex	change programs		
b	Scholarly research	6				
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and expla	in how they further	the organization's e	exempt purpose in	Part XIV
5	During the year, did the organization solicit or					
	to be sold to raise funds rather than to be ma					Yes No
Pai	rt IV Escrow and Custodial Arrang	gements. Compi	ete if organization a	inswered "Yes" to I	Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contributio	ns or other assets	not included	
	on Form 990, Part X?		•			Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table			
	·	·	· ·			Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?		<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV	,,				
	rt V Endowment Funds. Complete if	the organization ar	nswered "Yes" to Fo	orm 990, Part IV, lin	e 10	
		(a) Current year	(b) Prior year	7'		pack (e) Four years back
1a	Beginning of year balance	<u></u>	10,	107	(4)	(b) Four yours bush
ь	Contributions					
c	Net investment earnings, gains, and losses	-				
d	Grants or scholarships		-			
	Other expenditures for facilities					
_	and programs					
f	Administrative expenses			-		
g	End of year balance					
2	Provide the estimated percentage of the year	end halance held a	I			
a	Board designated or quasi-endowment		%			
b	Permanent endowment	%				
	Are there endowment funds not in the posses	-	ation that are held:	and administered fo	or the organization	
	by	and organiz			organization	Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R2			3b
4	Describe in Part XIV the intended uses of the					SU
	t VI Investments - Land, Building). Part X. line 10		
	Description of investment	(a) Cost or o) Accumulated	(d) Book value
	2 complian of invocation	basis (investi	. ` '		depreciation	(u) Dook value
12	Land	(,	<u></u>		
	Buildings					
	Leasehold improvements	-				
	Equipment					
	Other					
	Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part	Y column (R) line	10(a))		

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009	JORDAN THOM	AS FOUNDATION	N INC.	20-349859	8 Page 3
Part VII Investments - Of		e Form 990, Part X, line 1	2		
(a) Description of securit (including name of s		(b) Book value		(c) Method of valuation Cost or end-of-year market value	
Financial derivatives					
Closely-held equity interests					
Other					
RAYMOND JAMES - PO	<u>ORTFOLIO</u>	259,470	. COST		
			<u> </u>		_
· · · · · · · · · · · · · · · · · · ·			 	_ _	_
					_
					
		-	+		
	-		- 	 .	
			-		
Total. (Col (b) must equal Form 990, Pa	art X. col (B) line 12.) ▶	259,470			
Part VIII Investments - Pr	ogram Related. s				-
(a) Description of inves		(b) Book value		(c) Method of valuation	
(a) Description of lines		(b) Book value		Cost or end-of-year market value	
					-
		ļ			
			-		
		 -	-		
		 			
			 		
Total (Col (b) must equal Form 990, P	art X. col (B) line 13.)				
Part IX Other Assets. Se		15.			_
	(a)	Description		(b) Book	k value
			,		
			·		
					
Total. (Column (b) must equal Form	n 990 Part X col (R) lin	e 15)			
Part X Other Liabilities.	See Form 990, Part X,	line 25			
	cription of liability		(b) Amount		
Federal income taxes					
			·		
				 	
T + 1 (Only 1)	- 000 0 14 14 14 14 15 1	. 051			
Total. (Column (b) must equal Form			la financial state	monto that rangets the arrangets of the	huldu for
uncertain tax positions under FIN 4		nnote to the organization	s illiancial state	ements that reports the organization's lia	lollity for
932053	<u> </u>			Schedule D (Forr	m 990) 2000
02-01-10				Goriedale D (FOr	2201 2009

	dule D (Form 990) 2009 JORDAN THOMAS FOUNDATION I		-:-101.4		3498598	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	icial State	ment	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	•	1			_
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4	-		
5	Donated services and use of facilities		5			
6	Investment expenses .		6			
7	Prior period adjustments		7		_	
8	Other (Describe in Part XIV.)		8		_	
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10			
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per R	eturn	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains on investments	2a				
Ь	Donated services and use of facilities	2b				
С	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			_3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		i I		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		l i		
а	Donated services and use of facilities	2a				
Ь	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b			4c	-	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u>.</u>	5		
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II					4, Part
X, line	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	lete this part to pro	vide any add	ditional	information	
				-		
					-	
				Sched	ule D (Form 9	90) 2009
932054 02-01-	0				,	,

• 11 •

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► 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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

Employer identification number JORDAN THOMAS FOUNDATION INC. 20-3498598 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a 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? X 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

932081 02-03-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

20-3498598 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (c) Other events (b) Event #2 (d) Total events GOLFLOW COUNTRY NONE (add col (a) through TOURNAMENT BOIL col (c)) (event type) (event type) (total number) 1 Gross receipts 55,235 79,733 134,968. 38,903 68,154 Less Chantable contributions 107,057. Gross income (line 1 minus line 2) 16,332 11,579 27,911. Cash prizes 1,400 Noncash prizes 1,400. Expenses 6,915. 6 Rent/facility costs 6,915 5,682 15,659. 7 Food and beverages 9,977 2,000 2,000. 8 Entertainment 16,013. 20,651 Other direct expenses 36,664. 10 Direct expense summary Add lines 4 through 9 in column (d) 62,638; 11 Net income summary Combine line 3, column (d), and line 10 <34.727. 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 (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes % Volunteer labor ĥ Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Combine line 1, column (d), and line 7 Yes No 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? 9a b if "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? 11 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?

932082 02-03-10

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2009 JORDAN THOMAS FOUNDATION INC.	<u>20-3498</u>	859	8 Pa	age 3
	•			Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	%			
b	An outside facility	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > 4 and the amount of gaming revenue retained by the third party > 5	unt			
c	If "Yes," enter name and address of the third party	İ			
	Name				
	Address >				
16	Gaming manager information				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	[17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the			
	organization's own exempt activities during the tax year > \$				

932083 02-03-10

(14 %

Schedule G (Form 990 or 990-EZ) 2009

Employer identification number 2 | 20-3498598 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of (g) Description of (h) Purpose or government (a) Amount of assistance (a) Amount of assistance (book, other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. JORDAN THOMAS FOUNDATION INC General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part I

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

28

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance PROSTHETIC LEG (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 5,650 ACTUAL COST (d) Amount of non-cash assistance 29 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PROSTHETIC LEG 932102 02-02-10 Part IV

Page 2

20-3498598

JORDAN THOMAS FOUNDATION INC.

Schedule I (Form 990) 2009

Part III

SCHEDULE M (Form 990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Attach to Form 990.

Employer identification number 20-3498598

	JORDAN THOMA	S FOUN	DATION IN	C.	20-34	98598	}
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of dete revenues	_	
1	Art · Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes					-	
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests					•	
12	Securities - Miscellaneous	X	2	47,306.			
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial				· · · · · · · · · · · · · · · · · · ·		
17	Real estate - Other		-1				
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts		-				
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>JEWELRY</u>)	X	1	5,000.			
26	Other ()						
27	Other ()						· .
28	Other (
29	Number of Forms 8283 received by the organ		-				
	for which the organization completed Form 82	283, Part IV, [Donee Acknowledg	gment 29			,
					_	Yes	No
30a	During the year, did the organization receive b				[
	at least three years from the date of the initial	contribution,	and which is not	required to be used for exempt i	ourposes for	İ	
	the entire holding period?				. 3	0a	X
	If "Yes," describe the arrangement in Part II						
31						X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash		1	
	contributions?				. 3	2a	X
	If "Yes," describe in Part II						
33	If the organization did not report revenues in o	oiumn (c) for	a type of property	y for which column (a) is checke	ı,		
114	describe in Part II						<u> </u>
.na	For Privacy Act and Paperwork Reduction	i act Notice.	. see the instructi	ons for Form 990	Schedule M (-orm 990	ก วกกจ

932141 03-12-10

SCHEDULE O

(Form.990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service	Attach to Form 990.	Open to Public Inspection
Name of the organization	JORDAN THOMAS FOUNDATION INC.	Employer identification number 20-3498598
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
A TRAUMATIC	INJURY.	
FORM 990, PA	RT VI, SECTION A, LINE 2: VICTOR AND LIZ THOM	AS ARE THE
PARENTS OF J	ORDAN THOMAS (FOUNDER).	
SUSAN E. RIC	H IS AN ATTORNEY WHO REPRESENTS VICTOR THOMAS	PERSONALLY.
FORM 990, PA	RT VI, SECTION B, LINE 11: EACH MEMBER OF THE	GOVERNING BODY
IS PROVIDED	A COPY OF THE 990 TO REVIEW BEFORE THE RETURN	IS FILED.
FORM 990, PA	RT VI, SECTION C, LINE 19: DOCUMENTS ARE AVAI	LABLE UPON
REQUEST TO T	HE ORGANIZATION.	
7.2		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009