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Department of the Treasury

### **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

Open to Public

Internal	Revenue	Service Fine or	ganization may have to use	a copy of this return to satisfy	y state reporting	g requirements	Inspection
A Fo	rthe 2	2009 calendar yea	r, or tax year beginning 07-	01-2009 and ending 06-30-2	010	D Employer ide	ntification number
_		pplicable Please	C Name of organization JORDAN EDUCATION FOUNDAT	TION		, ,	
Add	tress cha	ange use IRS label or	Doing Business As			74-6356280 E Telephone nu	
Nar	me chan	nge print or type. See	Doing Buomese No			•	
Init	ial retur			x if mail is not delivered to street ad-	dress) Room/suite	(801) 567-8	
Ter	mınated	tions.	7387 SOUTH CAMPUS VIEW DE	RIVE		<b>G</b> Gross receipts \$	. 485,859
☐ Am	ended r	eturn	City or town, state or country,	and ZIP + 4	I	1	
┌ App	olication	pending	WEST JORDAN, UT 84084				
		<b>F</b> Nan	ne and address of principal	officer	H(a) is th	<b>■</b> us a group return	for
			N HALL			ates?	⊤Yes ▼ No
			SOUTH CAMPUS VIEW DRI JORDAN, UT 84084	VE	H/h) A	II =##Ii=#== i==ld	
			,		1 ' '	ll affiliates include	ed? Yes No (see instructions)
I Ta	x-exem <sub>l</sub>	pt status 🔽 501(c)	) ( 3 ) ◀ (insert no )	)(1) or		up exemption nur	
J W	ebsit e	:► WWW JORDAN	NEDUCATIONFO UNDATIO	N ORG	<b>—</b> (3)		
<u></u>				<b>b.</b>	1		Chata a Chanal dans sala LIT
	n or org rt I	Summary	tion Trust Association Ot	ner 🖛	L Year of fo	ormation 1986 M	State of legal domicile UT
Fel			e organization's mission or	most significant activities			
	1	•	<del>-</del>	ORDAN SCHOOL DISTRICT			
Governance	,						
<u> </u>							
臺	2	—————————————————————————————————————	if the organization discont	inued its operations or dispos	ed of more than	25% of its net a	ssets
ŝ		•		ody (Part VI, line 1a)			17
		-		governing body (Part VI, line			1:
ĕ			nployees (Part V , line 2a)		10,		
Activities &			olunteers (estimate if neces			6	7:
ଧ୍ୟ			ted business revenue from I				
		<u>-</u>	iness taxable income from F	, , , , , , , , , , , , , , , , , , , ,		7a 7b	
	-	Tect amerated busi	mess taxable meeme nomi		Drie	or Year	Current Year
	8	Contributions and	d grants (Part VIII, line 1h)		FIR	338,013	418,344
ā	9		revenue (Part VIII, line 2g)	•	330,013	0	
Rayenue	10	_		nes 3, 4, and 7d)		7,751	1,646
Æ	11		, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)	•	60,445	53,688
	12			equal Part VIII, column (A),	line	00,443	33,000
						406,209	473,678
	13	Grants and simila	ar amounts paid (Part IX, co	lumn (A), lines 1-3)		689,002	328,152
	14	Benefits paid to o	or for members (Part IX, col	ımn (A), line 4)			0
ø	15	•	ompensation, employee ben	efits (Part IX, column (A), line	s 5-		•
Expenses		10)	(	(4)			0
<u>₹</u>	16a			n (A), line 11e)			0
五	b		enses (Part IX, column (D), line 2	•	-		
	17			1a-11d, 11f-24f)			0
	18			al Part IX, column (A), line 25		689,002	328,152
. 00	19	Revenue less exp	penses Subtract line 18 fro	m line 12		-282,793	145,526
Net Assets or Fund Balances					_	g of Current Year	End of Year
50 to 100	20	Total assets (Par	rt X, line 16)			821,361	530,014
A B	21		Part X, line 26)			67,880	19,505
\$ E	22	•	id balances Subtract line 2:			753,481	510,509
Par	t II	Signature Blo				,	
		Under penalties of pe	erjury, I declare that I have exami	ned this return, including accompany			
		and belief, it is true,	correct, and complete Declaration	of preparer (other than officer) is be	ased on all informat	tion of which prepare	r has any knowledge
Sign	,	*****			2011	01 11	
Here		Signature of office	er		Date	-01-11	
		STEVEN HALL DIR	ECTOD				
		Type or print nam					
		Droppersite !		Date	Check If	Preparer's identif	vina number
Paid		Preparer's signature M PAI	UL WINWARD CPA	2011-01-12	self-	(see instructions)	
	arer'o	Firm's name (or you	ro & COLITDE & COMPANY DO		empolyed 🕨		
Use		ıf self-employed),	P			EIN Þ	
000	Unity	address, and ZIP + 4	1329 SOUTH 800 EAST			Dhana h (2)	)1) 33E 6000
		1	OREM, UT 840977737			Phone no 🕨 (80	
May t	he IRS	discuss this retu	rn with the preparer shown a	bove? (see instructions) .			✓ Yes  No

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO RAISE AND ADMINISTER FUNDS FOR JORDAN SCHOOL DISTRICT

2		undertake any significan 1990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	se new services on Sch	edule O			
3	Did the organization of services?	cease conducting, or ma	ke significan	<u> </u>	onducts, any program	┌ Yes ┌ No
	If "Yes," describe the	se changes on Schedule	e O			
4	Section 501(c)(3) an		ns and sectio	on 4947(a)(1) trusts	e largest program services by are required to report the amo service reported	
4a	(Code	) (Expenses \$	275,797	ıncludıng grants of \$	275,797 ) (Revenue \$	)
	EDUCATIONAL PROGRAM	IS AND EXPENSES FOR VARIO	US SCHOOLS IN		ED BREAKDOWN OF EXPENDITURES	IS AVAILABLE UPON REQUEST
4b	(Code	) (Expenses \$	52,355	including grants of \$	52,355 ) (Revenue \$	)
	STUDENT SCHOLARSHIP	S AND TEACHER AWARDS				
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	-					
4d	Other program serv	ices (Describe in Sched	lule O )			
	(Expenses \$	ınclud	ling grants of	<sup>-</sup> \$	) (Revenue \$	)
4e	Total program servi	ce expenses►\$	328,15	2		
						Form <b>990</b> (2009)

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	<b>Julicuules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
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		Νο
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		Νο
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total 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.			
	◆ 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.			
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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

year

orm	990 (2009)			Page
Pai	t 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			
	1a 0			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
<b>-</b>	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		No
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?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,		
е	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		
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	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   120		i	1

7387 SOUTH CAMPUS VIEW DRIVE

WEST JORDAN, UT 84084

(801) 567-8125

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

Se	ection A. Governing Body and Management						
			Yes	No			
				_			
		1					
1a	Enter the number of voting members of the governing body 1a 17	!					
b	Enter the number of voting members that are independent 15						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο			
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		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6		Νο			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		Νο			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
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		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
ке	venue Code.)		Yes	No			
100	Does the organization have local chapters, branches, or affiliates?	10a	162	No			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110			
	affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11Δ	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes				
	bescribe in Schedule of the process, if any, asea by the organization to review the Form 550						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b		No			
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		Νο			
13	Does the organization have a written whistleblower policy?	13		Νο			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
ь	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 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						
19	Own website Another's website Vpon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of						
	interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the JORDAN SCHOOL DISTRICT	e orga	nızatıor	1 🟲			

## Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- 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, or 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

Check this box if the organization did i		sate any	/ curi	rent	or fo	rmer o	ffice	r, director, trustee	or key employee	
(A) Name and Title	(A) (B) (C) Name and Title Average Position (c) hours that ap			(C) on (check all at apply)				<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page <b>8</b>
<b>1</b> b	Total	38		16,132
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization			
_			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		( <b>C</b> Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm <b>99</b> 0	(2009)

Form 9								Page <b>9</b>
Part	VIIII	Statement of	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
詩	1a	Federated cam	paigns 1a					
हुं हुं	Ь	Membership du	ıes <b>1b</b>					
કે.ઉ	c	Fundraising ev	ents 1c					
# <u>a</u> te	d	Related organiz	zations 1d					
E,S	e	Government grant	s (contributions) <b>1e</b>					
er S	f	All other contribute	ons, gifts, grants, and <b>1f</b> ot included above	418,344				
들	g	Noncash contr	ibutions included in					
Contributions, gifts, grants and other similar amounts	_	IIIIes Ia-II \$ _	33,059 s la-1f	▶	418,344			
ပ္က	h	lotal. Add lines	S 1a-17		+10,5++			
ΞE	2a			Business Code				
Program Serwce Revenue	b							
	"							
Z M.	ď							
Ser	e							
ra E	f	All other progra	am service revenue					
ွို့	-							
	g		s 2a-2f					
	3		ome (including dividendar ar amounts)	<del> </del>	1,646			1,646
	4		stment of tax-exempt bond		_,			-,
	5			` ▶				
		,	(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	Ь	Less cost or other basis and sales expenses						
	c	Gain or (loss)	<u></u>					
	d 8a		from fundraising					
Other Revenue		events (not inc \$ of contributions						
<u>π</u>		· - <b>, ···</b>	a	65,869				
the	Ь	Less direct ex	penses <b>b</b>	12,181				
Ò	С		(loss) from fundraising	events 🗠	53,688			53,688
	9a		from gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b c	=	oods sold <b>b</b> (loss) from sales of inve	entory				
		Mıscellaneou		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add line	s 11a-11d					
	12	Total revenue.	See Instructions .	· .				
					473,678		I	55,334

## Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations			ganerar expenses	
	in the U.S. See Part IV, line 21	275,797	275,797		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	52,355	52,355		
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				
.0	Payroll taxes				
.1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	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					
b					
c					
d					
e					
f	All other expenses				
:5	Total functional expenses. Add lines 1 through 24f	328,152	328,152	0	
26	<b>Joint costs.</b> Check here ▶ ┌ if following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Part X Balance Sheet (A) (B) End of year Beginning of year 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 467.722 2 325,153 2 3 3 4 1.544 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 8 Inventories for sale or use . . . . . . Prepaid expenses and deferred charges . . . . . 9 9 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D b Less accumulated depreciation . . . . 10b 10c 352.095 11 204.861 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 821,361 16 530,014 Total assets. Add lines 1 through 15 (must equal line 34) . . . 67.880 19.505 17 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 Total liabilities. Add lines 17 through 25 . . . . . 67,880 26 19,505 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets . . . . 62.136 151,425 27 27 28 691.345 28 359.084 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 753,481 33 Total net assets or fund balances . . . . 33 510,509 34 Total liabilities and net assets/fund balances . . . . . 821.361 530.014 34

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

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DLN: 93493012010221

## OMB No 1545-0047

**Employer identification number** 

OMB No 1545-004

2009

Open to Public Inspection

#### **SCHEDULE A**

(Form 990 or 990EZ)

h

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Name of the organization JORDAN EDUCATION FOUNDATION

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W LDO	· · · · · · · · · · · · · · · · · · ·	74-6356280			
Pai	rt I	Reason for Public Charity Status (All organizations must complete this par	t.) See instruct	ions		
he c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box	)			
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).				
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )				
3	$\Gamma$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section</b> hospital's name, city, and state	n 170(b)(1)(A)(	iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gasection 170(b)(1)(A)(iv). (Complete Part II)	overnmental unit	describe	- d ın	
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(1)	A)(v).			
7	<u> </u>	An organization that normally receives a substantial part of its support from a governmenta described in		general	public	
_	_	section 170(b)(1)(A)(vi) (Complete Part II)				
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9	1	An organization that normally receives (1) more than 331/3% of its support from contribut			_	; S
		receipts from activities related to its exempt functions—subject to certain exceptions, and	•			
		its support from gross investment income and unrelated business taxable income (less sec	•	om busine	sses	
_	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	•			
.0	<u> </u>	An organization organized and operated exclusively to test for public safety. See <b>section 50</b>				
.1	ı	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	9(a)(2) See <b>sect</b> 11h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly be other than foundation managers and other than one or more publicly supported organization section 509(a)(2)				
f		If the organization received a written determination from the IRS that it is a Type I, Type I: check this box	or Type III sup	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?			_	
		(i) a person who directly or indirectly controls, either alone or together with persons descri	bed in (ii)		Yes	No
		and (III) below, the governing body of the 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	organızatı col (ı) orga	Is the organization in ol (i) organized in the US?	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

# Support Schedule for Organizations Described in IRC 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 I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support			<del> </del>	T.		-	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	663,61	5 889,77	9 483,279	445,345		291,516	2,773,534
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	663,61	5 889,77	9 483,279	445,345		291,516	2,773,534
J	each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column							138,190
6	(f) <b>Public Support.</b> Subtract line 5 from	1						2,635,344
	line 4							
	ection B. Total Support endar year (or fiscal year beginning	T	T					
Care	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	009	( <b>f)</b> Total
7	A mounts from line 4	663,615	20,437	483,279	445,345		291,516	2,773,534
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	12,231	20,437	16,720	7,751		1,646	58,785
9	Net income from unrelated business activities, whether or not the business is regularly carried on							_
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							2,832,319
12	Gross receipts from related activiti	es, etc (See inst	ructions )		·	12	•	121,392
13	First Five Years If the Form 990 is check this box and stop here		· 	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶
	ection C. Computation of Pub			11 lum /5\		1		
14	Public Support Percentage for 2009			II column (f))		14		93 050 %
L5 	Public Support Percentage for 2008	•	•			15		90 720 %
	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization qua	alifies as a public	y supported orga	inization			•	<b>▶</b>  ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization	n qualifies as a pu — <b>2009.</b> If the orga tion meets the "fa	iblicly supported anization did not acts and circums	organization check a box on lind tances" test, chec	e 13, 16a, or 16b k this box and <b>st</b>	and line	14 Explain	▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nization meets the	facts and circu	ımstances" test, c	heck this box and	stop he	ere.	
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat							<b>▶</b> □
	instructions			. ,	•			<b>▶</b> ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493012010221

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

	me of the organization DAN EDUCATION FOUNDATION		Employer identification number
JUR	DAN EDUCATION FOUNDATION		74-6356280
Pa	rt I Organizations Maintaining Donor A		<u> </u>
	organization answered "Yes" to Form 99		(b) Funds and other accounts
	Total number of ord of uses	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
i	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<del>-</del>	or advised Yes V No
•	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		•
22	rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of a c	certified historic structure
	easement on the last day of the tax year		
	Total number of conservation easements		Held at the End of the Year
a			2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a	· · · · · · · · · · · · · · · · · · ·	2d
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🗠		
	Number of states where property subject to conserva	ation easement is located ►	_
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes V No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🛌
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion Yes V No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	he footnote to the organization's financial	·
ar	Complete if the organization answered '		or Other Similar Assets.
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>-</b> \$
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$

Assets included in Form 990, Part X

Par 🏻	3 1111	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	<u> the</u>	<u>r Similar A</u>	ssets (	continued)
3		g the organization's accession and others (check all that apply)	r records, check any	ofth	ie foll	owing t	hat are	a signific	ant us	se of its colle	ction	
а	$\Gamma$	Public exhibition		d	Γ	Loan	orexcha	ange prog	rams			
b	$\Gamma$	Scholarly research		e	Γ	Other	-					
c	$\Gamma$	Preservation for future generations										
4	Prov Part	ide a description of the organization's co XIV	ollections and explai	ın hov	v they	/ furthe	r the or	ganızatıor	n's ex	empt purpose	ın	
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	┌ Yes	✓ No
Pai	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,	
1a		ne organization an agent, trustee, custod ided on Form 990, Part X?						otherass	ets r	not	☐ Yes	√ No
b	If"Y	es," explain the arrangement in Part XI\	/ and complete the f	follow	ıng ta	able		г				
								-		Α	mount	
С	Begi	inning balance						-	1c			
d		itions during the year							1d			
е	Dıst	ributions during the year							1e			
f	Endi	ing balance							<b>1</b> f			
2a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line	21?							☐ Yes	✓ No
		es," explain the arrangement in Part XIV										
Pa	rt V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990 Years Back		t IV, line 10 Three Years Back		Years Back
1a	Beau	inning of year balance	(a)Curient real	(0)	PHOL	real	(C)IWO	Tears back	(4)	illee feats back	(e)roui	Teals back
ь		tributions										
c		estment earnings or losses							1			
d		nts or scholarships										
e		er expenditures for facilities programs										
f	Adm	ninistrative expenses										
g	End	of year balance										
2	Prov	ıde the estımated percentage of the yea	r end balance held a	ıs								
а	Boar	d designated or quasi-endowment 🕨	%									
b	Perm	nanent endowment 🕨 %										
c	Term	n endowment 🕨 %										
3a		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for	the		<del></del>
	_	nization by nrelated organizations								32	Yes a(i)	No No
		related organizations		• •	•						i(ii)	No
ь		es" to 3a(II), are the related organization			ched	ule R?	· . · . ·		٠. ٠	· · · -	3b	No
4	Desc	cribe in Part XIV the intended uses of th	e organization's end	lowme	ent fu	nds						
Paı	t VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.			
		Description of investment				a) Cost o sis (inve	or other estment)	( <b>b)</b> Cost or basis (ot		(c) Accumula depreciatio		Book value
1a	Land											
b	Buıldı	ngs										
c	Lease	hold improvements										
d	Equip	ment										
e	Other		<u></u>	•								
_		Lines 1 = 1 = (Column (d) should squal Fo	uma 000 Baut V!	an (B)	1	10/-> >		·		<u> </u>	<del></del>	

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

LC III	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	473,678
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	328,152
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	145,526
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	145,526
Part			
1	Total revenue, gains, and other support per audited financial statements	1	352,800
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	12,181
3	Subtract line <b>2e</b> from line <b>1</b>	3	340,619
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		•
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 133,059		
c	Add lines <b>4a</b> and <b>4b</b>	4c	133,059
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	473,678
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	rn
1	Total expenses and losses per audited financial		207,274
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
b c	, , ,	-	
d	Other losses         2c           Other (Describe in Part XIV)		
e e	Add lines 2a through 2d	2e	12,181
3	Subtract line <b>2e</b> from line <b>1</b>	3	195,093
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		193,092
	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
a b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	133,059
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	328,152
	t XIV Supplemental Information		320,132

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	LINE 8	FUNDRAISING EXPENSES 12,181 IN-KIND DONATIONS - 133,059 FUNDRAISING EXPENSES -12,181 IN-KIND DONATIONS 133,059
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSES 12,181
	SCHEDULE D, PAGE 4, PART XII, LINE 4B	IN-KIND DONATIONS 133,059
	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	FUNDRAISING EXPENSES 12,181
	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	IN-KIND DONATIONS 133,059

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OMB No. 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Name of the organization

JORDAN EDUCATION FOUNDATION

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

				74-6356280	)
	ctivities. Comple ers are not require		zatıon answered "Yes" thıs part.	to Form 990, Part IV	/, line 17.
. Indicate whether the orga	inization raised fund	s through any of	the following activities Ch	eck all that apply	
a Mail solicitations			e   Solicitation of no		
<b>b</b> Internet and e-mail so	olicitations		f ☐ Solicitation of go		
c  Phone solicitations			g   Special fundraisi	ng events	
<b>d</b> $\Gamma$ In-person solicitation	ıs				
a Did the organization have or key employees listed in					Г <sub>Yes</sub> Г
<b>b</b> If "Yes," list the ten highe to be compensated at least					
	T	(iii) Dıd	1		
		fundraiser hav		(v) A mount paid to	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
		contributions	,	col (i)	organization
		Yes No			
ntal.					
otal					

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					eport	ed
			(a) Event #1  GOLF TOURNAMENT	(b) Event #2  BREAKFAST FUNDR (event type)	(c) O ther Events	(d) Tot (Add col col		
<u>Φ</u>			(event type)		(total number)			
Revenue	1 2	Gross receipts Less Charitable	50,659	15,210			65	5,869
æ	3	contributions Gross income (line 1						
		minus line 2)	50,659	15,210			65 	5,869
	4	Cash prizes						
မှ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
	7	Food and beverages						
Direct	8	Entertainment						
	9	Other direct expenses .	10,153	2,028			12	2,181
	10	Direct expense summary Add lin					12	2,181
	11	Net income summary Combine III			<b>.</b>			3,688
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	( <b>d)</b> Tota (Add col col		
	1	Gross revenue						
မှ မ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes%_ Г No		Yes			
	7	Direct expense summary Add line:	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7				
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain				· 9a	Yes	No
10a b		e any of the organization's gaming l (es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11	Doe	s the organization operate gaming a	activities with nonmembe	ers?		11		
12		he organization a grantor, beneficia ned to administer charitable gaming						
	.01111	to damminoter enamedble gamming				12	Ш	

		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 records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Department of the Treasury

Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Inspection

Internal Revenue Service

Name of the organization						Employer Identifi	cation number
JORDAN EDUCATION FOUND	ATION					74-6356280	
Part I General Inform	nation on Grants	and Assistance					
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 criteria used to award the grants or assistance?							
Form 990, Part I	V, line 21 for any re	ecipient that received	d more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
organization	(b) EIN	1, ,	` '	cash	valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance
JORDAN SCHOOL DISTRICT7387 SOUTH CAMPUS VIEW DRIVE WEST JORDAN UT 84084	876000497	GOV	142,738	133,059	EST VALUE	SUPPLIES	EDUCATION

Enter total number of section 501(c)(3) and govern	ment organizations
--	--------------------

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	19	19,355			
OUTSTANDING EDUCATOR AWAR	6	6,000			
SPECIAL EDUCATOR AWARD	7	7,000			
OUTSTANDING STUDENT AWARD	8	15,000			
OUTSTANDING CLASSIFIED EM	5	5,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							

DLN: 93493012010221

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization JORDAN EDUCATION FOUNDATION

**Employer identification number** 

Pa	rt I Types of Property				74-0350280			
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de reven	termı	nıng	
1	Art—Works of art	аррпсавіс						
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications	X		6.377	EST FAIR VALUE			
	Clothing and household			- 7				
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
	Drugs and medical supplies .	Х	3	8,500	EST FAIR VALUE			
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	OTHER Other ► (GOODS)	x	43	118 182	EST FAIR VALUE			
	Other ► ( <u>GOODS</u> )		+3	110,102	LST TAIR VALUE			
	Other ►()							
	Other ► ( )							
29	Number of Forms 8283 received	bv the ora	anızatıon durıng the tax ve	ar for contributions				
	for which the organization compl		=		29			
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	tacceptand	e policy that requires the i	review of any non-standard	contributions?	31		N o
32a	Does the organization hire or us contributions?	e thırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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2009

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## **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Name of the organization JORDAN EDUCATION FOUNDATION Employer identification number

74-6356280

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FOUNDATION'S MANAGEMENT AND THE BOARD WILL REVIEW THE 990
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF EDUCATION FOR THE JORDAN SCHOOL DISTRICT REVIEWS AND APPROVES PAY RATES ANNUALLY
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD OF EDUCATION FOR THE JORDAN SCHOOL DISTRICT REVIEWS AND APPROVES PAY RATES ANNUALLY
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST JUST AS FORMS 990

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

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OMB No 1545-0047

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## **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Internal Revenue Service

Part I

► Attach to Form 990. See separate instructions. Department of the Treasury

Name of the organization **Employer identification number** JORDAN EDUCATION FOUNDATION 74-6356280

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f) Direct controlling entity

JORDAN SCHOOL DISTRICT

WEST JORDAN, UT 84084

87-6000497

7387 SOUTH CAMPUS VIEW DRIVE

**EDUCATION** 

UT

N/A

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

**(f)** Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(2)

(3)

(4)

(5)

(6)

cneuu	le K (1 01111 9 9 0 ) 2 0 0 9			Page .
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	, line 34, 35, or 36.)		
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Ye	es No
<b>1</b> Duri	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-1	IV?		
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1:	3	N
<b>b</b> G	ift, grant, or capital contribution to other organization(s)	11	Υe	es
<b>c</b> G	ıft, grant, or capıtal contribution from other organization(s)	10	=	N
d L	oans or loan guarantees to or for other organization(s)	10	3	N
e L	oans or loan guarantees by other organization(s)	10	•	N
		L		
f S	ale of assets to other organization(s)	11	f L	N
g P	urchase of assets from other organization(s)	10	9	N
h E	xchange of assets	11	h	N
i Le	ease of facilities, equipment, or other assets to other organization(s)	1	<u> </u>	Ne
j L	ease of facilities, equipment, or other assets from other organization(s)	1	i	N
k P	erformance of services or membership or fundraising solicitations for other organization(s)	11	k	N
I P	erformance of services or membership or fundraising solicitations by other organization(s)	1	1	N
m S	haring of facilities, equipment, mailing lists, or other assets	11	m Ye	es
n S	haring of paid employees	11	n Ye	es
o R	eımbursement paid to other organization for expenses	10	_	N
<b>p</b> R	eimbursement paid by other organization for expenses	1	P	N
<b>q</b> C	ther transfer of cash or property to other organization(s)	10	4	N
r O	ther transfer of cash or property from other organization(s)	1	r	Ne
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh	nips and transaction thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction Amou type(a-r)	(c) nt inv	olved
L) JORE	DAN SCHOOL DISTRICT	В		308,79
I) See .	Additional Data Table			

Schedule R (Form 990) 2009

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

# Software ID: Software Version:

**EIN:** 74-6356280

Name: JORDAN EDUCATION FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours		tion ( that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
CHRISTOPHER LUND PRESIDENT	5 00	Χ						0	0	0
BEN DAVIS VICE PRESIDE	5 00	Х						0	0	0
GREG WILLIAMS TREASURER	5 00	Х						0	0	0
JAMES W MOORE JR MEMBER	1 00	Х						0	0	0
CHARLES L SMITH MEMBER	1 00	X						0	0	0
LOUISE BOTT MEMBER	1 00	X						0	0	0
TERRI CARTER MEMBER	1 00	Χ						0	0	0
SHERI T OLSEN MEMBER	1 00	X						0	0	0
J KIRK WOOLLEY MEMBER	1 00	X						0	0	0
RICHARD OSBORN MEMBER	1 00	X						0	0	0
BEVERLY RUDY MEMBER	1 00	X						0	0	0
DAVID A JENKINS MEMBER	1 00	X						0	0	0
JASON CASTO MEMBER	1 00	X						0	0	0
JAMES HOFELING MEMBER	1 00	Χ						0	0	0
JUSTIN KIRKHAM MEMBER	1 00	X						0	0	0
BARRY NEWBOLD MEMBER	1 00	X						0	0	0
BEVAN WASDEN MEMBER	1 00	Х						0	0	0
STEVEN HALL DIRECTOR	40 00			Х				0	86,638	16,132