

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



## Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

Open to Public Inspection

	A F	or th	ne 2011 d	alendar year, or tax year	beginning		and er	nding						
	BC	heck if	i ole	C Name of organization					D Emplo	yer identi	fication number			
		7	ess change	ROBERT S. JO	RDAN AND B	EATRICE D	ANIELS							
		7	e change	JORDAN MEMOR					54-6357355					
	$\overline{}$	7	l return	Number and street (or P.O. b	ox, if mail is not deliver	ed to street address	5)		<b>E</b> Telep	hone num	ber			
	Ξ	7	inated	P.O. BOX 191							434-792-5111			
	F	٦ .		City or town state or country and 7ID + 4							Group Exemption			
	Amended return  Application pending DANVILLE, VA 24543									Number >				
	G A		nting Meth		Accrual Other (spec	ify)		·-··			f the organization is not			
			te: ►_		Office (oppo	··//					ch Schedule B			
				s (check only one) — X	501(c)(3) 501(c)	( ) <b>◄</b> (insert r	io.) 4947(a)(1)	or 527	•		-EZ, or 990-PF).			
						<del></del>								
		heck In the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than												
		550,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.												
			•	and 7b, to line 9 to determine	acasa rassinta If area	ragginta ara £200 i	000 or more or if tot	al accete (Part						
							Joo of filore, of it to	ai assotis (Fait		· \$	17,773.			
			$\overline{}$	3) below) are \$500,000 or mo	Changes in Ne	t Assets or F	und Balances	Leas the inetri			<u> </u>			
	100	ırt I	J	· •	=			(300 the mant	ictions it	/	X			
				f the organization used Sched		y question in this Pa	<u> </u>			4	يما			
		1		ions, gifts, grants, and similar					-	1				
		2	_	service revenue including gov	vernment tees and cont	racts			⊢	2				
		3		hip dues and assessments					<u>-</u> -	3				
		4		nt income			1 - 1	15 5	~ -	4	<del></del>			
		5a		ount from sale of assets other			5a	<u> 15,5</u>						
	Revenue	b		t or other basis and sales exp				16,5	85.	_	1 0.61			
		C		oss) from sale of assets other	r than inventory (Subtra	ict line 5b from line	5a)		H	5c	-1,061.			
		6	-	nd fundraising events										
		a		ome from gaming (attach Sci	nedule G if greater than		1.1		1					
			\$15,000				6a							
		b		ome from fundraising events	·		of contribution	าร		- 1				
				fraising events reported on li		G if the sum of such	1 1							
			-	ome and contributions excee	•		6b							
		C		ct expenses from gaming an			6c							
		d		ne or (loss) from gaming and		d lines 6a and 6b an	1 1		-	6d	<del></del>			
		7a		es of inventory, less returns a	and allowances		7a							
		b		t of goods sold			7b			_				
		C	Gross pr	ofit or (loss) Ifom sales of Inv	entory (Subtract line 7b	from line 7a)			-	7c	0.040			
		8	Other re	enue (desc <del>ribe in</del> Schedule O	)		SEE SCHEI	OOTE O	. ⊢	8	2,249.			
		9		enue-Add lines 1, 2, 3, 4, 5c			ADD 66	^		9	1,188.			
2012		10	Grants a	d similar amounts paid (list4)	YSchedule 원)		SEE SCHEI	OOTE O	-	10	582.			
7		11		paid to or for members	ا ا ا ا ا ا				-	11	0.605			
~	è	12	Salaries,	, other compensation) and employee benefits					-	12	2,625.			
APR 17	Expenses	13		nal lees and other payments	•	tors			<u> </u>	13	<u>475.</u>			
器	×	14		cy, rent, utilities, and mainten					<u> </u>	15				
A	ш	15								<del></del>				
		16		enses (describe in Schedule	•		SEE SCHEI	OULE Q	_	16	42.			
		17		enses. Add lines 10 through					<b>D</b>	17	3,724.			
Щ	ফ	18		r (deficit) for the year (Subtra						18	-2,536.			
$\leq$	set	19		s or fund balances at beginni										
SCANNED	Net Assets		•	ree with end-of-year figure re						19	120,634.			
Ü	Z e	20		inges in net assets or fund ba					<u> </u>	20	0.			
Ś		21	Net asse	s or fund balances at end of	year. Combine lines 18	through 20				21	<u>118,098.</u>			

Form **990-EZ** (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ROBERT S. JORDAN AND BEATRICE DANIELS JORDAN MEMORIAL FUND FOR AVERETT COLLEGE

54-6357355

Page 2

Form 990-EZ (2011)

Form 990-ÉZ (2011)

132172 02-06-12

Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 120,634. 118,098. 22 Cash, savings, and investments 22 23 23 Land and buildings 24 24 Other assets (describe in Schedule O) 118,098. 120,634 25 Total assets 25 0. 0. 26 26 Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) 120,634. 27 118,098. 27 Part III | Statement of Program Service Accomplishments (see the instructions for Part III.) **Expenses** (Required for section 501(c)(3) and 501(c)(4) Check if the organization used Schedule O to respond to any question in this Part III X What is the organization's primary exempt purpose?SEE SCHEDULE O organizations and section 4947(a)(1) trusts; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title 28 PROVIDE FINANCIAL SUPPORT TO AVERETT UNIVERSITY (Grants \$ ) If this amount includes foreign grants, check here 28: 29 (Grants \$ ) If this amount includes foreign grants, check here 29a 30 ) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (describe in Schedule O) ) If this amount includes foreign grants, check here 0. 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (e) Estimated (b) Title and average hours (d) Health benefits. (C) Reportable contributions to per week devoted to ensation (Forms amount of other (a) Name and address employee benefit plans, and deferred W-2/1099-MISC) (if not paid, enter -0-) compensation position compensation AMERICAN NATIONAL BANK & TRUST CO TRUSTEE 0. PO BOX 191, DANVILLE, VA 24543 2.00 2,625 0

ROBERT S. JORDAN AND BEATRICE DANIELS

JORDAN MEMORIAL FUND FOR AVERETT COLLEGE

So Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a debited description of each activity is October 10 of the Committed of the IRS? If "Yes," the Committed of the IRS? If "Yes," the Committed of the Committed of the IRS? If "Yes," the Committed of	Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X				
33 Dut the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity is Englished to Discovery and the previous and the provided and the previous and the previ									
adverly in Schedule D  Were any significant changes made to the organization of powerining documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization same. Otherwise, explain the change on Schedule D (see instructions)  by Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on times? 2, 63, and 78, among others)?  li If Yes, 10 into 35a, has the organization filed a form 990-T for the year? If Yes, 10 into 35a, has the organization and property the complete special property of the second 903(6) organization and property the complete special during the year? If Yes, 10 into 35a, has the organization filed a form 990-T to the year? If Yes, 10 into 35a, has the organization and property the complete special during the year? If Yes, 10 into 35a, has the organization filed a form 990-T to the year? If Yes, 10 into 35a, has the organization of the second 903(6), no 503(6), or 503(6)	20	Did the argonization appears in any construct natural net provide reported to the IDC2 If "Vee " provide a detailed description of each		162	140				
34 We any significant changes made to the organization frame Otherwise, poster the change on Schedule O (see instructions).  35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 68, and 78, among others?)  35 If If yes, for image association \$10(4), 50 (p(6), or 50 (p(6)) or ganization in Schedule O.  35 If If yes, for image association \$10(4), 50 (p(6), or 50 (p(6)) or ganization is better to section \$0.03(e) notice, reporting, and proxy tax requirements days, as exaction \$10(4), 50 (p(6), or 50 (p(6)) or ganization subject to section \$0.03(e) notice, reporting, and proxy tax requirements during the year (PI *Yes,* complete Seapledule, P, Part III and the organization in the organization and the organization of the organizations of the organization of	33		22		v				
documents if they reflect a change to the organization same. Otherwise, explain the change on Schedule O (see instructions)  5	34								
35.6 D. M. the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others)?  b. If Yes, 1 to line 35a, has the organization fled a form 900-1 for the year? If Yio,1 provide an explanation is obstedute 0.  Was the organization activened of \$1,000 or more during the year? If Yes,2 to line 35a, has the organization fled form \$1,000 or provided to section 6033(e) notice, reporting, and priory tax requirements for complete application gross of the organization and of political expenditures, direct or indirect, as described in the instructions.  D. If the organization the form \$1,000 or make any toans to, any officer, director, fusition, or synthesis and the organization of the properties Schedute, Part II and enter the total amount involved  38b	UT								
on lines 2, 6a, and 7a, among others)?  b 11111456  b 1111456  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax are granization undergo a laudurban, dissolution, termination, or significant disposition of net assets during the year? If 1111456  b the organization undergo a laudurban, dissolution, termination, or significant disposition of net assets during the year? If 111145  72 Enter amount of political expenditures, direct or indirect, as described in the instructions.  ▶ 37a	35 a								
b If Vest, to line 35a, has the organization if led a Form 990-T for the year? If Yeo, "provide an explanation in Schedule 0 (Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 8033(e) notice, reporting, and proxy tax requirements during the year? If Yes," complete specification (Association, termination, or significant disposition of net assets during the year? If Yes, "somplete Schedule N Did the organization in General 124-PNE, for this year? If Yes," somplete specification, or with the variety of the organization for form 124-PNE, for this year? If Yes, "somplete Schedule N, Part I and enter the total amount involved an a prior year and still outstanding at the end of the tax year overed by this return?  If Yes, Complete Schedule I, Part I and enter the total amount involved  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0,; section 4912 ► 0,; section 4915 ► 0,  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization many of the specific the year of the organization in a prior year that has not been reported on any of its prior Forms 990 of 990-E2? If Yes, "complete Schedule I, Part I and enter the total amount involved section 4915 ► 0,; section 4915 ► 0,  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization of the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organizations of the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization with the year under sections 4912, 4955, and 4958  All test bestates with which a copy of this return is fleet. ► V.A  Let the states with which a copy of this return is fleet. ► V.A  Let the states with which a copy of this return is fleet. ► V.A  Let the states with which a copy of this retu	•••		35a		x				
e Was the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III and their organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N  77 a Enter amount of political expenditures, direct or indirect, as described in the instructions.	b			N/					
requirements during the year? If "Yes," complete Schedule C, Part III  86									
ocomplete applicable parts of Schedule N  3			35c		X				
37 a Enter amount of portional expenditures, direct or midrect, as described in the instructions. ▶ 37 a	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"							
b Did the organization the Form 1120-PDL for this year?  38 a Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If "Yes," complete Schedule I., Part I and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  initiation fees and capital contributions included on line 9  38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0. is section 4912 ▶ 0. is section 4915 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization engage in any section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  11. It the states with which a copy of this return is filed. ► VA  21. It to granization shocks are more of ► Ambra TCAN NATTONAL BANK & TRU Telephone no. ► 434-792-5111.  Located at ► P.O. BOX 191, DANVILLE, VA  21. The organization's blocks are more of ► Ambra TCAN nature of the authority over a financial account in a foreign country. ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 - Check here and enter the name of the foreign country. ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 - Check here and enter the name of the foreign country. ►  14. If "Yes," inter the name of the		complete applicable parts of Schedule N	36		X				
38a	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.							
n a prior year and still outstanding at the end of the tax year covered by this return?  If Yes*, complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9 (for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 501(c)(3) and 501(c)(4) organizations. Dot the organization engage in any section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Dot the organization engage in any section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Dot the organization engage in any section 4955 ▶ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ₱ 0.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ₱ 0.  All organizations and the folial organizations. Enter amount of tax imposed on organization managers or disqualified persons during the text year, was the organization of tax in the 40c reimbursed by the organizations blooks are care of ▶ AMERICAN NATIONAL BANK © TRU  Located at ▶ P.O. BOX 1911, DANYLLLE, VA  27 The organization shocks are care of ▶ AMERICAN NATIONAL BANK © TRU  Located at ▶ P.O. BOX 1911, DANYLLLE, VA  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 foregin country; ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22. 1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If Yes i			37b		X				
b if Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter:  a Intitation less and capital contributions included on line 9  b Gross recepts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 491   ▶ 0.; section 4912 ▶ 0.; section 4915 ▶ 0.  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  If Yes, complete Schedule L, Part II  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualide persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualide persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Play and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. Play and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization? If Yes, complete Form 8886-T  1 List the states with which a copy of this return is filled. ▶ VA  2 Telephone no. ▶ 434-792-5111  Located at ▶ P.O. BOX 1911 DANVILLE, VA  2 IP +4 ▶ 24543-0191  b At any time during the calendar year, diff the organization was an interest in or a signature or other authority over a financial account in a foreign country; located at the financial account in a foreign country; located at the financial financi	38 a								
39 Section 501(c)(?) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 № 5 Section 501(c)(3) organizations. Did the organization engage in any section 4955 № Co. 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year; or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed. ▶ VA  21 The organizations and filed a Fig. D BOX 191. DANVILLE, VA  22 The 4 ≥ 24543-0191 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; local as a bank account, securities account, or other financial account in a foreign country; local as a bank account, securities account, or other financial account in a foreign country; local as a bank account, securities account, or other financial account in a foreign country; local as a bank account, securities account, or other financial account in a foreign country; local as a bank accountry of the firm 1041 - Check her		1 1	38a		X				
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b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911									
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ▶ 0_; section 4915 ▶ 0_  Section 501(c)(4) and 501(c)(4) organizations. Did the organization engage in any section 4958 be excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  O.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e. All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed. ▶ VA  11 East the states with which a copy of this return is filed. ▶ VA  12 The organization's books are in care of ▶ AMERICAN NATIONAL BANK & TRU Telephone no. ▶ 434-792-5111  Located at ▶ P.O. BOX 191, DANVILLE, VA  12 The organization's books are in care of ▶ AMERICAN NATIONAL BANK & TRU Telephone no. ▶ 434-792-5111  Located at ▶ P.O. BOX 191, DANVILLE, VA  21 P+4 ▶ 24543-0191  b. At any time during the calendar year, did the organization was an interest in or a signature or other funancial accounts.  c. At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  c. At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," either the name of the foreign country: ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amoun		· · · · · · · · · · · · · · · · · · ·	-						
section 4911			1						
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2?  If 'Yes,' complete Schedule, Lyart I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the earn amount of tax on line 40c reimbursed by the organization.  a Riorganization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T  List the states with which a copy of this return is filed. ► VA  11 East the states with which a copy of this return is filed. ► VA  12 In He organization's books are in care of ► AMERICAN NATIONAL BANK & TRU Telephone no. ► 434-792-5111  Located at ► P.O. BOX 191, DANVILLE, VA  13 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; ►  See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country: ►  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advi	4V 2								
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54-6357355

Page 3

Form 990-EZ (2011)

Form 990-EZ (2011)

ROBERT S. JORDAN AND BEATRICE DANIELS

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ROBERT S. JORDAN AND BEATRICE DANIELS JORDAN MEMORIAL FUND FOR AVERETT COLLEGE

Employer identification number 54-6357355

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) 1 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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).  $\mathbf{x}$ 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. c X Type III - Functionally integrated Type III - Other Type I b Type II 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 II, Type III, 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? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) X X (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) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col organization in col. (i) listed in your organization in col organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No No No **AVERETT** 54-01298605 582. UNIVERSITY, X X X

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Support Schedule for (Complete only if you checke	ed the box on line t	5, 7, or 8 of Part I	or if the organization			
fails to qualify under the test  Section A. Public Support	s listed below, pies	ase complete Part	··· <i>)</i>			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(8) 2007	(8) 2008	(0) 2009	(4) 2010	(6) 2011	(I) rotal
2 Tax revenues levied for the organ- ization'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						
<ul> <li>4 Total. Add lines 1 through 3</li> <li>5 The portion of total contributions by each person (other than a governmental unit or publicly</li> </ul>					,	
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						
Section B. Total Support						
<ul> <li>Calendar year (or fiscal year beginning in)</li> <li>Amounts from line 4</li> <li>Gross income from interest, dividends, payments received on</li> </ul>	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business						
activities, whether or not the business is regularly carried on Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities					12	<u> </u>
13 First five years. If the Form 990 is for	<del>-</del>	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	. —
organization, check this box and sto Section C. Computation of Pub		ercentage				▶∟
14 Public support percentage for 2011	<del></del>		column (fl)		14	
15 Public support percentage from 201	14   15					
16a 33 1/3% support test - 2011, if the	•		on line 13, and line	14 is 33 1/3% or		ox and
stop here. The organization qualifies b 33 1/3% support test - 2010. If the and stop here. The organization qualifies to the stop here.	s as a publicly support organization did no	ported organizatio ot check a box on	n Iine 13 or 16a, and			▶□
17a 10% -facts-and-circumstances tea and if the organization meets the "fa meets the "facts-and-circumstances	st - 2011. If the org	ganization did not nces" test, check t	check a box on linth	<b>here.</b> Explain in P		
h 10% -facts-and-circumstances te	st - 2010 If the or	nanization did not	check a box on lin	ne 13 16a 16h oi	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

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.

# Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support	ow, please com	piete rait ii )	<u> </u>	· <del></del>		
calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and		107=00	10/ = 000	1.57	1.5	
membership fees received. (Do not						
include any "unusual grants ")				1		
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in					ĺ	
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-		•				
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf			i I		ŀ	
` <u></u>						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<del> </del>		
6 Total. Add lines 1 through 5				-		
7a Amounts included on lines 1, 2, and				ł	-	
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·		٠.	1	
alendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		l				
10a Gross income from interest,	,	1				
dividends, payments received on						ł
securities loans, rents, royalties and income from similar sources						
		-				-
b Unrelated business taxable income						
(less section 511 taxes) from businesses						1
acquired after June 30, 1975						
c Add lines 10a and 10b		<u> </u>		<u>.                                    </u>		
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on				İ		
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)  13 Total support (Add lines 9, 10c, 11, and 12)					7	<u> </u>
14 First five years. If the Form 990 is for 1	he errenization	'a first seeped the	d fourth or fifth t		ion 501(a)(3) organi	zation
·	.ne organization	S IIISt, Second, triii	u, louitil, or mart	ax year as a sect	ion son(c)(s) organia	zation,
check this box and stop here Section C. Computation of Public	Support Pe	ercentage			<del></del>	
					45	
15 Public support percentage for 2011 (lir			Column (1))		15	
16 Public support percentage from 2010 Section D. Computation of Inves			···		16	
17 Investment income percentage for 201					17	· · · · · · · · · · · · · · · · · · ·
18 Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	10, 001011111 (1)/		18	
19a 33 1/3% support tests - 2011. If the c			on line 14, and line	e 15 is more than		
• •	_					17 IS 1101.
more than 33 1/3%, check this box an	•	-		· · ·		<b>▶</b>
b 33 1/3% support tests - 2010. If the c						
line 18 is not more than 33 1/3%, chec		•	•		•	·
20 Private foundation If the organization	and not chack a	2 hay an line 14 10	ia or 10h chack t	nie hav and caa i	netrictione	

#### SCHEDULE 'O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROBERT S. JORDAN AND BEATRICE DANIELS
JORDAN MEMORIAL FUND FOR AVERETT COLLEGE

Employer identification number 54-6357355

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
DIVIDENDS	2,245.
INTEREST	4.
TOTAL TO FORM 990-EZ, LINE 8	2,249.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: UNRESTRICTED	
GRANTEE NAME: AVERETT UNIVERSITY	
GRANTEE ADDRESS: 405 WEST MAIN ST DANVILLE, VA 24541	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
AMOUNT GIVEN:	582.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FOREIGN TAX WITHHOLDING	42.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDE FINANC	CIAL SUPPORT
TO AVERETT UNIVERSITY	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CO	ONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS,	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	•
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS,  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 1921) 132211	DIRECTLY , orm 990 or 990-EZ) (2011)

### SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Departm of the Treasury Internal Revenue Service

Name of the organization

Porm 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.

ROBERT S. JORDAN AND BEATRICE DANIELS

Employer identification number 54 – 6357355

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OR	INDIRECTLY,	ON A	PERSONAL	BENEFIT	CON	TRACT.		
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