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Department of the Treasury Internal Revenue Service

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

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No 1545-0047

	1 01 1116	5 20 10 C	nendar year, or tax year beginning	, and ending				
В	Check if ap	pplicable	C Name of organization				D Employer	Identification number
	Address ch	hange	WASATCH JORD	AN EDUCATION FOUN	DATION		1	
	Name cha	nge	Doing business as					943077
X	Initial return	•	Number and street (or P O box if mail is not delivered to st 595 S RIVERWOODS PKWY STE	-		Room/suite	E Telephone	number 755-2000
_	Final return		City or town, state or province, country, and ZIP or foreign			<del></del>	1 335	733 2000
	terminated		· · · · · · · · · · · · · · · · · · ·	84321				ipts \$ 1,000,061
	Amended i	return	F Name and address of principal officer	04321		1	G Gross rece	ipts \$ 1,000,001
X	Application	n oendina	DELL LOY HANSEN			H(a) Is this a g	roup return for su	bordinates? Yes X No
لــــا		paa	595 S RIVERWOODS PARK	WAY STE 400		H(h) Are all su	bordinates includ	ted? Yes No
				UT 84321		1	o," attach a list (	
			LOGAN		1	{ "```	, attacina not (t	oo iiisaddiona)
<u> </u>	Tax-exem		X 501(c)(3) 501(c) ( ) ◀ (inser	t no ) 4947(a)(1) or	527			_
<u>J</u>	Website.		/A		I. v		emption number	
		rganization		Other	L Ye	ear of formation	2010	M State of legal domicile UT
<u> </u>	art I		mmary					
	1 5	•	scribe the organization's mission or most signification.		T EOINDA	MITON FOR	mur	
Se			IDE FINANCIAL SUPPORT TO THE					
Гап			ENTS AND TEACHERS IN THE JOI	•	ICH IS A	N EXEMPT		
Activities & Governance	١.,		NIZATION UNDER IRC 501(C) (	·			_	
Ô	2 (	Check thi		•	re than 25%	of its net asse	1 1	•
න්	3 1		of voting members of the governing body (Part V	•			3	5
ë	4		f independent voting members of the governing	•			4	5
Ξ	5 7	Total num	iber of individuals employed in calendar year 20	016 (Part V, line 2a)			5	0
Act	6 7	Total num	ber of volunteers (estimate if necessary)				6	0
	7a 1	Total unre	elated business revenue from Part VIII, column	(C), line 12			7a	0
	1 d	Net unrel	ated business taxable income from Form 990-T	, line 34			7b	0
	1		R	ECEIVED	-	Prior Y	ear	Current Year 1,000,000
9	8 (		/		-			
Revenue	9 F		service revenue (Part VIII, line 2g)	_ ့	-			0
Ş	10 1		nt income (Part VIII, column (A), lines 314, and		}-			61
	1		enue (Part VIII, column (A), lines 5, 6d; 8c, 9c,	11210	-	<del></del>		1 000 061
			enue – add lines 8 through 11 (must equal-Part-					1,000,061
			nd similar amounts paid (Part IX, column (Å), lin	··)	-	<del></del>		0
			oaid to or for members (Part IX, column (A), line	•	į.			0
es	15 5		other compensation, employee benefits (Part IX		-			0
Sus	16a F		nal fundraising fees (Part IX, column (A), line 1		<u> </u>			0
Expenses	b -		draising expenses (Part IX, column (D), line 25)		0			<u></u>
ш	1 '' '		enses (Part IX, column (A), lines 11a–11d, 11f-		<u> </u>			0
	l l	-	enses Add lines 13–17 (must equal Part IX, co	lumn (A), line 25)	<u> </u> _			0
<del>.</del> .	19 F	Revenue	less expenses Subtract line 18 from line 12			Doginaline of O	umant Vaar	1,000,061
Net Assets or	20 -	Total aa-	ots (Part V. line 16)		-	Beginning of C	Urrent Year O	End of Year 1,000,061
986			ets (Part X, line 16)				0	1,000,001
팔	21		lities (Part X, line 26)	•	-		0	1,000,061
	Part II		s or fund balances Subtract line 21 from line 20	<u> </u>		<del></del>		1,000,001
			gnature Block					
			erjury, I declare that I have examined this return, incli implete Declaration of preparer (other than officer) is				of my knowled	ige and benef, it is
_		T					1/1/	2/17
Si	gn		ignature of officer		····		Date	911
	gıı ere		FRANK COPPIN		TREASU	IRER		
116	51 <del>C</del>		ype or print name and title		TIVERS	<u> </u>	<del></del>	
_		+-'	·····	eparer's signature		Date	05	f PTIN
Pa	id						Check	└──"
	eparer		LTS CS HOW S COULT CE	ANK COPPIN		10/0	2/17 self-em	<del></del>
	e Only	Firm's na					Firm's EIN	87-0581273
J			595 S RIVERWOODS  tress LOGAN, UT 84321	-6845				425_7FE 0070
-	u tha ID	Firm's ad			<del></del>		Phone no	435-755-2072
Ma	y the IR	s aiscus	s this return with the preparer shown above? (se	ee instructions)				X Yes No

Form **990** (2016) 14)

Form 990 (2016) WASAICH DORDAN		33011		Page Z
<u> </u>	Service Accomplishments	L III		
	ains a response or note to any line in this Par	I III		
Briefly describe the organization's mission				
	ORT TO THE JORDAN EDUCATION		THE	
	IN THE JORDAN DISTRICT, WHI	CH IS AN EXEMPT		
ORGANIZATION UNDER IRC	501(C) (3).			
-	ant program services during the year which were not listed	on the		
prior Form 990 or 990-EZ?			Yes	X No
If "Yes," describe these new services on S	chedule O			
3 Did the organization cease conducting, or	make significant changes in how it conducts, any program		_	
services?			Yes	X No
If "Yes," describe these changes on Sched	ule O			
4 Describe the organization's program service	e accomplishments for each of its three largest program s	ervices, as measured by		
expenses Section 501(c)(3) and 501(c)(4)	organizations are required to report the amount of grants	and allocations to others,		
the total expenses, and revenue, if any, for				
, ,				
4a (Code ) (Expenses \$	including grants of \$	) (Revenue \$	-	
	ORT TO THE JORDAN EDUCATION		THE	,
	IN THE JORDAN DISTRICT.			
	III IIII OOIDIII DIDINGOI.			
4b (Code ) (Expenses \$	including grants of \$	) (Revenue \$		)
4c (Code ) (Expenses \$	including grants of \$	) (Revenue \$		)
Ad Other program of the Color	tulo (C)			
4d Other program services (Describe in Sche				
4d Other program services (Describe in Sche (Expenses \$ 4e Total program service expenses ▶		venue \$		

#### Form 990 (2016) WASATCH JORDAN EDUCATION FOUNDATION 81-4943077 Page 3 **Checklist of Required Schedules** Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 116 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes." complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

X

19

If "Yes," complete Schedule G, Part III

No

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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28a

28b

28c

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34

35a

35b

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37

X

#### WJE3077 10/02/2017 3 06 PM Form 990 (2016) WASATCH JORDAN EDUCATION FOUNDATION 81-4943077 Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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 lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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), 501(c)(4), and 501(c)(29) 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 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 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,

- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III
- 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)
- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- **b** A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 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
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
  - **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 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
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2016) WASATCH JORDAN EDUCATION FOUNDATION 81-49430	<u> </u>		P	age 5
Pa	rt V ` Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V			_	
		١٠	<del>[</del>	Yes	No
1a		1a 0			
b		1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1 <u>c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	_   _			
		2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<u>2b</u>	-	
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				•
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	+	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	1-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	If	40		x
b	If "Yes," enter the name of the foreign country			+	<b>-</b>
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	ınte			
	(FBAR)	IIIIS			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	+	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	+	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1	
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•	1		
	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	<b>;</b>			
	and services provided to the payor?		7a	1	[ _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	_	7c	<u></u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	ct?	7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<u>7f</u>	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as require	d? <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi	île a Form 10	98-C? 7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the	Ė		
	sponsoring organization have excess business holdings at any time during the year?		8	ļ	
9	Sponsoring organizations maintaining donor advised funds.		ŀ		
a	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>	+-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>9b</u>	-	
10	Section 501(c)(7) organizations. Enter	40-1			l
a		10a			
b •4		10b			
1 	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	11a			
a h	Gross income from members or snareholders  Gross income from other sources (Do not net amounts due or paid to other sources	ıla			
b		11ь			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		128	.	Ť
b	1	12b	120	+	<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state?		138	1	<del> </del>
-	Note. See the instructions for additional information the organization must report on Schedule O		130	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which				
		13b			
С		13c			İ
	Did the organization receive any payments for indoor tanning services during the tax year?		144	<u>.                                    </u>	x

X

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

		F		Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year  1a 5				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	tere are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar minitee, explain in Schedule O er the number of voting members included in line 1a, above, who are independent any officer, director, frustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustees, or key employee as a management company or other person? the organization make any significant changes to its governing documents since the prior Form 980 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members, stockholders, or other persons who had the power to elect or appoint for or more members of the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following a governing body?  The organization contemporaneously document the meetings held or written actions undertaken during the year by the following a governing body?  The organization material address? If "Yes," provide the names and addresses in Schedule O  The Prolitices (This Section B requests information about policies not required by the Internal Revenue Co  The organization have local chapters, branches, or affiliates?  The organization have written policies and procedures governing the activities of such chapters, lates, and branches to ensure their operations are consistent with the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? scribe in Schedule O the process, if		- 1		
,	Enter the number of voting members included in line 1a, above, who are independent  1b 5				
	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	X	
	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		3
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		3
	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		7
	· · · · · · · · · · · · · · · · · · ·		6		2
<b>a</b>	-		Ť		_
_			7a		X
b		<del> </del>	<del>`</del>		
•		}	7b		X
		ļ	7.0		
		Ť	.	x	
a		-	8a	X	
b			8b		
	•		_ \		-
_			9		_ >
,C	tion B. Policies (This Section B requests information about policies not required by the internal Reven	ue Coae	<del>;.)</del>		
		<b>C</b>		Yes	N
3		<u> </u>	10a		_3
)			ł		
		-	10b		_
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		- 1		
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	<u> </u>	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		ľ		
	describe in Schedule O how this was done	Li	12c		X
	Did the organization have a written whistleblower policy?		13	X	
	Did the organization have a written document retention and destruction policy?	Γ	14		X
	Did the process for determining compensation of the following persons include a review and approval by	Γ			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1		
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
_		r			
а	•				
-			16a		X
b	• •	F	104		L.
		1	466		
_			16b		
	•				
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
)	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial statements available to the public during the tax year				
	State the name, address, and telephone number of the person who possesses the organization's books and records				
N.	ASATCH ACQUISTIONS & CAPITAL LLC 595 S RIVERWOODS PKWY STE 400				
L	OGAN UT 84321	435-	-75	5-2	$\alpha$

orm 990 (2016)	WASATCH	TORDAN	EDUCATION	FOINDATTON	81-4943077

Pane 7

01111 000 7=1-						
Part VII	Compensation of (	Officers, Directors,	Trustees, Key Emplo	yees, Highest Co	mpensated Employees,	and
	<b>Independent Conti</b>	ractors				

Check if Schedule O contains a response or note to any line in this Part VII

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
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, uni	Pos check ess pe nd a c	erson	than or s both a	an e)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1095-MIGC)	organization and related organizations
(1) RYAN MARCHANT				_				···		
	0.00				1	1 1				
VICE PRESIDENT (2) MICHAEL HAYNES	0.00	X	<u> </u>		-	┝┤		0	0	0
(2) MICHAEL HAINES	0.00									
TRUSTEE	0.00	x						o	o	0
(3) TYLER PETTIT	0.00	12	┢╌		$\vdash$					
(0) 112=11	0.00									
TRUSTEE	0.00	X						o	0	0
(4) JIM CARDALL	<u> </u>					$\Box$				
, ,	0.00									
TRUSTEE	0.00	X						0	0	0
(5) DELL LOY HANSEN										
	0.00									
PRESIDENT/CHAIRMAN	0.00	↓	L	X	ļ	$\sqcup$		0	0	0
(6) FRANK COPPIN	1									
	0.00					ll				
TREASURER (7) RYAN LINDSEY	0.00	+	├	X		$\vdash$			0	0
(/)RIAN LINDSEI	0.00									
SECRETARY	0.00			x				o	o	0
(8)	0.00	1	<u> </u>							
(9)					-					
(10)										<u> </u>
(11)										
• •										

<u>Pa</u>	t VII Section A. Officers	, Directors, Trus	100	s, Ke	y Er	прю	yees	, an	d Highest Compensated	Employees (continuea)				
	(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson :	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other ompens.	of ation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the programization and relations and relations are the programizations.	tion ted	
							ì							
1b	Sub-total													
C d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A	<b>L</b>			<b>&gt;</b>						
2	Total number of individuals (in reportable compensation from			to th	nose	liste	d abo	ove)	who received more than \$1	00,000 of			Vaal	Na
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Sched	ule J	for s	such	ındıv	ııduai	1				3	Yes	No X
4	For any individual listed on line organization and related organindividual  Did any person listed on line 1	nizations greater t	han	\$150	,000	)? If '	"Yes,	" coi	mplete Schedule J for such			4		x
5	for services rendered to the or	ganization? If "Ye									[	5_		X
Section 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 Report compensation for the calendar year ending with or within the organization							the organization's tax year							
	(A) Name and business address						Descri	(B) ption of services		Co	(C) mpensati	ion		
					<del>. ——</del>									
								_						
2	Total number of independent received more than \$100,000	contractors (inclu	ding	but r	not lu	mited	d to the	hose	e listed above) who					
	received more mail \$100,000	or compensation	11 011		uiya	ıııızd	uoii]		<del>- · · ·</del>				000	

					EDUC	CATION	FOUNDATION_	81-4943077		Page 9
Рa	rt VI	# Staten Check	nent of Reve of Schedule (	i <b>nue</b> O con	tains a	response o	or note to any line i	n this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated cam	paigns	1a_						
	b	Membership di	ıes	1b						
S, W	c	Fundraising ev	ents	1c						
	d	Related organi	zations	1d_						
S.E	e	Government grants (	contributions)	1e						
Sign	f	All other contribution								
ള		and similar amounts	not included above	_1f		,000,000				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	ns included in lines 1a-	1f	\$ 1	,000,000	1			
	<u>h</u>	Total. Add line	s 1a– <u>1f</u>				1,000,000			
Program Service Revenue						Busn Code				<b>[</b>
e e	2a									ļ
e Z	þ									
	С					<u> </u>			<del></del>	
S	d					<b></b>				
Jran	e	A.H						· · · · · · · · · · · · · · · · · · ·		<del>-</del>
or O			am service revei	nue					<u> </u>	
		Total. Add line	ome (including o	du udon	de interes			<u></u>	T	T T
	3	and other simil		INIGE	15, IIIIÇICI	οι, •	61			61
	4		ivestment of tax	-exemt	ot bond or	nceeds		·		
	5	Royalties	resument of tax	CACITY	K BONG PI	<b>•</b>				
		Noyamoo	(ı) Real		(11)	Personal				
	6a	Gross rents								
	b	Less rental exps	<del>-</del>							1
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			<b></b>				
	7a	Gross amount from	(ı) Secunties	·	(1	ıı) Other				
		sales of assets other than inventory								1
	b	Less cost or other								
		basis & sales exps			<u> </u>					
	C	Gain or (loss)			<u> </u>					<b>!</b>
	d	Net gain or (lo	ss)				1 112			
ø	8a		om fundraising eve	nts	<b>\</b>					
eun	1	(not including \$								
Other Revenue			reported on line 1c	)	1					1
erF		See Part IV, line		а						
흕	b	Less direct ex		b	L- <u>-</u> -		-	Į.		<b></b>
-	٦		(loss) from fund		events			!		<u> </u>
	9a		om gaming activitie	<b>*</b> 5	1					1
	_	See Part IV, line		a ∟			1	<b>‡</b>		1
	b	Less direct ex	openses (loss) from gam	d one act	L	<b>•</b>	·	Ī		†
	10a		(loss) from gain f inventory, less	my aci	I VICIOS			<u> </u>		
	'0a	returns and all		а	f			I		•
	ь	Less cost of g		a b			1	<b>‡</b>		1
			(loss) from sale	-			1	Ī		†
	Ť		scellaneous Revenue			Busn. Code				
	11a						<u></u>		1	†
	ь									
	1									

1,000,061

0

d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions

Part IX	Statement of Functional Exp	enses		·	
Section 50	1(c)(3) and 501(c)(4) organizations must con	nplete all columns All othe	er organizations must comp	lete column (A)	
	Check if Schedule O contains a respor			1 (0)	(D)
	lude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	and 10b of Part VIII.		expenses	general expenses	expenses
	and other assistance to domestic organizations				
	emestic governments See Part IV, line 21				
	its and other assistance to domestic			1	
	iduals See Part IV, line 22				**************************************
	ts and other assistance to foreign izations, foreign governments, and foreign			1	
•	duals See Part IV, lines 15 and 16				
	efits paid to or for members				
	pensation of current officers, directors,				
	ees, and key employees				
	pensation not included above, to disqualified				
-	ons (as defined under section 4958(f)(1)) and				
perso	ons described in section 4958(c)(3)(B)				
7 Othe	er salaries and wages				
8 Pens	ion plan accruals and contributions (include				
section	on 401(k) and 403(b) employer contributions)				
9 Othe	er employee benefits				
•	roll taxes				
	s for services (non-employees)				
	agement	<del> </del>			
<b>b</b> Lega			<u> </u>		
	ounting				
	oying essional fundraising services See Part IV, line 17				
	stment management fees				
	(If line 11g amount exceeds 10% of line 25, column				
_	nount, list line 11g expenses on Schedule O)				
	ertising and promotion				
	ce expenses				
	rmation technology				
	alties				
<b>16</b> Occ	upancy			ļ	
<b>17</b> Trav	vel				
<b>18</b> Pay	ments of travel or entertainment expenses				
	any federal, state, or local public officials			<u> </u>	
<b>19</b> Con	ferences, conventions, and meetings		<del> </del>	_	
	rest				
	ments to affiliates				
•	preciation, depletion, and amortization		<del> </del>		
	Irance				· · · · · · · · · · · · · · · · · · ·
	er expenses Itemize expenses not covered ve (List miscellaneous expenses in line 24e If		<u> </u>		
	24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O)				
a (^)	, 2 .3 5/p5/1000 01/ 00/10000 0 /		1		
h					

0

С d

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

Form 990 (2016) WASATCH JORDAN EDUCATION FOUNDATION 81-4943077

P	art X	Salance Sheet Sheet						
	,	Check if Schedule O contains a response or note to	any line	e in this Part X		_		
	•				(A)			(B)
					Beginning of year	╁-		End of year
	1	Cash—non-interest bearing			<del></del>	╀	1	
	2	Savings and temporary cash investments		}	<del></del>	+	2	<del></del>
	3	Pledges and grants receivable, net			<del></del>	+-	3	
	4	Accounts receivable, net				+	4	
	5	Loans and other receivables from current and former office		ectors,			1	
		trustees, key employees, and highest compensated emplo	yees				_ #	
	] _	Complete Part II of Schedule L				+	5	,
	6	Loans and other receivables from other disqualified persor					1	
	Į	4958(f)(1)), persons described in section 4958(c)(3)(B), an					1	
	]	sponsoring organizations of section 501(c)(9) voluntary em		s' beneficiary			.	
ets	1	organizations (see instructions) Complete Part II of Sched	lule L			+-	6	
Assets	7	Notes and loans receivable, net				╁	7	
•	8	Inventories for sale or use				+	8	<del></del>
	9	Prepaid expenses and deferred charges	1 1			╁	9	
	10a	Land, buildings, and equipment cost or	1				-	
		other basis Complete Part VI of Schedule D	10a 10b					
	Ι.,	Less accumulated depreciation			_	10c		
	11	Investments—publicly traded securities			_	11	1 000 061	
	12	Investments—other securities See Part IV, line 11			_	12	1,000,061	
	13	Investments—program-related See Part IV, line 11			_	13		
	14	Intangible assets			_	14		
	15	Other assets See Part IV, line 11				-1-	15	1,000,061
	16	Total assets. Add lines 1 through 15 (must equal line 34)			╫	16 17	1,000,001	
	17	Accounts payable and accrued expenses  Grants payable			+	18		
	19	Deferred revenue				T	19	
	20	Tax-exempt bond liabilities				+	20	<del></del>
	21	Escrow or custodial account liability Complete Part IV of S	Schedul	le D		+	21	
"	22	Loans and other payables to current and former officers, d				†		<del></del>
Liabilities		trustees, key employees, highest compensated employees		-1			I	
ij		disqualified persons Complete Part II of Schedule L	, u				22	
Ë	23	Secured mortgages and notes payable to unrelated third p	arties			T	23	
	24	Unsecured notes and loans payable to unrelated third part				T	24	
	25	Other liabilities (including federal income tax, payables to		third		T		
		parties, and other liabilities not included on lines 17-24) C	omplet	e Part X				
	1	of Schedule D	•				25	
	26	Total liabilities. Add lines 17 through 25				)	26	0
		Organizations that follow SFAS 117 (ASC 958), check	here	X and		Т		
98	1	complete lines 27 through 29, and lines 33 and 34.						
Fund Balances	27	Unrestricted net assets				$\perp$	27	1,000,061
Bal	28	Temporarily restricted net assets				$\downarrow$	28	
P	29	Permanently restricted net assets		<u> </u>		1	29	
Ē	1	Organizations that do not follow SFAS 117 (ASC 958)	, checl	chere ▶ and	ł I		1	
ō	1	complete lines 30 through 34.			-		-	
Net Assets or	30	Capital stock or trust principal, or current funds				4	30	
As	31	Paid-in or capital surplus, or land, building, or equipment f			<u> </u>	$\downarrow$	31	
Net Tet	32	Retained earnings, endowment, accumulated income, or o	nds	ļ	$\perp$	32		
	33	Total net assets or fund balances			<u> </u>	<u></u>	33	1,000,061
	124	Total liabilities and not accord/fund halances			· /	11	24	1 000 061

Form 990 (2016)

### 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

WASATCH JORDAN EDUCATION FOUNDATION

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

81-4943077

- Pai	11	Reaso	on for Public Charity	Status (All organizations	s must cor	nplete t	his part.) See instructions	<u> </u>	
The or	gai	nization is not a	private foundation because	it is (For lines 1 through 12, cl	heck only or	e box )			
1 [		A church, con	vention of churches, or associate	ciation of churches described i	n section 1	70(b)(1)( <i>/</i>	A)(i).		
2 [		A school desc	ribed in section 170(b)(1)(A	)(ii). (Attach Schedule E (Form	n 990 or 990	-EZ) )			
3 [		A hospital or a	a cooperative hospital service	e organization described in sec	tion 170(b)	(1)(A)(iii)			
4 [		A medical res	earch organization operated	in conjunction with a hospital d	lescribed in	section 1	70(b)(1)(A)(iii). Enter the hospi	tal's name,	
		city, and state							
5		An organization	on operated for the benefit of	a college or university owned	or operated	by a gove	rnmental unit described in		
	_	section 170(I	b)(1)(A)(iv). (Complete Part I	1)					
6	_	A federal, stat	e, or local government or gov	vernmental unit described in se	ection 170(	o)(1)(A)(v	r).		
7		-	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support fro mplete Part II)	m a governi	nental un	it or from the general public		
8	_	A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part	t II )				
9		•	•	ribed in <b>section 170(b)(1)(A)(i</b> agriculture (see instructions)		•	-		
10		•	on that normally receives (1)	more than 33 1/3% of its supp	ort from cor	tributions	. membership fees, and gross		
•- [		receipts from support from	activities related to its exemp gross investment income and	ot functions—subject to certain I unrelated business taxable in 1975 See section 509(a)(2).	exceptions, come (less	and (2) n section 51	o more than 33 1/3% of its		
11	$\neg$		•	clusively to test for public safe	•	•	a)(4).		
į,	X	•	-	•	-	-	of, or to carry out the purposes		
•-		of one or more	e publicly supported organiza	tions described in section 509	9(a)(1) or se	ction 509	O(a)(2). See section 509(a)(3). complete lines 12e, 12f, and 12g	1	
	a	(22)	<del>-</del>	rated, supervised, or controlled			·	•	
		the suppo	orted organization(s) the power	er to regularly appoint or elect	a majority of	the direc	tors or trustees of the		
		supporting	g organization You must co	mplete Part IV, Sections A a	ind B.				
	b	Type II. A	supporting organization sup	ervised or controlled in connec	ction with its	supported	d organization(s), by having		
			• ' '	ng organization vested in the s	same person	s that cor	trol or manage the supported		
			on(s) You must complete I				and for all and the same and south		
	C	its suppor	ted organization(s) (see instr	ipporting organization operated uctions) You must complete	Part IV, Se	ctions A,	D, and E.		
	d			. A supporting organization ope organization generally must sa			vith its supported organization(s)		
				ust complete Part IV, Sectio	•				
	е	Check thi	s box if the organization rece	ived a written determination fro functionally integrated support	om the IRS t	hat it is a			
	f		ber of supported organization	• •					1
	g		llowing information about the						_
	Nam	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	or	ganization		(described on lines 1–10	_	r governing	support (see	other support (see	
				above (see instructions))	Yes	nent?	instructions)	instructions)	
	TE	AUGOT. TI	N EDUCATION FO	TINDATTON	168	NU			
(A)		E CORDA	74-6356280	7	x				0
(B)			74 0330200		<del></del>				_
					<u> </u>				
(C)		_	,		_			_	
(D)									
(E)									
									_
Total					I		a		O

Page 2

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							·- · · · · · · · · · · · · · · · · · ·
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							<u>_</u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on 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							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	see instructions)					12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)		
	organization, check this box and stop here							<b>•</b>
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age					
14	Public support percentage for 2016 (line 6,	column (f) dıvıded l	by line 11, column	(f))		<u> </u>	14	%
15	Public support percentage from 2015 Scheo					L	15	%
16a	33 1/3% support test—2016. If the organiz	zation did not checi	k the box on line 13	3, and line 14 is 33 1	1/3% or more, ched	ck this		_
	box and <b>stop here</b> . The organization qualifi	•						▶ [_]
b	33 1/3% support test—2015. If the organiz	zation did not checl	k a box on line 13 o	or 16a, and line 15 is	s 33 1/3% or more,	, check		
	this box and stop here. The organization qu	•						▶ ∐
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets	the "facts-and-circ	umstances" test, c	heck this box and <b>s</b>	top here. Explain i	n		
b	Part VI how the organization meets the "factorganization  10%-facts-and-circumstances test—201  15 is 10% or more, and if the organization in Explain in Part VI how the organization meets."	5. If the organization	on did not check a l d-circumstances" t	pox on line 13, 16a, est, check this box	16b, or 17a, and li and <b>stop here.</b>	ne		▶ □
18	supported organization  Private foundation. If the organization did instructions				•	·''		<b>▶</b> □
						Schedule A (	Form 9	90 or 990-FZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under ti	ne tests listed t	elow, please c	omplete Part II	)	
	idar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(0) 2016	(5) Total
1	Gifts, grants, contributions, and membership	(a) 2012	(b) 2013	(6) 2014	( <b>a)</b> 2013	(e) 2016	(f) Total
•	fees received (Do not include any "unusual grants")		1				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	line 6 ) tion B. Total Support	<u></u>	I				
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(0) 2012	(8) 2010	(6) 2014	(u) 2015	(e) 2010	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the co	organization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2016 (line 8,		•	<b>(f)</b> )		15	%
16	Public support percentage from 2015 Scheo				<del></del>	16	%
	tion D. Computation of Investmen					<del></del>	
17 10	Investment income percentage for 2016 (lin			olumn (f))		17	%
18 19a	Investment income percentage from 2015 S			4. and lime 45 is in	neo than 20 1/00/	<u> 18  </u>	%_
. Ja	33 1/3% support tests—2016. If the organ 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests—2015. If the organ						
7	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did						

## Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer 3a (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination C under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- C Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which ь the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	Vac	N <sub>0</sub>
	Yes	No
1	х	
		~
2		X
3a		Х
3b		
3с		
4a		x
4.		
4b		
4c		
5a		×
5b	-	
5c		
6		x
7		х
8		X
9a		x
9b		х
9c		х
10a		X
10b	0 or 990	

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

2b

3а

Schedule	A (Form 990 or 990-EZ) 2016 WASATCH JORDAN EDUCATION FOL			81-4943	077 Page 6
Part					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	20, 1970	) (explain ii		
•	instructions. All other Type III non-functionally integrated supporting organizations must of	omplete	Sections .	A through E	(B) Current Year
Section	Section A - Adjusted Net Income (A) Prior Year				
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			<u> </u>
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
colle	ection of gross income or for management, conservation, or				
maii	ntenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section	on B - Minimum Asset Amount		(A) F	Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ınstı	uctions for short tax year or assets held for part of year)	<u> </u>			
	Average monthly value of securities	1a			
	b Average monthly cash balances	1b			
	c Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other	ŧ			
	factors (explain in detail in Part VI)	<u> </u>			
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3_	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
see	instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,,		
2	Enter 85% of line 1	2			
3	Minimum asset amount for pnor year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
eme	ergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally integrated Ty	pe III su	pporting or	ganization (see	
	instructions)				_

Par	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ons (continued)	
Secti	on D - Distributions			Current Year
1`	Amounts paid to supported organizations to accomplish exempt purpose			
2	Amounts paid to perform activity that directly furthers exempt purposes of		_	
	organizations, in excess of income from activity			
_ 3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)		·- · · · · · · · · · · · · · · · · · ·	
6	Other distributions (describe in Part VI) See instructions		<del></del>	
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	on is responsive		
	(provide details in Part VI) See instructions			
_9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2016		······································	
a				
<u>b</u>	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f	<u> </u>		
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years		<u></u>	
	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	<u> </u>		
8	Breakdown of line 7			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016	l l		ŧ

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

WASATCH JORDAN EDUCATION FOUNDATION 81-4943077

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Employer Identification number

Name	ame of the organization				Employer Identification number			
W	ASATCE	H JORDAN EDUCATION FOUNDATION	ON	81-4	1943077			
	rt I	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
			(a) Donor advised funds		(b) Funds and other accounts			
1	Total num	ber at end of year						
2	Aggregate	e value of contributions to (during year)						
3	Aggregate	e value of grants from (during year)						
4	Aggregate	e value at end of year						
5	Did the or	ganization inform all donors and donor advisors in writing	g that the assets held in donor advised					
		the organization's property, subject to the organization's	•		Yes No			
6		ganization inform all grantees, donors, and donor adviso						
	-	nantable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose					
		impermissible private benefit?	<del> </del>		Yes No			
₽a	ırt II	Conservation Easements.  Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7					
1	Purpose(s	s) of conservation easements held by the organization (c			<del></del>			
		ervation of land for public use (e.g., recreation or education		ant land	area			
	Prote	ction of natural habitat	Preservation of a certified historic s					
	Prese	ervation of open space						
2	Complete	lines 2a through 2d if the organization held a qualified of	onservation contribution in the form of a conservation	on				
	easement	on the last day of the tax year			Held at the End of the Tax Year			
а	Total num	ber of conservation easements		2a				
b	Total acre	eage restricted by conservation easements		2b				
С	Number o	of conservation easements on a certified historic structure	e included in (a)	2c				
d	Number o	of conservation easements included in (c) acquired after	8/17/06, and not on a					
	historic st	ructure listed in the National Register		2d	<u> </u>			
3	Number o	of conservation easements modified, transferred, release	ed, extinguished, or terminated by the organization d	luring th	е			
	tax year	•						
4	Number o	of states where property subject to conservation easeme	nt is located ▶					
5	Does the	organization have a written policy regarding the periodic	monitoring, inspection, handling of					
		, and enforcement of the conservation easements it hold			Yes No			
6	Staff and	volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservation easem	ents du	ring the year			
	•		_					
7	_	f expenses incurred in monitoring, inspecting, handling of	of violations, and enforcing conservation easements	during	the year			
•	<b>▶</b> \$	h 0	Asset the second second at 10 (b) (D) (					
8		h conservation easement reported on line 2(d) above sa	tilisty the requirements of section 170(n)(4)(B)(I)		Yes No			
9		on 170(h)(4)(B)(ii)? II, describe how the organization reports conservation ea	accompanies in its revenue and expense statement, en		∐ Yes ∐ No			
9		heet, and include, if applicable, the text of the footnote to						
		on's accounting for conservation easements	the organization o interior statements that describ	700 tile				
Pa	ert III	Organizations Maintaining Collections of		milar	Assets.			
		Complete if the organization answered "Yes	<del></del>					
1a		anization elected, as permitted under SFAS 116 (ASC 95	•		t			
		art, historical treasures, or other similar assets held for p		e of				
_	-	vice, provide, in Part XIII, the text of the footnote to its fir						
ь		anization elected, as permitted under SFAS 116 (ASC 95						
		art, historical treasures, or other similar assets held for p	·	ce of				
	•	vice, provide the following amounts relating to these item	ns					
		nue included on Form 990, Part VIII, line 1			<b>\$</b>			
_	• •	ts included in Form 990, Part X		•	<b>&gt;</b> \$			
2	_	anization received or held works of art, historical treasure	,	the				
	•	amounts required to be reported under SFAS 116 (ASC	958) relating to these items					
a		included on Form 990, Part VIII, line 1		,	<b>&gt;</b> \$			
<u></u> D	ASSE(S IN	cluded in Form 990, Part X			<u> </u>			

Schedule D (Fo	orm 990) 2016 WASATCH JORDAN EDUCAT	TION FOUNDATION	81-4943077	Page
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b See Form 990, P	art X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method o Cost or end-of-ye	
(1) Financial de	erivatives			
(2) Closely-hel	d equity interests	1,000,061	MARKET	
(3) Other				<del></del>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶	1,000,061		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)		<del>-     </del>		
(2)	<del></del>			
(3)			<del></del>	<del></del>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13 ) ▶ Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d See Form 990, P	art X, line 15.
	(a) Description			(b) Book value
(1)	·		······································	
(2)		<del> </del>		
_(3)				<u> </u>
(4)				·
_(5)				
(6)	<del></del>		<del></del>	
(7)	<del></del>			
(8)		<del></del>		
(9)	(h)	<del></del>	<del></del>	<del></del>
Part X	(b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.	<del></del>		<u> </u>
THICK	Complete if the organization answered "Yes" or line 25	n Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25 ) ▶			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

chedule D (Form 990) 2016 WASATCH JORDAN EDUCAT	TION FOUNDATION 81-4	4943077	Page 4			
Part XI Reconciliation of Revenue per Audited Finar	ncial Statements With Revenue	per Return.				
Complete if the organization answered "Yes" or	Form 990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial statement	ts	1				
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12						
a Net unrealized gains (losses) on investments	2a					
b Donated services and use of facilities	2b					
c Recovenes of prior year grants	2c					
d Other (Describe in Part XIII )	2d					
e Add lines 2a through 2d		2е				
3 Subtract line 2e from line 1		3				
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	] [					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a					
<b>b</b> Other (Describe in Part XIII )	b Other (Describe in Part XIII )					
c Add lines 4a and 4b		4c				
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 12)	5				
Part XII Reconciliation of Expenses per Audited Fina Complete if the organization answered "Yes" or		es per Return.				
Total expenses and losses per audited financial statements		11				
2 Amounts included on line 1 but not on Form 990, Part IX, line 25						
a Donated services and use of facilities	2a					
b Prior year adjustments	2b					
c Other losses	2c					
d Other (Describe in Part XIII )	2d					
e Add lines 2a through 2d		2e				
3 Subtract line 2e from line 1		3				
4 Amounts included on Form 990, Part IX, line 25, but not on line 1						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b Other (Describe in Part XIII )	4b					
c Add lines 4a and 4b		4c				

Part XIII Supplemental Information.

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, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2016 WASATCH JORDAN EDUCATION FOUNDATION 81-4943077

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Part XIII Supplemental Information (continued)

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public Inspection

Name of the organization

WASATCH JORDAN EDUCATION FOUNDATION

Employer Identification number 81 – 4943077

Pź	rt I Types of Property	01012		00112121	1 01 494307	<u> </u>		
	, , , , , , , , , , , , , , , , , , ,	(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on	(d)  Method of determining noncash contribution amou	nts		
1	Art — Works of art		<u></u>	Form 990, Part VIII, line 1g				
2		<del></del>	<del></del>	<del></del>				
3	Art — Historical treasures  Art — Fractional interests	<u> </u>		<del></del>				
4	Books and publications				<del></del>			
5	Clothing and household				<del></del>			
5	goods							
6	Cars and other vehicles		<del></del>					
7	Boats and planes		<u> </u>					
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock	<u> </u>						
11	Securities — Partnership, LLC,		<b>A</b>	1 000 000				
	or trust interests	X	4	1,000,000				
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
14	structures Qualified conservation							
14	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial				<del></del>			
17	Real estate — Other							
18	Collectibles							
19	Food inventory			······································				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (							
26	Other ▶ (							
27	Other ► (							
28	Other ▶ (							
29	Number of Forms 8283 received by the	ne organiza	ition during the tax year f	or contributions for				
	which the organization completed For	m 8283, P	art IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organization	-			•			
	28, that it must hold for at least three			tribution, and which isn't rec	quired			
	to be used for exempt purposes for th		olding penod?			30a	ļ	X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	licy that requires the revi	ew of any nonstandard				
	contributions?					31	<b>-</b>	X
32a	Does the organization hire or use thire	d parties or	related organizations to	solicit, process, or sell nonc	ash			
_	contributions?					32a	ļ	X
ь	If "Yes," describe in Part II		(-) ( : - :					
33	If the organization didn't report an am	ount in cold	umn (c) for a type of prop	епу for which column (a) is	checked,			
	describe in Part II					ŧ :	, ;	E

Schedule M (Form 990) (2016)

WASATCH JORDAN EDUCATION FOUNDATION 81-4943077

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No 1545-0047
2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

WASATCH JORDAN EDUCATION FOUNDATION

81-4943077

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DELL LOY HANSEN

FRANK COPPIN

PRESIDENT

TREASURER

EMPLOYER/EMPLOYEE

DELL LOY HANSEN

RYAN LINDSEY

PRESIDENT

SECRETARY

EMPLOYER/EMPLOYEE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE TAX RETURN IS PROVIDED TO EACH MEMBER BY MAIL OR EMAIL FOR
THEIR REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST DURING BUSINESS/OFFICE HOURS.