Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

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IRS e-file Signature	. Authárization
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for an Exempt C	rganization

Name and title of officer BRADFORD HAMER PRESIDENT Part I Type of Re Check the box for the return on line 1a, 2a, 3a, 4a, or 5a, whichever is applicable, blant than one line in Part I.	Go to www.irs.gov/Form8879EO for the Y COUNCIL, INC. turn and Return Information (Whole Dollars Onlead or which you are using this Form 8879-EO and enter the abelow, and the amount on that line for the return being file (do not enter -0-). But, if you entered -0- on the return, the X b Total revenue, if any (Form 990, Part VIII, C b Total revenue, if any (Form 990-EZ, line 22)	ly) applicable amount, if any, from the reted with this form was blank, then leave en enter -0- on the applicable line belocolumn (A), line 12)	e line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
JORDAN COMMUNIT Name and title of officer BRADFORD HAMER PRESIDENT Part I Type of Re Check the box for the return on line 1a, 2a, 3a, 4a, or 5a, whichever is applicable, blant than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here	turn and Return Information (Whole Dollars Onlor which you are using this Form 8879-EO and enter the a selow, and the amount on that line for the return being file (do not enter -0-). But, if you entered -0- on the return, the X b Total revenue, if any (Form 990, Part VIII, c b Total revenue, if any (Form 990-EZ, line)	ly) applicable amount, if any, from the reted with this form was blank, then leave en enter -0- on the applicable line belocolumn (A), line 12)	urn. If you check the box e line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
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PRESIDENT Part I Type of Re Check the box for the return on line 1a, 2a, 3a, 4a, or 5a, whichever is applicable, bland than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here	by the property of the propert	applicable amount, if any, from the retad with this form was blank, then leave en enter -0- on the applicable line belocolumn (A), line 12)1b	e line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
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Check the box for the return on line 1a, 2a, 3a, 4a, or 5a, whichever is applicable, blant than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here	by the property of the propert	applicable amount, if any, from the retad with this form was blank, then leave en enter -0- on the applicable line belocolumn (A), line 12)1b	e line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
on line 1a, 2a, 3a, 4a, or 5a, whichever is applicable, bland than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-PF check here	below, and the amount on that line for the return being file (do not enter -0-). But, if you entered -0- on the return, the X b Total revenue, if any (Form 990, Part VIII, c b Total revenue, if any (Form 990-EZ, line	ed with this form was blank, then leave en enter -0- on the applicable line belo column (A), line 12)1b	e line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
2a Form 990-EZ check here 3a Form 1120-POL check he 4a Form 990-PF check here	b Total revenue, if any (Form 990-EZ, line		
3a Form 1120-POL check he 4a Form 990-PF check here	b Total revenue, if any (Form 990-EZ, line		53,422.
4a Form 990-PF check here	re h Total tay (Form 1120-POI line 22)	e 9) 2b	
	b Total tax (Form 11201 OE, mic 22)	3b	
5a Form 8868 check here	b Tax based on investment income (For	rm 990-PF, Part VI, line 5) 4b	
	b Balance Due (Form 8868, line 3c)	5b	
Part II Declaratio	n and Signature Authorization of Officer		
the date of any refund. If app debit) entry to the financial in return, and the financial instit 1-888-353-4537 no later than processing of the electronic p		nancial Agent to initiate an electronic for payment of the organization's fed ent, I must contact the U.S. Treasury also authorize the financial institutions sary to answer inquiries and resolve is	funds withdrawal (direct eral taxes owed on this Financial Agent at s involved in the ssues related to the
	ADIO & CO., LLP	to ontor	mv PIN 34942
A l'authonze	ERO firm name	to enter ı	Enter five numbers. b
	LNO IIIII IIAIIIE		do not enter all zeros
is being filed with a	the organization's tax year 2018 electronically filed return, state agency(ies) regulating charities as part of the IRS Fee return's disclosure consent screen.		
indicated within thi	organization, I will enter my PIN as my signature on the or s return that a copy of the return is being filed with a state my PIN on the return's disclosure consent screen.	-	-
Officer's signature 🕨		Date >	
Part III Certification	n and Authentication		
	six-digit electronic filing identification		
•	ur five-digit self-selected PIN.	16605213204 Do not enter all zeros	
number (EFIN) followed by yo			
I certify that the above numer confirm that I am submitting	ic entry is my PIN, which is my signature on the 2018 electhis return in accordance with the requirements of Pub. 4 Returns.	· · · · · · · · · · · · · · · · · · ·	
I certify that the above numer	his return in accordance with the requirements of Pub. 4	.163, Modernized e-File (MeF) Informat	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change JORDAN COMMUNITY COUNCIL, INC. Name change 15-0557981 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 582 315-689-5229 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 13080 JORDAN, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRADFORD HAMER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► HTTPS: //VILLAGE OF JORDAN.ORG/JORDAN-COMMUN | H(c) Group exemption number ► K Form of organization: X Corporation Trust Association [Other > L Year of formation: 1949 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: JORDAN COMMUNITY COUNCIL'S **Activities & Governance** MISSION IS TO RAISE FUNDS FOR THE BENEFIT OF THE COMMUNITY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 60,666. 70,463. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 773. 702. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -9,386-7,946.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 61,850. 53,422. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,889. 30,225. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 13,922. 19,416. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,811.49,641. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,039. 3,781. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 143,542. 147,323 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 143,542. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRADFORD HAMER, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00057000 MICHAEL KINNEY Paid self-employed Firm's name BONADIO & CO., LLP Firm's EIN ▶ 16-1131146 Preparer Firm's address 432 NORTH FRANKLIN STREET Use Only Phone no. (315) 422-7109 SYRACUSE, NY 13204

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION IS TO OPERATE AND RUN AN ANNUAL FESTIVAL FOR THE
	COMMUNITY AND TO FUND LOCAL ORGANIZATIONS WITH THE PROCEEDS FROM THE
	FESTIVAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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 each program service reported.
4a	(Code:) (Expenses \$37,799. including grants of \$30,225.) (Revenue \$
	THE ORGANIZATION IS TO OPERATE AND RUN AN ANNUAL FESTIVAL FOR THE
	COMMUNITY AND TO FUND LOCAL ORGANIZATIONS WITH THE PROCEEDS FROM THE
	FESTIVAL.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 37,799.
	Form 990 (2018

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	•	-		
7	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," complete			
	Schedule D, Part III	8		X
9	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	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	, ,	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	, 1	406		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
			_	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
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		X
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	aan	(2018)
832004	. 12-31-18	rorm	550	(∠∪ I છ)

JORDAN COMMUNITY COUNCIL, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for Fin	counts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	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	e 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 contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly for goods and services of \$75 made partly as a contribution and contributio	vices provided to the payor?	7a		X
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	40			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	i ia			
b	amounts due or received from them.)	11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.		iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the consideration which considers the facility of the description	100	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			F	990	(0010)

15-0557981

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(The social 2 register members as at person to regard a 2 vite morning members as		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD STRAUSS - 315-263-1666			
	P.O. BOX 582, JORDAN, NY 13080			

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

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.

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

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

(A)	(B)	Jigu					iour	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle:	ss pe	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD STRAUSS	1.00								•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(2) BRADFORD HAMER	1.00	.,		,,					0	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) RAY BISHOP	1.00	. ,		37					0	0
VICE PRESIDENT	1.00	Х	_	Х				0.	0.	0.
(4) ELIZABETH WILCOX SECRETARY	1.00	Х		Х				0.	0.	0.
(5) DONALD BARD	1.00	Δ		^				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) MICHAEL BLAZAK	1.00	Λ							0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(7) WILLIAM DUNGEY	1.00	77							0.	_
DIRECTOR	1.00	х						0.	0.	0.
(8) J.J. FARRUGIA	1.00	-25						· ·	•	•
DIRECTOR		х						0.	0.	0.
(9) MICHAEL KINNEY	1.00								•	
DIRECTOR		Х						0.	0.	0.
(10) ROBERT MEIXNER	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(11) ALICIA PERSAUD	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRISTY ROHMER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) ROSEANNE LEWIS	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	oloy	ees.	and	d Hig	ghes	t C	ompensated Employee	s (continued)				_
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos	itior	າ than d	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	1	l	ount	of
		week (list any		Cer an		II ecto	T	(66)	from	from related		l	other	L:
		hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om the	
		related	9e Or (trustee			nsatec		(W-2/1099-MISC)	(** 2/ 1033 14110	رر	l	anizati	
		organizations	truste	nal tru		yee	om pe		(** = *********************************			ı ~	relate	
		below	Individual trustee or director	Institutional t	cer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	Indi	Inst	Officer	Key	e Hig	윤						
							├							
			ł											
							┢							
							\vdash							
							\vdash				-			
							\vdash							
1b	Sub-total							▶	0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						▶	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				•
	compensation from the organization											1	V 1	0
_											I		Yes	No
3	Did the organization list any former officer,													Х
4	line 1a? If "Yes," complete Schedule J for s								ar componentian from t			3		
4	For any individual listed on line 1a, is the su	•							•	•		4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-		
J	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	piete ochedate	, 0 1	01 30	<i>icii</i> ,	<i>JC13</i>	OII .							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensa [·]	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business	address	N	ONE	3				Description of s	ervices		comper	nsation	า
								\dashv						
								\dashv			—			
								\dashv						
2	Total number of independent contractors (ii	ncludina but n	ot lir	niter	d to	thos	se lie	ted	above) who received me	ore than				
-	\$100,000 of compensation from the organizations	•	J. III			(.cu	assvoj wno roccivou mo	S. S. G. IGIT				
	T. 23,000 S. OSINDONOGROW HOW THE OTYGEN						_					Form 9	990 (2019

		Check if Schedule O conta	aine a reenone	e or note to any line	a in this Dart VIII			
		Officer if Schedule O conta	airis a respons	e or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
iran	b	Membership dues	1b					
s, G	С	Fundraising events	1c	60,416.				
ifts ar /	d	Related organizations	1d					
s, (imil	е	Government grants (contributi	ions) 1e					
ion r Si	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included abov	ve 1f	250.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u>C</u>	h	Total. Add lines 1a-1f			60,666.			
				Business Code				
ce	2 a	·		-				
erv	b			-				
n S ren	С			-				
jrar Rev	d			-				
Program Service Revenue	e			-				
_	•	All other program service reve Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			702.			702.
	4	Income from investment of tax			-			
	5	Royalties	· ·	·				
	_	,	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising including $\$$						
Other Revenu			•					
Re		contributions reported on line	•	a 179,006.				
Эeг	h	Part IV, line 18		ь 186,952.				
ᅙ		Net income or (loss) from fund			-7,946.			-7,946.
		Gross income from gaming ac	J		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7,540.
	Ja	Part IV, line 19		a				
	h	Less: direct expenses		b				
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold		b				
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	l						
	b)						
	С	•						
	d	All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions		>	53,422.	0.	0.	-7,244.

Form 990 (2018) JORDAN COMMUNITY COUNCIL, INC. Part IX Statement of Functional Expenses

)o r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	30,225.	30,225.		
_	and domestic governments. See Part IV, line 21	30,223.	30,223.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,200.		1,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	161.	91.	70.	
4	Information technology	983.	493.	490.	
5	Royalties				
6	Occupancy	6,364.		6,364.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,718.		3,718.	
4	Other expenses. Itemize expenses not covered	,		,	
•	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE	6,990.	6,990.		
b		- 72230	3,2230		
c					
d					
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	49,641.	37,799.	11,842.	(
	Joint costs. Complete this line only if the organization	40,041•	31,133.	11,014	
6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2018)
Part X Balance Sheet

Part	^	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,173.	1	492
	2	Savings and temporary cash investments		139,369.	2	146,831
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	, , , , , , , , , , , , , , , , , , ,			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	. ,			
		employers and sponsoring organizations of sect				
,,		employees' beneficiary organizations (see instr).	· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net	T T T T T T T T T T T T T T T T T T T		7	
Ass	8	Inventories for sale or use		8		
	9				9	
.		Land, buildings, and equipment: cost or other				
	ioa	basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
│.	11	Investments - publicly traded securities	122		11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - other securities. See Part IV, line		13		
	13 14			14		
	15	Intangible assets Other assets See Part IV line 11			15	
	16	Other assets. See Part IV, line 11		143,542.	16	147,323
	17	Total assets. Add lines 1 through 15 (must equ		143,342.	17	147,525
		Accounts payable and accrued expenses			18	
- 1	18 10	Grants payable				
	19 20	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
Sel 4	22	Loans and other payables to current and former key employees, highest compensated employees				
Liabilities		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,		00	
<u> </u>	~~		de difference de c		22	
_ ^	23	Secured mortgages and notes payable to unrela			23	
	24 25	Unsecured notes and loans payable to unrelated	[24	
2	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines				
١,				0.	25	0
+2	26	Total liabilities. Add lines 17 through 25		U •	26	U
		Organizations that follow SFAS 117 (ASC 958				
se	~~	complete lines 27 through 29, and lines 33 and		143,542.	07	1/7 222
an i	27	Unrestricted net assets		143,344.	27	147,323
r la	28	Temporarily restricted net assets			28	
ᇋᆝ'	29				29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ğ		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
ASE	31	Paid-in or capital surplus, or land, building, or ed			31	
<u>•</u>	32	Retained earnings, endowment, accumulated in		140 540	32	1 4 17 2 2 2
_ `	33	Total net assets or fund balances		143,542.	33	147,323
(34	Total liabilities and net assets/fund balances .		143,542.	34	147,323

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4:	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,78	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 14</u>	3,5	<u>42.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	14	7,3	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b	asis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	ıudit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	e Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990 ((2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public

Inspection

Employer identification number

		JORD	AN COMMUNI	TY COUNCIL,	INC.			1	5-0557981	
Pa	rt I	Reason for Public (Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions			
Γhe	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	一	A school described in sect i					<i>X X Y</i>			
3	一	A hospital or a cooperative					i).			
4	Ħ	A medical research organiza						(iii). Enter	the hospital's nam	e.
		city, and state:		,			(-)(-)(-)	(,		-,
5		An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in	
Ŭ	ш	section 170(b)(1)(A)(iv). (C		lege of all release	. o, opo.a.	-			- C	
6		A federal, state, or local gov		ental unit described in	section 17	70/h)/1)/A)	(v)			
	X	An organization that norma	-					e general i	aublic described in	
•		section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	on in Critary		c general p	Jabile described in	
8		A community trust describe		1\(\lambda\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	F II \					
9	H	An agricultural research org			•	nd in conju	nction with a	land grant	collogo	
9	ш	or university or a non-land-g				-		-	-	
		· · · · · ·	grant conege or agrici	ulture (see instructions).	Litter tile i	iairie, city	, and state or	.rie college	; 01	
10		university: An organization that norma	lly receives: (1) more	than 22 1/20/ of its supe	oort from o	ontributio	no momborob	in food on	d groop ropoints fro	
10	ш	activities related to its exem								
		income and unrelated busin	-	· · · · · · · · · · · · · · · · · · ·					-	
		See section 509(a)(2). (Cor		(less section 511 tax) itc	iii busiiles	sses acquii	red by the org	ariizatiori a	inter dune do, 1970	•
11		An organization organized a	•	vely to test for public sat	faty Saa i	section 50	10(2)(4)			
12	H	An organization organized a	•	•	•			ry out the	nurnoses of one or	r
	ш	more publicly supported or	•	•	-			•		
		lines 12a through 12d that	-						SHOOK THO DOX III	
а		Type I. A supporting orga	* *					-	aivina	
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-				
		organization. You must o			,, -				9	
b		Type II. A supporting org			ion with its	s supporte	ed organization	n(s), by hav	vina	
		control or management o	· ·				-		-	
		organization(s). You mus								
С		Type III functionally inte	-		in connect	tion with, a	and functionall	y integrate	ed with,	
		its supported organization						,	,	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	i, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g		vide the following information								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of oth	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instruct	tions)
F-4-										

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Schedule A (Form 990 or 990-EZ) 2018 JORDAN COMMUNITY COUNCIL, INC. 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. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	`,	` ,	` ,	` ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	500.		57,285.	70,463.	60,666.	188,914.
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					1,288.	1,288.
4	Total. Add lines 1 through 3	500.		57,285.	70,463.	61,954.	190,202.
	The portion of total contributions			. , , =	,	7 7 7 7 7 7	
·	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,						
	a aluman (f)						
6	Public support. Subtract line 5 from line 4.						190,202.
	etion B. Total Support						130,202.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	500.	(b) 2013	57,285.	70,463.	61,954.	190,202.
_		300.		37,203.	70,403.	01,554.	150,2021
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	734.	615.	643.	773.	702.	2 467
	and income from similar sources	734.	013.	043.	113.	702.	3,467.
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.)						100 660
11	• • • • • • • • • • • • • • • • • • • •						193,669.
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	_			•		
804	organization, check this box and storection C. Computation of Publi		oontago				>
	•			. (0)			98.21 %
	Public support percentage for 2018 (li					14	
15	Public support percentage from 2017					15	
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2017. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th				-		
	organization meets the "facts-and-circ						
18	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) 2018

Schedule A (Form 990 or 990-EZ) 2018 JORDAN COMMUNITY COUNCIL, INC.

Part III | 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.)

Section A. Public Support	non, piedee cem	oroto i di tini,				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	, , , , , , , , , , , , , , , , , , ,	, , , = · · ·	(1)	(7)	17,100
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)				<u> </u>		<u></u>
14 First five years. If the Form 990 is for	· ·			•		·
check this box and stop here Section C. Computation of Public						P
•			column (fl)		15	0/
15 Public support percentage for 2018 (lin16 Public support percentage from 2017		•	.,,		16	<u>%</u>
Section D. Computation of Inves					10	
17 Investment income percentage for 20			ine 13 column (f)\		17	%
18 Investment income percentage from 2			(i)		18	
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box an					- 4.5	▶ □
b 33 1/3% support tests - 2017. If the	organization did	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization		-	•		-	

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

- 1 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** 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.*
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b 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?
- 6 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 (as 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).
- 8 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).
- 9a 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c 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.
 - **b** 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.)

	.,	
	Yes	No
1		
2		
3a		
- Cu		
3b		
30		
_		
Зс		
4a		
4b		
4.		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
Ole		
9b		
9с		
10a		
10b		
990 or 99	0-EZ)	2018

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

b 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.*

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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			
	collection of gross income or for management, conservation, or			
	maintenance 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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			
	factors (explain in detail in Part VI):			
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		
	ion 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 prior 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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
		, ,		\

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018 JORDA	N COMMUNITY	COUNCIL,	INC.	15-0557981 Page 8
Part VI	Supplemental Part IV, Section A line 1; Part IV, Sec	I Information. P , lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 , 6, and 8; and Part	rovide the explanatior b, 4c, 5a, 6, 9a, 9b, 9d B; Part IV, Section E, li	ns required by Part c, 11a, 11b, and 1 nes 1c, 2a, 2b, 3a,	t II, line 10; Part II, line 17a o 1c; Part IV, Section B, lines ⁻ , , and 3b; Part V, line 1; Part ^{\text{}} plete this part for any additio	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See manuchons.)					

SCHEDULE G

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Internal Revenue Service Name of the organization **Employer identification number** 15-0557981 JORDAN COMMUNITY COUNCIL, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Sob	odul	e G (Form 990 or 990-EZ) 2018 JORDAN	Public Inspec			·NC		11	5 –	0557981	Dogo 2
	irt I						t IV. I				
		of fundraising event contributions and gro									
			(a) Event #1 JORDAN FALL FESTIVAL		(b) Even	t #2	(4	c) Other events NONE		(d) Total ev (add col. (a) t col. (c)	hrough
Φ			(event type)		(event ty	rpe)		(total number)		COI. (C)	
Revenue	1	Gross receipts	239,422.							239,	422.
	2	Less: Contributions	60,416.							60,	416.
	3	Gross income (line 1 minus line 2)	179,006.							179,	006.
	4	Cash prizes		_							
S	5	Noncash prizes		_							
Direct Expenses	6	Rent/facility costs		_							
irect E	7	Food and beverages	42,250.	_						42,	250.
Ц	8	Entertainment	2,775.							2,	775.
	9	Other direct expenses	141,927.								927.
	10	Direct expense summary. Add lines 4 through							>		952.
D -	11	Net income summary. Subtract line 10 from line)	>	7 ,	946.
Pa	rt I		answered "Yes" on Form	990	, Part IV, li	ne 19, or i	repor	ted more than			
enc		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		b) Pull tabs, go/progress		(0	c) Other gaming		(d) Total gami col. (a) through	
Revenue	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs		_							
	5	Other direct expenses									
	6	Volunteer labor	Yes % No		Yes No	%		Yes No	%		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						•		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	•		

9	Enter the state(s) in which the organization conducts gaming activities:	
а	a Is the organization licensed to conduct gaming activities in each of these states?	No
b	b If "No," explain:	
0a	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	No
b	b If "Yes," explain:	

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Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 JORDAN COMMUNITY COUNCIL, INC. 15-0	557	981	Page :	3_
11	Does the organization conduct gaming activities with nonmembers?		Yes	□ N	0
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Yes	□ N	n
13	Indicate the percentage of gaming activity conducted in:				-
		120	l		0/
	The organization's facility	13a			<u>%</u>
	An outside facility	13b			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				_
	Address >				_
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	No	D
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
					_
					_
					_
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?		Yes	□ N	o
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				-
Рa	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	d III lin	O	2h 10h	_
ı u		L III, III I	les 9,	90, 100,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				—
					_
					_
					_
					_
					_
					_
					_
					_

Schedule G (Form 990 or 990-EZ) JORDAN COMMUNITY COUNCIL, INC. Part IV Supplemental Information (continued)	15-0557981 Page 4
Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ

832084 04-01-18

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2018**

Open to Public Inspection

Schedule I (Form 990) (2018)

Name of the organization					Employer identification number				
JORDAN COMMUNITY COUNCIL, INC.							15-0557981		
Part I General Information on Grants and Assistance									
-	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection								
criteria used to award the grants or assi	stance?						X Yes No		
2 Describe in Part IV the organization's pr	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any								
recipient that received more than		· ·			(f) Method of	1	1		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
VETERAN'S MEMORIAL POOL									
P.O. BOX 561		VILLAGE OF					SUPPORT OF THE VETRANS		
JORDAN, NY 13080	15-6001325	JORDAN, NY	20,000.	0.			MEMORIAL POOL		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-						>		

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columr	l n (b); and any other ad	ditional information.	
RT I, LINE 2:					
NTRIBUTIONS TO THE VILLAGE ARE	MONITORED	BY THE VI	LLAGE FINAN	CE	
MMITTEE. ALL EXPENSES OF THE PO					
ERK'S OFFICE AND FALL UNDER TH	E FISCAL CO	NTROLS OF	THE VILLAGE	€.	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

JORDAN COMMUNITY COUNCIL, INC.

Employer identification number 15-0557981

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS GIVEN TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR
THEIR REVIEW AND GIVEN 14 DAYS TO REVIEW AT WHICH TIME THE RETURN IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY IS SIGNED BY THE BOARD ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE
PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

1.General Information

1. deficial information									
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018									
Check if Applicable: Address Change		rganization: .N COMMUNI'	Employer Identification Number (EIN): 15-0557981						
Name Change Initial Filing	Mailing Ad		NY Registration Number: 15-66-67						
Final Filing	City / State	e / ZIP:	080		Telephone:				
Amended Filing		JORDAN, NY 13080 315 689-5229							
Reg ID Pending	Website:	://VILLAG	E OF JORDAN.OF	RG/JORDAN-CO	Email:				
registration category:	Check your organization's Confirm your Registration Category in the								
2. Certification									
See instructions for certifitwo signatories.	ication requ	irements. Improper	certification is a violation of	of law that may be subject t	o penalties. The certification requires				
We certify under p	enalties of t	perjury that we revie	ewed this report, including	all attachments, and to the l	best of our knowledge and belief,				
				of the State of New York ap					
				BRADFORD HA	MER				
President or Authorized	Officer:			PRESIDENT					
		Signature		Print Name					
	_			RICHARD STR	AUSS				
Chief Financial Officer or	Treasurer:	<u> </u>		TREASURER					
		Signature		Print Name	and Title Date				
3. Annual Reporting	Exempt	ion							
			organization is claiming an	exemption under one cated	gory (7A or EPTL only filers) or both				
,			•						
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable									
schedules and attachmer	nts and pay	applicable fees.							
			-	· · · · · · · · · · · · · · · · · · ·	vernment agencies, etc. did not				
		he organization dic he fiscal year.	l not engage a professiona	I fund raiser (PFR) or fund ra	aising counsel (FRC) to solicit				
Contribution	ins during t	ne nscar year.							
Oh EDTI	E:::	tian. O	- didt		ata did not average (CC 000 at any time				
	fling exemp	tion: Gross receipt	s ala not exceed \$25,000 a	and the market value of assi	ets did not exceed \$25,000 at any time				
daming the	noodi your.								
4. Schedules and A	ttachmer	nts							
See the following page									
for a checklist of	Yes	X No 4a. Did y	our organization use a prof	essional fund raiser, fund ra	aising counsel or commercial co-venturer				
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.									
attachments to									
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.									
5. Fee									
See the checklist on the	7A fili	ng fee:	EPTL filing fee:	Total fee:					
next page to calculate you		-			Make a single check or money order				
fee(s). Indicate fee(s) you					payable to:				
are submitting here:	\$	25.	\$	\$ <u>25.</u>	"Department of Law"				

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

868451 01-15-19 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

JORDAN COMMUNITY COUNCIL, INC. Public Inspection Copy

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:							
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)						
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants							
Check the financial attachments you must submit with your CHAR500:							
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	this stand. Calcadida Dafarabila abantina is account from						
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review.	tributors). Schedule B of public charities is exempt from						
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.							
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	·						
Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000							
X No Review Report or Audit Report is required because total revenue and support	ort is less than \$250,000						
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is							
Calculate Your Fee							
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?						
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon						
D 00 // 1 1 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1	registration with the NY Charities Bureau:						
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York						
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")						
	EPTL filers are registered under the Estates, Powers & Trusts						
For EPTL and DUAL filers, calculate the EPTL fee:	Law ("EPTL") because they hold assets and/or conduct						
\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.						
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.						
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau						
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration						
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These						
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports						
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.						
	Confirm your Registration Category and learn more about NY						
One d Verry Filiper	law at www.CharitiesNYS.com.						
Send Your Filing	Where do I find my organization's NET WORTH?						
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:						
	- IRS Form 990 Part I, line 22						
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21						
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between						
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and						
New York, NY 10005	Total Liabilities (Part II, line 23(b)).						

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

868461 01-15-19 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

Return of Organization Exempt From Income Tax

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

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change JORDAN COMMUNITY COUNCIL, INC. Name change 15-0557981 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 582 315-689-5229 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 13080 JORDAN, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BRADFORD HAMER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► HTTPS: //VILLAGE OF JORDAN.ORG/JORDAN-COMMUN | H(c) Group exemption number ► K Form of organization: X Corporation Trust Association [Other > L Year of formation: 1949 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: JORDAN COMMUNITY COUNCIL'S **Activities & Governance** MISSION IS TO RAISE FUNDS FOR THE BENEFIT OF THE COMMUNITY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 60,666. 70,463. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 773. 702. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -9,386-7,946.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 61,850. 53,422. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 29,889. 30,225. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 13,922. 19,416. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,811.49,641. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,039. 3,781. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 143,542. 147,323 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 三年 143,542. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRADFORD HAMER, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00057000 MICHAEL KINNEY Paid self-employed Firm's name BONADIO & CO., LLP Firm's EIN ▶ 16-1131146 Preparer Firm's address 432 NORTH FRANKLIN STREET Use Only Phone no. (315) 422-7109 SYRACUSE, NY 13204

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION IS TO OPERATE AND RUN AN ANNUAL FESTIVAL FOR THE
	COMMUNITY AND TO FUND LOCAL ORGANIZATIONS WITH THE PROCEEDS FROM THE
	FESTIVAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule 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 Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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 each program service reported.
4a	(Code:) (Expenses \$37,799 • including grants of \$30,225 •) (Revenue \$)
	THE ORGANIZATION IS TO OPERATE AND RUN AN ANNUAL FESTIVAL FOR THE
	COMMUNITY AND TO FUND LOCAL ORGANIZATIONS WITH THE PROCEEDS FROM THE
	FESTIVAL.
4b	(Code:) (Expenses \$
TU	(Code
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 37,799.
	Form 990 (2018)

Form 990 (2018) JORDAN COMMUNITY COUNCIL, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	110
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ <u> </u>		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
9	Schedule D, Part III	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		-23
10		10		x
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		21
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.		x
L	Part VI	11a		
Б	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
اء	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE		25
f	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
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			25
124	, · ·	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	, .	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
J	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>. </u>		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		<u> </u>
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 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	, ,, ii roo, complete conceder, rate ratio ii iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
	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		X
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	٥		
00	Schedule L, Part I	25b		<u> </u>
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,"			x
07	complete Schedule L, Part II	26		<u> </u>
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	0.7		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	<u> </u>		 -
OL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		 -
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	
Pai	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
92200	1 12 21 10	Form	990	(2018)

Form 990 (2018)

JORDAN COMMUNITY COUNCIL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	o d d d d d d d d d d d d d d d d d d d				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l	1		163	140
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		•	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		_ <u>X</u> _
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		_X_
	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	e orga	inization solicit			v
	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 and the statement that such contributions are statement than the statement that such contributions are statement than the statement that such contributions are statement to the statement that such contribut		gifts			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae r	rovided to the navor?	7a		Х
			novided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
·	to file Form 8282?	.0 104	an ou	7c		Х
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 co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	مد ا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a	I			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1 Ia		1		
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		_		
	Enter the amount of reserves on hand	13c				
				14a		_X_
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v
	excess parachute payment(s) during the year?			15		_X_
40	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	. incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			Forn	990	(2010)

orm 990 (2018) JORDAN COMMUNITY CO

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 **1a** Enter the number of voting members of the governing body at the end of the tax year 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 committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request ___ Other (explain in Schedule O) Own website Another's website 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 RICHARD STRAUSS - 315-263-1666

Form **990** (2018)

P.O. BOX 582, JORDAN, NY

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

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.

X Check this box if neither the organization ne	or any related organization compensate					npen	sate	ed any current officer, d		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	_	Jei ali	iu a u	6010	n/uus	(56)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	truste	Institutional trustee		yee	Key employee Highest compensated employee Former		(** = /* *******************************		and related
	below	idual	tution	ie.	Key employee	est co loyee	Jer.			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) RICHARD STRAUSS	1.00									
TREASURER		Х		Х				0.	0.	0.
(2) BRADFORD HAMER	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) RAY BISHOP	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ELIZABETH WILCOX	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(5) DONALD BARD	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL BLAZAK	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(7) WILLIAM DUNGEY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(8) J.J. FARRUGIA	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) MICHAEL KINNEY	1.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) ROBERT MEIXNER	1.00	. ,							_	0
OIRECTOR (11) ALICIA PERSAUD	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) CHRISTY ROHMER	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(13) ROSEANNE LEWIS	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		Λ						0.	0.	<u> </u>
		1								
		1								
		1								
		1								
		•	_			_	•			- 000 (cc.4.0)

832007 12-31-18 Form **990** (2018)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emr	oloy	ees.	and	d Hig	ghes	t C	ompensated Employee	s (continued)				_
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos	itior	າ than d	one	Reportable	Reportable		Es	timate	d
		hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	1	l	ount	of
		week (list any		Cer an		II ecto	T	(66)	from	from related		l	other	L:
		hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om the	
		related	9e Or (trustee			nsatec		(W-2/1099-MISC)	(** 2/ 1033 14110	رر	l	anizati	
		organizations	truste	nal tru		yee	om pe		(** = *********************************			ı ~	relate	
		below	Individual trustee or director	Institutional t	cer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	Indi	Inst	Officer	Key	e Hig	윤						
							├							
			ł											
							┢							
							\vdash							
							\vdash				-			
							\vdash							
1b	Sub-total							▶	0.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A						▶	0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				•
	compensation from the organization											1	V 1	0
_											I		Yes	No
3	Did the organization list any former officer,													Х
4	line 1a? If "Yes," complete Schedule J for s								ar componentian from t			3		
4	For any individual listed on line 1a, is the su	•							•	•		4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											-		
J	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	piete ochedate	, 0 1	01 30	<i>icii</i> ,	<i>JC13</i>	OII .							
1	Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensa [·]	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business	address	N	ONE	3				Description of s	ervices		comper	nsation	า
								\dashv						
								\dashv			—			
								\dashv						
2	Total number of independent contractors (ii	ncludina but n	ot lir	niter	d to	thos	se lie	ted	above) who received me	ore than				
-	\$100,000 of compensation from the organizations	•	J. III			(.cu	assvoj wno roccivou mo	S. S. G. IGIT				
	T. 23,000 S. OSINDONOGROW HOW THE OTYGEN											Form 9	990 (2019

Form 990 (2018) JORDAN
Part VIII Statement of Revenue

	1 C V II			or note to any line	a in this Dart VIII			
		Check if Schedule O conta	airis a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
, Gifts, Grants	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
S, G	С	Fundraising events	1c	60,416.				
a iii	d	Related organizations	1d					
s, e	е	Government grants (contributi	ons) 1e					
ÖÖ	f	All other contributions, gifts, grant	ts, and					
bel		similar amounts not included above	1 1	250.				
혈	a	Noncash contributions included in lines						
Contributions, (h	Total. Add lines 1a-1f		>	60,666.			
				Business Code				
ø	2 a							
Program Service Revenue	b							
Sel	С							
am eve	d							
ge	е							
Ā	f	All other program service reve	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	702.			702.
	4	Income from investment of tax	exempt bond	proceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
ō	8 a	Gross income from fundraising						
Other Revenue		including \$ 60,4						
š		contributions reported on line	÷'	170 006				
e		Part IV, line 18		179,006.				
돧		Less: direct expenses		186,952.	7.046			7.046
-		Net income or (loss) from fund	-	>	-7,946.			-7,946.
	9 a	Gross income from gaming ac						
	_	Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gam		··· ·				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	4.4	Miscellaneous Revenue	9	Business Code				
	11 a							_
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			53,422.	0.	0.	-7,244.
	12	Total revenue. See instructions		🟲	JJ,444.	ı ∪•	U •	_ / , 444•

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	(4)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	30,225.	30,225.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1 000		1 000	
С	Accounting	1,200.		1,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	161.	91.	70.	
13	Office expenses	983.	493.	490.	
14	Information technology	903.	493.	490.	
15	Royalties	6,364.		6,364.	
16	Occupancy	0,304.		0,304.	
17 10	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,718.		3,718.	
24	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE	6,990.	6,990.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	49,641.	37,799.	11,842.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Form 990 (2018)
Part X Balance Sheet

ıaı	ΤΧ	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,173.	1	492.
	2	Savings and temporary cash investments		139,369.	2	146,831.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
					5	
	6	Loans and other receivables from other disqualit				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ω		employees' beneficiary organizations (see instr).	-		6	
Assets	7	Notes and loans receivable, net	[7	
As	8	Inventories for sale or use			8	
	9	B			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal		143,542.	16	147,323.
	17	Accounts payable and accrued expenses			17	,
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
,	22	Loans and other payables to current and former				
ţį		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		22	
Lia	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	•			
		Schedule D	, · ·		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
,		complete lines 27 through 29, and lines 33 an				
Ö	27	Unrestricted net assets		143,542.	27	147,323.
lan	28	Temporarily restricted net assets		•	28	•
Ä	29	D			29	
Ľ		Organizations that do not follow SFAS 117 (A				
ᅵᅩ		and complete lines 30 through 34.	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
is o	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed			31	
t As	32	Retained earnings, endowment, accumulated in			32	
Š	33	Total net assets or fund balances		143,542.	33	147,323.
	34	Total liabilities and net assets/fund balances		143,542.	34	147,323.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	53	3,4	22.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,78	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143	3,5	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	147	7,3	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		l

832012 12-31-18

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization JORDAN COMMUNITY COUNCIL, 15-0557981 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 JORDAN COMMUNITY COUNCIL, INC.

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. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	500.		57,285.	70,463.	60,666.	188,914.	
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					1,288.	1,288.	
4	Total. Add lines 1 through 3	500.		57,285.	70,463.	61,954.	190,202.	
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.						190,202.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	500.		57,285.	70,463.	61,954.	190,202.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	734.	615.	643.	773.	702.	3,467.	
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						193,669.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectior	n 501(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2018 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	98.21 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	98.08 %	
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X	
b	33 1/3% support test - 2017. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion				
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not c					
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization			
b	b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>	
						dule A (Form 990		

Schedule A (Form 990 or 990-EZ) 2018 JORDAN COMMUNITY COUNCIL, INC.

Part III | 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
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						
	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 organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
							>
	ction C. Computation of Publi					г г	
	Public support percentage for 2018 (li			column (f))		15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					Г	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶Ш

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

- 1 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** 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.
- **b** 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b 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?
- 6 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 (as 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).
- 8 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).
- 9a 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c 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.
 - **b** 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.)

	Yes	No
1		
•		
2		
3a		
3b		
Зс		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2018

ı u	Supporting Organizations (continued)			
	r		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
-	tion of Type it dupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	71 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_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			
	collection of gross income or for management, conservation, or			
	maintenance 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		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
Sect	tion 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 prior 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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Pa	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D -	- Distributions			Current Year
1	Amou	unts paid to supported organizations to accomplish exer	mpt purposes		
2		unts paid to perform activity that directly furthers exemp			
	organ	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou				
5		fied set-aside amounts (prior IRS approval required)			
6	Other				
7		annual distributions. Add lines 1 through 6.			
8		butions to attentive supported organizations to which the	e organization is responsive	,	
		de details in Part VI). See instructions.	3		
9		butable amount for 2018 from Section C, line 6			
10		3 amount divided by line 9 amount			
		amount amada by mid o amount	(i)	(ii)	(iii)
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distril	butable amount for 2018 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2018 (reason-			
	able o	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2018			
a	From	2013			
b	From	2014			
С	From	2015			
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distril	butions for 2018 from Section D,			
	line 7	: \$			
a	Applie	ed to underdistributions of prior years			
		ed to 2018 distributable amount			
С	Rema	ainder. Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		aining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		VI. See instructions.			
7		ss distributions carryover to 2019. Add lines 3j			
•	and 4				
8		down of line 7:			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	JORDAN CC	MMUNITY	COUNCIL,	INC.	15-0557981 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1.	mation. Provide 5, 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3; Part I	the explanation 5a, 6, 9a, 9b, 9d V, Section E, lir	s required by Part s, 11a, 11b, and 1 ⁻ nes 1c, 2a, 2b, 3a,	II, line 10; Part II, line 1c; Part IV, Section B and 3b; Part V, line	e 17a or 17b; Part III, line 12; s, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

JORDAN	COMMUNITY COUNCIL,	INC	Ξ.		15-0557	981
	Complete if the organization answe			n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			or has been notified	it is exempt from re	gistration
			_			
LHA For Paperwork Reduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E		Schedule G (Form 9	90 or 990-EZ) 2018

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			Public Inspect	tion Copy		
Sch	edu	le G (Form 990 or 990-EZ) 2018 JORDAN	COMMUNITY COU	JNCIL, INC.	15-	0557981 Page 2
Pa	ırt	Fundraising Events. Complete if the	ne organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990-	EZ, lines 1 and 6b. List e		ts greater than \$5,000.
			(a) Event #1 JORDAN FALL FESTIVAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ηne			, , , , ,	, ,,	,	
Revenue	1	Gross receipts	239,422.			239,422.
Ω						
	2	Less: Contributions	60,416.			60,416.
			1.70 006			4.50.006
	3	Gross income (line 1 minus line 2)	179,006.			179,006.
	4	Cash prizes				
	_	Noncoch prizos				
Direct Expenses	5	Noncash prizes				
ause	6	Rent/facility costs				
xbe						
St E	7	Food and beverages	42,250.			42,250.
Dire						
	8	Entertainment	2,775.			2,775.
	9	Other direct expenses	2,775. 141,927. 19h 9 in column (d) line 3, column (d) answered "Yes" on Form 990, Part IV, line 19, or reported more than (a) Bingo (b) Pull tabs/instant (c) Other gaming (d) Total	141,927.		
	l	Direct expense summary. Add lines 4 through	. ,		>	186,952.
De	11 rt	Net income summary. Subtract line 10 from I				-7,946.
Г	וונ	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(h) Pull tahe/inetant		(d) Total gaming (add
ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
xpenses						
xbe	3	Noncash prizes				
Direct E						
Oire	4	Rent/facility costs				
_	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
		•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>]
	En	ter the state(s) in which the organization condu	_			
а	En	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
а	En		ctivities in each of these s	states?		Yes No
а	En	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No

Schedule G (Form 990 or 990-EZ) 2018

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Sch	edule G (Form 990 or 990 EZ) 2018 JORDAN COMMUNITY COUNCIL, INC. 15-	<u> 1557</u>	981	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a	1	%
	An outside facility	13b		//
		130	<u> </u>	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
·	Too, onto hand address of the time party.			
	Name			
	Address ▶			
16	Gaming manager information:			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. Ш	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, Iir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		-		
				-

Schedule G (Form 990 or 990-EZ) JORDAN COMMUNITY COUNCIL, INC. Part IV Supplemental Information (continued)	15-0557981 Page 4
Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization JORDAN CO	Employer identification number 15-0557981						
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's presented. 	istance?						
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	=					,	, , , , , , ,
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VETERAN'S MEMORIAL POOL							
P.O. BOX 561		VILLAGE OF					SUPPORT OF THE VETRANS
JORDAN, NY 13080	15-6001325	JORDAN, NY	20,000.	0.			MEMORIAL POOL
 2 Enter total number of section 501(c)(3): 3 Enter total number of other organization 	-		e line 1 table	I	<u> </u>	I	>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	ı (b); and any other ad	ditional information.	
PART I, LINE 2:					
CONTRIBUTIONS TO THE VILLAGE ARE MO	ONITORED	BY THE VII	LLAGE FINAN	CE	
COMMITTEE. ALL EXPENSES OF THE POO	L PASS TH	ROUGH THE	VILLAGE OF	JORDAN	
CLERK'S OFFICE AND FALL UNDER THE 1					

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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.

➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** 15-0557981 JORDAN COMMUNITY COUNCIL, INC. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS GIVEN TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND GIVEN 14 DAYS TO REVIEW AT WHICH TIME THE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY IS SIGNED BY THE BOARD ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2018)

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