

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009; B Check if applicable; C Name of organization Jordan's Crossing, Inc.; D Employer identification number 20-3401137; E Telephone number 405 631-5555; F Name and address of principal officer: Karen Walker 6619 S Western, Oklahoma City, OK 73139; G Gross receipts \$ 2,031,612; H(a) Is this a group return for affiliates? Yes [X] No []; H(b) Are all affiliates included? Yes [] No []; I Tax-exempt status: [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527; J Website: N/A; K Type of organization [X] Corporation [] Trust [] Association [] Other; L Year of formation 2005; M State of legal domicile OK

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1 Briefly describe the organization's mission or most significant activities: To provide inpatient drug rehabilitation and care services to women; 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its assets; 3 Number of voting members of the governing body (Part VI, line 1a) 3 6; 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5; 5 Total number of employees (Part V, line 2a) 5 29; 6 Total number of volunteers (estimate if necessary) 6 6; 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0; 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0; 8 Contributions and grants (Part VIII, line 1h) 2,038,864 2,031,612; 9 Program service revenue (Part VIII, line 2g) 75,468 0; 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0; 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0; 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,114,332 2,031,612; 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0; 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0; 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 915,817 928,989; 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0; 16b Total fundraising expenses (Part IX, column (D), line 25) 0 0; 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 952,769 717,262; 18 Total expenses (Part IX, column (A), lines 13-17 (must equal Part IX, column (A), line 25)) 1,868,586 1,646,251; 19 Revenue less expenses. Subtract line 18 from line 12 245,746 385,361; 20 Total assets (Part X, line 16) Beginning of Year 366,229 End of Year 341,741; 21 Total liabilities (Part X, line 26) 355,981 73,590; 22 Net assets or fund balances. Subtract line 21 from line 20 10,248 268,151

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: Karen Walker, Date: 12-10-09, Executive Director

Preparer's signature: David W. Gandah, CPE, CFP, Date: 12/4/2009, Check if self-employed [], Preparer's identifying number: P00086877, Firm's name: dwg inc Professional Tax Preparation, address: 1912 N. Drexel Blvd, Oklahoma City, OK 73107, Phone no: 405 949 0189

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

Jordan's Crossing, Inc. provides residential drug rehabilitation and care services to women

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,232,884 including grants of \$ 1,926,958) (Revenue \$ 0)

Provide drug rehabilitation to women over 18 and their children

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses \$ 1,232,884 (Must equal Part IX, Line 25, column (B).)

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)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | | 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 | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | | 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 questions 24b-24d and complete Schedule K. If "No," go to question 25 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | X |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | | X |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| 1a | 7 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 1c | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2a | 29 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions) | X | |
| 2b | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3a | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4a | | | |
| b | If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 4b | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5a | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5b | | | |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 5c | | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| 6a | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7a | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7c | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7f | | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7g | | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 7h | | | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 8 | | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | X |
| 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 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: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Charles Woods Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Donna Wheeler Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Clint Brewer Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Bob Morgan Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Kevin Tyler Board Member | 2 | X | | | | | | 0 | 0 | 0 |
| Karen Walker Executive Director | 60 | | | X | X | X | | 39,000 | 0 | 0 |
| Wm Forrest While Chairman of the Board | 5 | | | X | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |
| | 0 | | | | | | | 0 | 0 | 0 |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 0 | | | | |
| | b Membership dues | 1b 0 | | | | |
| | c Fundraising events | 1c 0 | | | | |
| | d Related organizations | 1d 0 | | | | |
| | e Government grants (contributions) | 1e 1,926,958 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 104,654 | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 0 | | | | |
| | h Total: Add lines 1a-1f | 2,031,612 | | | | |
| | Program Service Revenue | 2a | Business Code | 0 | | |
| b | | | 0 | | | |
| c | | | 0 | | | |
| d | | | 0 | | | |
| e | | | 0 | | | |
| f All other program service revenue | | | 0 | | | |
| g Total: Add lines 2a-2f | | | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 0 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | |
| | 5 Royalties | | 0 | | | |
| | 6a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | 0 | 0 | | | |
| | d Net rental income or (loss) | | 0 | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | | 0 | 0 | | |
| | | | | | | |
| | b Less: cost or other basis and sales expenses | | 0 | 0 | | |
| | c Gain or (loss) | | 0 | 0 | | |
| d Net gain or (loss) | | 0 | | | | |
| 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | a | | 0 | | | |
| | b Less: direct expenses | b | 0 | | | |
| | c Net income or (loss) from fundraising events | | 0 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | 0 | | | |
| | b Less: direct expenses | b | 0 | | | |
| | c Net income or (loss) from gaming activities | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | 0 | | | |
| | b Less: cost of goods sold | b | 0 | | | |
| | c Net income or (loss) from sales of inventory | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | | | 0 | | | |
| | b | | 0 | | | |
| | c | | 0 | | | |
| | d All other revenue | | 0 | | | |
| | e Total: Add lines 11a-11d | | 0 | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 2,031,612 | 0 | 0 | 0 | |

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 39,000 | 39,000 | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 726,905 | 441,760 | 285,145 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 94,614 | 59,418 | 35,196 | |
| 10 | Payroll taxes | 68,470 | 42,999 | 25,471 | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 36,000 | | 36,000 | |
| b | Legal | 0 | | | |
| c | Accounting | 17,670 | | 17,670 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 337,587 | 337,587 | | |
| 17 | Travel | 0 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 13,684 | 0 | 13,684 | 0 |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | Social Services | 91,559 | 91,559 | | |
| b | Resident Needs | 14,293 | 14,293 | | |
| c | Cleaning and Miscellaneous Supplies | 192,299 | 192,299 | | |
| d | Repairs | 13,969 | 13,969 | | |
| e | Bad Debt | 201 | | 201 | |
| f | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 1,646,251 | 1,232,884 | 413,367 | 0 |
| 26 | Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | | |
|------------------------------------|--|--|---------|--------------------|---------|--------|
| Assets | 1 | Cash—non-interest-bearing | 27,651 | 1 | 126,377 | |
| | 2 | Savings and temporary cash investments | | 2 | | |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 | |
| | 4 | Accounts receivable, net | 273,690 | 4 | 161,231 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | 0 | 5 | 0 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | 0 | 6 | 0 | |
| | 7 | Notes and loans receivable, net | 0 | 7 | 0 | |
| | 8 | Inventories for sale or use | | 8 | | |
| | 9 | Prepaid expenses and deferred charges | | 9 | 1,800 | |
| | 10a | Land, buildings, and equipment: cost basis | 10a | 100,775 | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 10b | 49,569 | 10c | 52,333 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 | |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 | |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 366,229 | 16 | 341,741 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | 190,845 | 17 | 48,590 | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | 19 | | |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | 0 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 3,509 | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 | |
| | 24 | Unsecured notes and loans payable | 0 | 24 | 0 | |
| 25 | Other liabilities. Complete Part X of Schedule D | 161,627 | 25 | 25,000 | | |
| 26 | Total liabilities. Add lines 17 through 25 | 355,981 | 26 | 73,590 | | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | 10,248 | 27 | 268,151 | |
| | 28 | Temporarily restricted net assets | | 28 | | |
| | 29 | Permanently restricted net assets | | 29 | | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| 33 | Total net assets or fund balances | 10,248 | 33 | 268,151 | | |
| 34 | Total liabilities and net assets/fund balances | 366,229 | 34 | 341,741 | | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | X | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? | X | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Jordan's Crossing, Inc.

Employer identification number
20-3401137

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: (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 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:
- 5 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)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | X |
| 11g(ii) | | X |
| 11g(iii) | | X |

h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col.(i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | 0 |
| | | | | | | | | | 0 |
| | | | | | | | | | 0 |
| | | | | | | | | | 0 |
| | | | | | | | | | 0 |
| | | | | | | | | | 0 |
| Total | | | | | | | | | 0 |

Part II 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | 0 | 1,357,666 | 2,038,864 | 2,031,612 | 5,428,142 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 4 Total Add lines 1-3 | 0 | 0 | 1,357,666 | 2,038,864 | 2,031,612 | 5,428,142 |
| 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. | | | | | | 5,428,142 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 0 | 0 | 1,357,666 | 2,038,864 | 2,031,612 | 5,428,142 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0 | 0 | 0 | | | 0 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | | | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 5,428,142 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 0.00% |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 0.00% |
| 16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | 0 | 0 | | | 0 |
| 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 | 0 | 0 | 0 | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | | | 0 |
| 6 Total. Add lines 1-5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 0 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 0 | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | 0 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|-------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | 0.00% |

19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

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

Area with horizontal dotted lines for supplemental information.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Jordan's Crossing, Inc.

Employer identification number

20-3401137

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) . | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990 Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|--|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | 0 |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 0 | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIV the intended-uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|------------------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | 0 | 0 | | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 24,267 | 8,333 | 15,934 |
| d Equipment | 0 | 76,508 | 41,236 | 36,399 |
| e Other | 0 | 0 | 0 | 0 |

Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ 52,333

Part XIV Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

Jordan's Crossing, Inc.

Employer identification number

20-3401137

Area with horizontal dashed lines for supplemental information.

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

| | Cash | | Non Cash |
|---|-----------|---|----------|
| 1 Federated Campaigns | | 1 | |
| 2 Membership dues | | 2 | |
| 3 Fundraising events | | 3 | |
| 4 Related organizations | | 4 | |
| 5 Government grants (contributions) | 1,926,958 | 5 | |
| 6 All other contributions, gifts, grants, and similar amounts not included above: | | | |
| Miscellaneous Revenue | 104,654 | | |
| | | | |
| | | | |
| | | | |
| Other contributions total | 104,654 | 6 | 0 |
| 7 Total | 2,031,612 | 7 | 0 |

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

| | | 13,684 | 0 | 13,684 | 0 |
|-------------|------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Description | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 1 | Mechanical Equipment | 1,725 | | 1,725 | |
| 2 | Kitchen Equipment & Utencils | 773 | | 773 | |
| 3 | Automobils & Vans | 0 | | | |
| 4 | Furniture & Equipment | 4,678 | | 4,678 | |
| 5 | Computer Software | 1,016 | | 1,016 | |
| 6 | Computer Equipment | 2,952 | | 2,952 | |
| 7 | Leasehold Improvements | 2,540 | | 2,540 | |
| 8 | | 0 | | | |
| 9 | | 0 | | | |
| 10 | | 0 | | | |
| 11 | | 0 | | | |
| 12 | | 0 | | | |
| 13 | | 0 | | | |
| 14 | | 0 | | | |
| 15 | | 0 | | | |
| 16 | | 0 | | | |
| 17 | | 0 | | | |
| 18 | | 0 | | | |
| 19 | | 0 | | | |
| 20 | | 0 | | | |

Part X; Line 4 (990) - Accounts Receivable

| | | Accounts receivable | | Allowance for doubtful accounts | |
|------------------------------|----|---------------------|---------|---------------------------------|-----|
| | | Beginning | End | Beginning | End |
| 1 Employee advance | 1 | 0 | | | |
| 2 Grant Recievable | 2 | 273,690 | 161,231 | | |
| 3 Contract Recievable | 3 | 0 | | | |
| 4 | 4 | | | | |
| 5 | 5 | | | | |
| 6 | 6 | | | | |
| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | |
| 10 | 10 | | | | |
| 11 Total accounts receivable | 11 | 273,690 | 161,231 | 0 | 0 |

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

| Category or Item | | Land | Buildings | Leasehold Improvements | Equipment | Other | Check if Investment Asset | Check if Asset Disposed | Cost/Other Basis | Beginning Accumulated Depreciation | Ending Accumulated Depreciation | Disposals/ Adjustments | Beginning Balance | Ending Balance |
|------------------|--------------------------|------|-----------|------------------------|-----------|-------|---------------------------|-------------------------|------------------|------------------------------------|---------------------------------|------------------------|-------------------|----------------|
| 1 | Mechanical Equip | | | | X | | | | 12,074 | 3,681 | 5,406 | | 8,393 | 6,668 |
| 2 | Kitchen Equip & Utencils | | | | X | | | 5,414 | 1,818 | 2,591 | | | 3,596 | 2,823 |
| 3 | Automobiles & Vans | | | | X | | | 5,200 | 1,733 | 1,733 | | | 3,467 | 3,467 |
| 4 | Furniture & Equipment | | | | X | | | 32,276 | 10,063 | 14,741 | | 1,127 | 22,213 | 18,662 |
| 5 | Computer Software | | | | X | | | 6,782 | 5,766 | 6,782 | | | 1,016 | 0 |
| 6 | Computer Equipment | | | | X | | | 14,762 | 7,031 | 9,983 | | | 7,731 | 4,779 |
| 7 | Leasehold Improvements | | | X | | | | 24,267 | 5,795 | 8,333 | | | 18,472 | 15,934 |
| 8 | | | | | | | | | | | | | | 0 |
| 9 | | | | | | | | | | | | | | 0 |
| 10 | | | | | | | | | | | | | | 0 |
| 11 | | | | | | | | | | | | | | 0 |
| 12 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 13 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 14 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 15 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 16 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 17 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 18 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 19 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| 20 | | | | | | | | 0 | 0 | 0 | | | 0 | 0 |
| | | | | | | | | | 100,775 | 35,887 | 49,569 | 1,127 | 64,888 | 52,333 |

Part X, Line 22 (990) - Payables to Officers, Directors, Trustees, etc

| | Name of lender | Title | Original amount | Balance due beginning of year | Balance due end of year | Security provided | Date of note |
|----|------------------|-------|-----------------|-------------------------------|-------------------------|-------------------|--------------|
| 1 | WM Forrest White | | | 3,509 | 0 | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| 18 | | | | | | | |
| 19 | | | | | | | |
| 20 | | | | | | | |

Part X, Line 25 (990) - Other Liabilities

161,627

25,000

| | Description | Beginning | End |
|----|-------------------------|-----------|--------|
| 1 | N/P Imogene Cobb | 60,000 | 25,000 |
| 2 | N/P Commercial Services | 53,691 | 0 |
| 3 | N/P Great Western Mgmt | 47,936 | 0 |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

Part X (Sch D (990)) - Other Liabilities

25,000

| Description | | Amount |
|-------------|-------------------------|--------|
| 1 | Federal Income Taxes | |
| 2 | N/P Imogene Cobb | 25,000 |
| 3 | N/P Commercial Services | 0 |
| 4 | N/P Great Western Mgmt | 0 |
| 5 | | 0 |
| 6 | | 0 |
| 7 | | 0 |
| 8 | | 0 |
| 9 | | 0 |
| 10 | | 0 |
| 11 | | 0 |
| 12 | | 0 |
| 13 | | 0 |
| 14 | | 0 |
| 15 | | 0 |
| 16 | | 0 |
| 17 | | 0 |
| 18 | | 0 |
| 19 | | 0 |
| 20 | | 0 |
| 21 | | 0 |

ASSET DEPRECIATION REPORT
 Jordan's Crossing Jun. 30, 2009

Sorted ASSET A/C#
 Method 1-BOOK-Std Conv Applied

Range 1603 - 1645
 Include All assets

| Date Acq Date Sold | Description Meth - Conv - Life - ITC - Stat - New - Listed | Inv Credit Depr Year | Cost Net Book Value | Valuation Salvage Value | Depr Basis Bus Percent | Current Depr Current AFYD | Beg A/Depr End A/Depr | Selling Price Gain/Loss |
|---|---|-------------------------|------------------------|----------------------------|---------------------------|------------------------------|--------------------------|----------------------------|
| ASSET A/C# 1603 - COMPUTER SOFTWARE | | | | | | | | |
| 12/16/05 | Computer Software | 0 00 | 4,281 83 | 4,281 83 | 4,281 83 | 529 81 | 3,752 02 | |
| | SLP HY 3 00 Omit Active New Not Listed | 6 | 0 00 | 0 00 | 100 00 | 0 00 | 4,281 83 | |
| 02/13/06 | February Database | 0 00 | 2,500 00 | 2,500 00 | 2,500 00 | 486 11 | 2,013 89 | |
| | SLP HY 3 00 Omit Active New Not Listed | 5 | 0 00 | 0 00 | 100 00 | 0 00 | 2,500 00 | |
| Totals for ASSET A/C#: 1603 (2 assets) | | | 6,781 83 | 6 781 83 | 6,781 83 | 1,015 92 | 5,765 91 | 0 00 |
| | | | 0 00 | 0 00 | | 0 00 | 6,781 83 | 0 00 |

| Summary For: | 1603 | Cost | Section 179 + | Accum. Depr. | = | Total |
|--------------------------------|------------|----------|---------------|--------------|---|----------|
| Beginning Balances | (2 assets) | 6,781 83 | 0 00 | 5,765 91 | | 5,765 91 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr | 0 00 | | 1,015 92 |
| Subtotals | | 6,781 83 | 0 00 | 6,781 83 | | 6,781 83 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | | 0 00 |
| Ending Balances | (2 assets) | 6,781 83 | 0 00 | 6,781 83 | | 6,781 83 |

| ASSET A/C# 1604 - COMPUTER EQUIPMENT | | | | | | | | |
|--|--|------|-----------|-----------|-----------|----------|----------|------|
| 12/16/05 | Computer Equipment | 0 00 | 13,208 00 | 13,208 00 | 13,208 00 | 2,641 60 | 6,794 07 | |
| | SLP HY 5 00 Omit Active New Not Listed | 6 | 3,772 33 | 0 00 | 100 00 | 0 00 | 9,435 67 | |
| ****WARNING: Depreciation Year is 1 greater than life. Should this asset be fully depreciated?**** | | | | | | | | |
| 01/12/06 | Computer Equipment Wireless Router | 0 00 | 257 00 | 257 00 | 257 00 | 51 40 | 128 50 | |
| | SLP HY 5 00 Omit Active New Not Listed | 5 | 77 10 | 0 00 | 100 00 | 0 00 | 179 90 | |
| 08/20/07 | Computer Equipment 8/20/07 | 0 00 | 763 33 | 763 33 | 763 33 | 152 67 | 63 61 | |
| | SLP HY 5 00 Omit Active New Not Listed | 2 | 547 05 | 0 00 | 100 00 | 0 00 | 216 28 | |
| 08/20/07 | Computer Equipment | 0 00 | 533 38 | 533 38 | 533 38 | 106 68 | 44 45 | |
| | SLP HY 5 00 Omit Active New Not Listed | 2 | 382 25 | 0 00 | 100 00 | 0 00 | 151 13 | |
| Totals for ASSET A/C#: 1604 (4 assets) | | | 14,761 71 | 14,761 71 | 14,761 71 | 2,952 35 | 7,030 63 | 0 00 |
| | | | 4,778 73 | 0 00 | | 0 00 | 9,982 98 | 0 00 |

| Summary For: | 1604 | Cost | Section 179 + | Accum. Depr. | = | Total |
|--------------------------------|------------|-----------|---------------|--------------|---|----------|
| Beginning Balances | (4 assets) | 14,761 71 | 0 00 | 7,030 63 | | 7,030 63 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr | 0 00 | | 2,952 35 |
| Subtotals | | 14,761 71 | 0 00 | 9,982 98 | | 9,982 98 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | | 0 00 |
| Ending Balances | (4 assets) | 14,761 71 | 0 00 | 9,982 98 | | 9,982 98 |

| ASSET A/C# 1614 - MECHANICAL EQUIPMENT | | | | | | | | |
|---|--|------|-----------|-----------|-----------|----------|----------|------|
| 12/16/05 | Mechanical Equipment | 0 00 | 8,259 00 | 8,259 00 | 8,259 00 | 1,179 86 | 2,949 65 | |
| | SLP HY 7 00 Omit Active New Not Listed | 6 | 4,129 49 | 0 00 | 100 00 | 0 00 | 4,129 51 | |
| 01/31/06 | January Addition | 0 00 | 1,988 00 | 1,988 00 | 1,988 00 | 284 00 | 710 00 | |
| | SLP HY 7 00 Omit Active New Not Listed | 5 | 994 00 | 0 00 | 100 00 | 0 00 | 994 00 | |
| 12/28/07 | Generator | 0 00 | 1,827 07 | 1,827 07 | 1,827 07 | 261 01 | 21 75 | |
| | SLP HY 7 00 Omit Active New Not Listed | 2 | 1,544 31 | 0 00 | 100 00 | 0 00 | 282 76 | |
| Totals for ASSET A/C#: 1614 (3 assets) | | | 12,074 07 | 12,074 07 | 12,074 07 | 1,724 87 | 3,681 40 | 0 00 |
| | | | 6,667 80 | 0 00 | | 0 00 | 5,406 27 | 0 00 |

| Summary For: | 1614 | Cost | Section 179 + | Accum. Depr. | = | Total |
|--------------------------------|------------|-----------|---------------|--------------|---|----------|
| Beginning Balances | (3 assets) | 12,074 07 | 0 00 | 3,681 40 | | 3,681 40 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr | 0 00 | | 1,724 87 |
| Subtotals | | 12,074 07 | 0 00 | 5,406 27 | | 5,406 27 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | | 0 00 |
| Ending Balances | (3 assets) | 12,074 07 | 0 00 | 5,406 27 | | 5,406 27 |

ASSET DEPRECIATION REPORT
 Jordan's Crossing Jun. 30, 2009

Sorted ASSET A/C#
 Method 1-BOOK-Std Conv Applied

Range 1603 - 1645
 Include All assets

| Date Acq Date Sold | Description Meth - Conv - Life - ITC - Stat - New - Listed | Inv Credit Depr Year | Cost Net Book Value | Valuation Salvage Value | Depr Basis Bus Percent | Current Depr Current AFYD | Beg A/Depr End A/Depr | Selling Price Gain/Loss |
|--|---|-------------------------|------------------------|----------------------------|---------------------------|------------------------------|--------------------------|----------------------------|
| ASSET A/C# 1620 - KITCHEN EQUIPMENT | | | | | | | | |
| 12/16/05 | Kitchen Equipment SLP HY 7 00 Omit Active New Not Listed | 0 00 6 | 1,134 00 553 50 | 1,134 00 0 00 | 1,134 00 100 00 | 162 00 0 00 | 418 50 580 50 | |
| 01/31/06 | Appliance January SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 1,271 47 635 73 | 1,271 47 0 00 | 1,271 47 100 00 | 181 64 0 00 | 454 10 635 74 | |
| 02/15/06 | Boiler Tank SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 1,333 60 682.68 | 1,333 60 0 00 | 1,333 60 100 00 | 190 51 0 00 | 460 41 650 92 | |
| 04/25/06 | Kitchen Equipment SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 1,115 46 597 57 | 1,115 46 0 00 | 1,115 46 100 00 | 159 35 0 00 | 358 54 517 89 | |
| 12/26/06 | Washer SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 559 22 352 83 | 559 22 0 00 | 559 22 100 00 | 79 89 0 00 | 126 50 206 39 | |
| Totals for ASSET A/C# 1620 (5 assets) | | | 5,413 75 2,822 31 | 5,413 75 0 00 | 5,413 75 | 773 39 0 00 | 1,818 05 2,591 44 | 0 00 0 00 |

| Summary For: | 1620 | Cost | Section 179 + | Accum. Depr. | = | Total |
|--------------------------------|------------|----------|---------------|--------------|---|----------|
| Beginning Balances | (5 assets) | 5,413 75 | 0 00 | 1,818 05 | | 1,818 05 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr | 0 00 | | 773 39 |
| Subtotals | | 5,413 75 | 0 00 | 2,591 44 | | 2,591 44 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | | 0 00 |
| Ending Balances | (5 assets) | 5,413 75 | 0 00 | 2,591 44 | | 2,591 44 |

| ASSET A/C# 1630 - FURNITURE AND EQUIPMENT | | | | | | | | |
|--|--|-----------|------------------------|-------------------|--------------------|------------------|------------------------|--------------|
| 12/16/05 | Furniture & Equipment SLP HY 7 00 Omit Active New Not Listed | 0 00 6 | 6,908 17 3,371 85 | 6,908 17 0 00 | 6,908 17 100 00 | 986 88 0 00 | 2,549 44 3,536 32 | |
| 12/16/05 | Playground Equipment SLP HY 7 00 Omit Active New Not Listed | 0 00 6 | 2,669 00 1,302 71 | 2,669 00 0 00 | 2,669 00 100 00 | 381 29 0 00 | 985 00 1,366 29 | |
| 01/30/06 | Furniture & Equipment Jan 06 SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 3,276 17 1,638 10 | 3,276 17 0 00 | 3,276 17 100 00 | 468 02 0 00 | 1,170 05 1,638 07 | |
| 02/10/06 | Furniture & Equipment Feb 06 SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 4,466 59 2,286 48 | 4,466 59 0 00 | 4,466 59 100 00 | 638 08 0 00 | 1,542 03 2,180 11 | |
| 06/22/06 | Furniture and Equipment April/June SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 3,592 17 2,009 89 | 3,592 17 0 00 | 3,592 17 100 00 | 513 17 0 00 | 1,069 11 1,582 28 | |
| 09/07/06 | Telephone System SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 6,144 77 3,657 61 | 6,144 77 0 00 | 6,144 77 100 00 | 877 82 0 00 | 1,609 34 2,487 16 | |
| 12/14/06 | Furniture & Equipment December SLP HY 7 00 Omit Active New Not Listed | 0 00 5 | 4,370 44 2,757 53 | 4,370 44 0 00 | 4,370 44 100 00 | 624 35 0 00 | 988 56 1,612 91 | |
| 01/01/07 | Filing Cabinet SLP FM 7 00 Omit Active New Not Listed | 0 00 3 | 166 01 106 71 | 166 01 0 00 | 166 01 100 00 | 23 72 0 00 | 35 58 59 30 | |
| 05/22/07 | Furniture SLP FM 7 00 Omit Active New Not Listed | 0 00 3 | 683 17 471 70 | 683 17 0 00 | 683 17 100 00 | 97 60 0 00 | 113 87 211 47 | |
| 02/16/09 (A) | Sofa & Loveseat SLP FM 7 00 Omit Active New Not Listed | 0 00 1 | 1,127 15 1,060 06 | 1,127 15 0 00 | 1,127 15 100 00 | 67 09 0 00 | 0 00 67 09 | |
| Totals for ASSET A/C# 1630 (10 assets) | | | 33,403 64 18,662 64 | 33,403 64 0 00 | 33,403 64 | 4,678 02 0 00 | 10,062 98 14,741 00 | 0 00 0 00 |

| Summary For: | 1630 | Cost | Section 179 + | Accum. Depr. | = | Total |
|--------------------------------|-------------|-----------|---------------|--------------|---|-----------|
| Beginning Balances | (9 assets) | 32,276 49 | 0 00 | 10,062 98 | | 10,062 98 |
| + Additions (A) | (1 assets) | 1,127 15 | Curr Depr | 0 00 | | 4,678 02 |
| Subtotals | | 33,403 64 | 0 00 | 14,741 00 | | 14,741 00 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | | 0 00 |
| Ending Balances | (10 assets) | 33,403 64 | 0 00 | 14,741 00 | | 14,741 00 |

ASSET DEPRECIATION REPORT
 Jordan's Crossing Jun. 30, 2009

Sorted ASSET A/C#
 Method 1-BOOK-Std Conv Applied

Range 1603 - 1645
 Include All assets

| Date Acq | Description | Inv Credit | Cost | Valuation | Depr Basis | Current Depr | Beg A/Depr | Selling Price |
|--|--|------------|----------------|---------------|-------------|--------------|------------|---------------|
| Date Sold | Meth - Conv - Life - ITC - Stat - New - Listed | Depr Year | Net Book Value | Salvage Value | Bus Percent | Current AFYD | End A/Depr | Gain/Loss |
| ASSET A/C#: 1640 - AUTOMOBILES & VANS | | | | | | | | |
| 08/17/06 | 1999 Chevy Astro Van | 0 00 | 5,200 00 | 5,200 00 | 5,200 00 | 0 00 | 1,733 34 | |
| | SLP HY 3 00 Omit Active Used Truck/Van | 5 | 3,466 66 | 0 00 | 100 00 | 0 00 | 1,733 34 | |
| Totals for ASSET A/C#: 1640 | | | | | | | | |
| | | | (1 assets) | 5,200 00 | 5,200 00 | 5,200 00 | 0 00 | 1,733 34 |
| | | | | 3,466 66 | 0 00 | 0 00 | 1,733 34 | 0 00 |

| Summary For: | 1640 | Cost | Section 179 | + Accum. Depr. | = Total |
|--------------------------------|------------|----------|----------------|----------------|----------|
| Beginning Balances | (1 assets) | 5,200 00 | 0 00 | 1,733 34 | 1,733 34 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr 0 00 | 0 00 | 0 00 |
| Subtotals | | 5,200 00 | 0 00 | 1,733 34 | 1,733 34 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | 0 00 |
| Ending Balances | (1 assets) | 5,200 00 | 0 00 | 1,733 34 | 1,733 34 |

| ASSET A/C#: 1645 - LEASEHOLD IMPROVEMENTS | | | | | | | | |
|--|---|------|------------|-----------|-----------|-----------|----------|----------|
| 12/16/05 | Leasehold Improvements | 0 00 | 17,677 27 | 17,677 27 | 17,677 27 | 1,767 73 | 4,566 64 | |
| | SLP HY 10 00 Omit Active New Not Listed | 6 | 11,342 90 | 0 00 | 100 00 | 0 00 | 6,334 37 | |
| 08/17/06 | Leasehold Improvements 06 | 0 00 | 3,959 07 | 3,959 07 | 3,959 07 | 395 91 | 758 83 | |
| | SLP HY 10 00 Omit Active New Not Listed | 5 | 2,804 33 | 0 00 | 100 00 | 0 00 | 1,154 74 | |
| 04/25/07 | Tile-Shower | 0 00 | 2,630 42 | 2,630 42 | 2,630 42 | 375 77 | 469 71 | |
| | SLP FM 7 00 Omit Active New Not Listed | 3 | 1,784 94 | 0 00 | 100 00 | 0 00 | 845 48 | |
| Totals for ASSET A/C#: 1645 | | | | | | | | |
| | | | (3 assets) | 24,266 76 | 24,266 76 | 24,266 76 | 2,539 41 | 5,795 18 |
| | | | | 15,932 17 | 0 00 | 0 00 | 8,334 59 | 0 00 |

| Summary For: | 1645 | Cost | Section 179 | + Accum. Depr. | = Total |
|--------------------------------|------------|-----------|----------------|----------------|----------|
| Beginning Balances | (3 assets) | 24,266 76 | 0 00 | 5,795 18 | 5,795 18 |
| + Additions (A) | (0 assets) | 0 00 | Curr Depr 0 00 | 2,539 41 | 2,539 41 |
| Subtotals | | 24,266 76 | 0 00 | 8,334 59 | 8,334 59 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | 0 00 |
| Ending Balances | (3 assets) | 24,266 76 | 0 00 | 8,334 59 | 8,334 59 |

ASSET DEPRECIATION REPORT
 Jordan's Crossing Jun. 30, 2009

Sorted ASSET A/C#
 Method 1-BOOK-Std Conv Applied

Range 1603 - 1645
 Include All assets

| Date Acq | Description | Inv Credit | Cost | Valuation | Depr Basis | Current Depr | Beg A/Depr | Selling Price |
|--------------------------------------|--|-------------|----------------|---------------|-------------|--------------|------------|---------------|
| Date Sold | Meth - Conv - Life - ITC - Stat - New - Listed | Depr Year | Net Book Value | Salvage Value | Bus Percent | Current AFYD | End A/Depr | Gain/Loss |
| Grand totals for all accounts | | (28 assets) | 101,901 76 | 101,901 76 | 101,901 76 | 13,683 96 | 35,887 49 | 0 00 |
| | | | 52,330 31 | 0 00 | | 0 00 | 49,571 45 | 0 00 |

| Summary For Grand Totals | | Cost | Section 179 + | Accum. Depr. | = Total |
|--------------------------------|--------------------|------------|---------------|--------------|-----------|
| Beginning Balances | (27 assets) | 100,774 61 | 0 00 | 35,887 49 | 35,887 49 |
| + Additions (A) | (1 assets) | 1,127 15 | Curr Depr | 0 00 | 13,683 96 |
| Subtotals | | 101,901 76 | 0 00 | 49,571 45 | 49,571 45 |
| - Disposals (D) and Trades (T) | (0 assets) | 0 00 | 0 00 | 0 00 | 0 00 |
| Ending Balances | (28 active assets) | 101,901 76 | 0 00 | 49 571 45 | 49,571 45 |

| | Cost | Current Depreciation | Ending Accum. Depr. |
|---|------------|----------------------|---------------------|
| Depreciable assets: (28 assets, 0 disposed) | 101,901 76 | 13,683 96 | 49,571 45 |
| Amortizable assets: (0 assets, 0 disposed) | 0 00 | 0 00 | 0 00 |

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, I - Inactive

Additional Summary Statistics for Assets:

| | Cost | Current Year Salvage Value | Prior Year Salvage Value | Depreciable Basis | Beginning Accum. Depr. | Current Depreciation | Ending Accum. Depr. | Net Book Value |
|-----------------------------|------------|----------------------------|--------------------------|-------------------|------------------------|----------------------|---------------------|----------------|
| Grand Totals for all assets | 101,901 76 | 0 00 | 0 00 | 101,901 76 | 35,887 49 | 13,683 96 | 49,571 45 | 52,330 31 |
| Less: Inactive Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Disposed Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Traded Assets | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 | 0 00 |
| Net Totals (Active Assets) | 101,901 76 | 0 00 | 0 00 | 101,901 76 | 35,887 49 | 13,683 96 | 49,571 45 | 52,330 31 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|--|--|
| Type or print | Name of Exempt Organization Jordan's Crossing, Inc. | Employer identification number 20-3401137 |
| File by the due date for filing your return See instructions | Number, street, and room or suite no If a P O box, see instructions 6619 S Western | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions. Oklahoma City | OK 73139 |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Great -West Management LLC 6619 S Western Oklahoma City OK 73139

Telephone No. ▶ 405-634-8888 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning 7/1/2008, and ending 6/30/2009

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|---|
| 3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.