Form

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and		Open to Public Inspection	
			ar year, or tax year beginning and	ending		<b>-</b>
B	Check if		forganization		D Employer identific	ation number
	Addre chang	ess THE	JORDAN PORCO FOUNDATION			
	Name	9	usiness as		27-503955	55
	Initial		and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final returr	415		304B	860-904-6	
	termi	n_	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,117,175.
	Amer returr	nded were	ERSFIELD, CT 06109		H(a) Is this a group re	
	Appli tion		nd address of principal officer: MARISA GIARNELLA-PC	ORCO	for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	····· —
1	ax-ex	empt status:	<b>X</b> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Nebsi	ite: REME	MBERINGJORDAN.ORG		H(c) Group exemptior	number
K	<sup>:</sup> orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 2011 N	I State of legal domicile: $\operatorname{CT}$
Pa	art I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: $\underline{TO}$	REVENT	' SUICIDE, PF	OMOTE
Governance		MENTAL	HEALTH, AND CREATE A MESSAGE OF HC	PE FOF	R YOUNG ADUL	rs.
rna	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			12
	4		lependent voting members of the governing body (Part VI, line 1b)			11
ŝ	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)			9
Ţ	6		of volunteers (estimate if necessary)			50
Activities &			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)		330,856.	236,199.
Revenue	9		ce revenue (Part VIII, line 2g)		20,750.	86,155.
Sev Sev			come (Part VIII, column (A), lines 3, 4, and 7d)		47,961.	71,459.
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,420.	43,022.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		445,987.	436,835.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		428,424.	364,786.
Expenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		420,424.	0.
en ș	10a		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 65,9	51	0.	0•
Ä			ing expenses (Part IX, column (D), line 25) <u>65,9</u> es (Part IX, column (A), lines 11a-11d, 11f-24e)		265,737.	191,029.
	''		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		694,161.	555,815.
	19		expenses. Subtract line 18 from line 12		-248,174.	-118,980.
۲.	-	I LEVELIUE IESS			ginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)		1,958,854.	2,005,415.
Asse	21		(Part X, line 10)		42,421.	81,618.
Net ,	22		fund balances. Subtract line 21 from line 20		1,916,433.	1,923,797.
	art 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.

Sign	Signature of off	icer						Date			
Here	MARISA (	GIARNELLA-	-PORCO, H	PRESIDENT	& CEO						
	Type or print na	ame and title									
	Print/Type prep	arer's name		Preparer's signa	ture		Date		Check	PTIN	
Paid	CAITLIN	LIMOGES,	CPA	CAITLIN	LIMOGES,	CPA 1	10/23	/24	ii self-employed	P0163358	8
Preparer	Firm's name	AAFCPAS,	INC.					Firm's	EIN 04-	2571780	
Use Only	Firm's address	50 WASHI	NGTON STI	REET							
		WESTBOROU	UGH, MA	01581				Phone	no.508-	366-9100	
May the IF	RS discuss this	return with the pre	eparer shown at	ove? See instruc	tions					X Yes	No
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

Form 990 (2023) THE JORDAN POR		27-50395	55 Page
Part III Statement of Program Service Accor	-		
Check if Schedule O contains a response or note	to any line in this Part III		X
1 Briefly describe the organization's mission:	ΜΕΝΠΑΤ ΠΕΛΤΠΟ		<b>P</b>
TO PREVENT SUICIDE, PROMOTE HOPE FOR YOUNG ADULTS.	MENTAL REALTR, 2	AND CREATE A MESSAGE O	<u> </u>
HOPE FOR YOUNG ADULTS.			
2 Did the organization undertake any significant program	services during the year which	were not listed on the	
	0,		Yes X N
If "Yes," describe these new services on Schedule O.			
3 Did the organization cease conducting, or make signific	cant changes in how it conducts	s any program services?	Yes X N
If "Yes," describe these changes on Schedule O.			
4 Describe the organization's program service accomplis	hments for each of its three larc	est program services, as measured by expe	nses.
Section 501(c)(3) and 501(c)(4) organizations are requir			
revenue, if any, for each program service reported.			,
	including grants of \$	) (Revenue \$	86,155.
FRESH CHECK DAY:		, , , , ,	
FRESH CHECK DAY IS A CELEBRA			
APPROACHABLE ATMOSPHERE WHEN			
DIALOGUE ABOUT MENTAL HEALTH			
BETWEEN STUDENTS AND THE MEN			
EXIST ON CAMPUS, IN THE COMM			
PEER-TO-PEER MESSAGING MODE			OUPS
IN ADDITION TO COLLEGE/UNIVE			
INTERACTIVE BOOTHS THAT DEL			
IN A FUN AND ENGAGING WAY. 7			
AND 199 FRESH CHECK DAY EVEN		38 STATES, PLUS D.C.,	IN
	including grants of \$	) (Revenue \$	
4 WHAT'S NEXT:			
4 WHAT'S NEXT IS A PRIMARY I			
RESILIENCY IN STUDENTS BY G			
DISTRESS NOW AND IN THEIR FU			
ACQUIRED IN 2023, RESULTING	IN AN ESTIMATED	IMPACT OF 1,000 STUDE	NTS.
4c (Code: ) (Expenses \$ 14,344	including grants of \$	) (Revenue \$	
NINE OUT OF TEN:			
THE NINE OUT OF TEN AMBASSAI	OR PROGRAM IS A	STUDENT AMBASSADOR PR	OGRAM
THAT EMPOWERS COLLEGE STUDE			
NINE OUT OF TEN PROGRAM IS H			
SUICIDE PREVENTION PROGRAM.			
10 COLLEGE STUDENTS CONTEMPI			
COLLEGE STUDENTS TO BE A HOI	-		
YEAR THE JORDAN PORCO FOUND			
STUDENTS FROM ACROSS THE US			
		023, THIS PROGRAM WAS	
ACTIVE.			
4d Other program services (Describe on Schedule O.)			
(Expenses \$ 67,741. including grants c	if \$	) (Revenue \$ )	
4e Total program service expenses 3	73,437.		
		F	orm <b>990</b> (202
32002 12-21-23 SEE	SCHEDULE O FOR C	ONTINUATION (S)	
32002 12-21-23 SEE	SCHEDULE O FOR C 3	ONTINUATION (S)	

Form 990 (	2023)	THE	JORDAN	PORCO	FOUNDATION
Part IV	Che	ecklist of Require	d Schedule	es	

			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? See instructions	2	Х	
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		X
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		<u> </u>
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in 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,	44.	х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u></u>	
D		11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		X
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. See instructions	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		20a		X
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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# Form 990 (2023) THE JORDAN PORCO FOUNDATION 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			v
	Schedule K. If "No," go to line 25a	24a		X
	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	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<b>28</b> a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		<u> </u>
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
55	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			
04		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 000	
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Form	990 (2023) THE JORDAN PORCO FOUNDATION		27-5039	555	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		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			4a		Х
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 A	ccounts (F	-BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
-	were not tax deductible?	-		6b		1
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices nrovi	ded to the navor?	7a	х	
				7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			10		
Ū	to file Form 8282?	ao roquiro	-	7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	<u> </u>		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-			76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7g		
-	If the organization received a contribution of quanted intellectual property, did the organization ner of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes,			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7.11		
-	encourse execution have execute husiness heldings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	· · · ·				
а	Gross income from members or shareholders	11a				
	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		
	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				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or				1
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	
332005	12-21-23			Form	990	(2023)

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 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 on Schedule O. See instructions.

T
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4-	Enter the number of voting members of the governing hadvest the and of the tax vec	1	12		Yes	N(						
па	Enter the number of voting members of the governing body at the end of the tax year	1a	12									
	If there are material differences in voting rights among members of the governing body, or if the governing											
Ŀ.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		11									
	Enter the number of voting members included on line 1a, above, who are independent											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			•		v						
_	officer, director, trustee, or key employee?			2		<u> </u>						
3	Did the organization delegate control over management duties customarily performed by or under the			-								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4								
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X X						
6	Did the organization have members or stockholders?			6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?			7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st											
	persons other than the governing body?			7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			1.0								
a	The governing body?			8a	х							
h	Each committee with authority to act on behalf of the governing body?			8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00								
5				9		x						
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		1 23						
	tion Brit Groude (This Section B requests information about policies not required by the internal Re	venue Code.)			Yes	N						
0~	Did the examination have lead chapters, branches, or effiliates?			10a	Tes	X						
	Did the organization have local chapters, branches, or affiliates?			10a								
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			401								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	-						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing th	he form?	11a	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37							
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "											
	on Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approva	l by independe	nt									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a										
	taxable entity during the year?			16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participati	ion									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 CT, NY, FL, MA, P	A,RI,DE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		on 501(c)(3)s	only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain	n on Schedule (	C)									
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finand	cial							
19												
19	statements available to the public during the tax year.											
19 20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	6									
		oks and records	6									
	State the name, address, and telephone number of the person who possesses the organization's box MARISA GIARNELLA-PORCO - $860-904-6041$	oks and records	3									

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					1711 US		from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	nstitutional trustee		yee	mpen		1099-NEC)	1000 NEO	and related
	below	dual t	ution	-	ƙey employee	est co oyee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) MARISA GIARNELLA-PORCO	40.00									
PRESIDENT/CEO		Х	-	Х				90,000.	0.	0.
(2) FREDERICK KAELIN	40.00									
EXECUTIVE DIRECTOR (UNTIL 11/2023)				х				7,808.	0.	0.
(3) ERNEST PORCO	1.25									
CHAIRMAN		Х		х				0.	0.	0.
(4) VICTORIA PACE	3.75									
SECRETARY		Х		Х				0.	0.	0.
(5) CHRISTOPHER AROH	1.25									
TREASURER		Х		Х				0.	0.	0.
(6) CLEMENT LEWIN	1.25									
BOARD MEMBER		Х						0.	0.	0.
(7) PETER CULVER	1.25									
BOARD MEMBER		х						0.	0.	0.
(8) MICHAEL K. KALMAN	0.10									•
BOARD MEMBER	0.10	Х						0.	0.	0.
(9) SARAH-KATE VENISON	0.10								•	•
BOARD MEMBER	0.10	Х						0.	0.	0.
(10) APRIL BRACKETT	0.10								•	•
BOARD MEMBER	0.10	Х						0.	0.	0.
(11) STEVE BURKHART	0.10								•	•
BOARD MEMBER	1 05	Х						0.	0.	0.
(12) MILAND CHAND	1.25								0	0
BOARD MEMBER	0.10	Х						0.	0.	0.
(13) THEDDEUS IHEANACHO, MD	0.10								•	•
BOARD MEMBER (LEFT IN 2023)	1 05	X						0.	0.	0.
(14) CASSANDRA MICHEL	1.25							0	0	0
BOARD MEMBER		X						0.	0.	0.
		1								
		1								
	1	I	I	I	L	1		1		000

332007 12-21-23

Form 990 (2023)

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c       Total from continuation sheets to Part VII, Section A       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				-											
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d Total (add lines 1b and 1c)       97,808.       0.       0.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated of services       0       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation       0       0															
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensate address       NONE       Bescription of services       Compensation         2       (A)       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more th	c Total f	rom continuation sheets to Part VI	I, Section A												
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3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)       Complensation         Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0								,		,	·				0
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       NONE       Description of services       Compensation         (B)       (C)       Compensation       Compensation       I         (A)       NONE       Description of services       I       I         (B)       C       Compensation       I       I         (B)       I       I       I       I       I         (C)       Compensation       I       I       I       I         (C)       I       I       I       I       I </td <td></td> <td>,</td> <td>Yes</td> <td></td>													,	Yes	
Iine 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         9       None       Description of services       6       Compensation         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       CO       Compensation         1       Complete this table for your five highest address       NONE       Description of services       Compensation         1       Complete this table for your five highest address       NONE       Description of services       Compensation         2       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (includi	2 Did the	execution list on the set officer	divector truct			mal		~ ~ ~	<b>b</b> :~	best componented small	0.100.00	Г			
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         1       Complete this table for your five highest compensate independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       Cotal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       -       -         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       -       - <td></td> <td><b>0</b></td> <td></td> <td>· ·</td> <td></td> <td>•</td> <td></td> <td>'</td> <td>0</td> <td></td> <td>5</td> <td></td> <td>•</td> <td></td> <td>v</td>		<b>0</b>		· ·		•		'	0		5		•		v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												-	3	_	<u> </u>
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         1       One person       Image: Compensation of the calendar year ending with or within the organization's tax year.       Image: Compensation for the calendar year ending with or within the organization of services       Compensation         1       Mame and business address       NONE       Description of services       Compensation         1       Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation for the organization       Image: I															
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete the stable of provide the calendar year ending with or within the organization's tax year.       Image: Compensation       Image: Compensation         Image: Complete the stable of provide the calendar year ending with or within the organization of services       Image: Compensation       Image: Compensation         Image: Complete the stable of provide the stable of provide the services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Complete the stable of provide the services       Image: Complete the services       Image:	and rel	ated organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	che	dule	J f	for such individual		L	4		X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0	5 Did any	y person listed on line 1a receive or a	accrue comper	nsati	on fr	om a	any	unre	late	ed organization or individ	lual for services				
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0	rendere	ed to the organization? If "Yes." corr	plete Schedul	e J fo	or su	ich p	bers	on .					5		Х
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(A) Name and business address       (B) Description of services       (C) Compensation         Image: Compensation       Image: Compensation       Image: Compensation												onouti			
Name and business address     NONE     Description of services     Compensation			the calendar y	care	nuii	ig wi	ure						(0)		
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			address	NT/							envices	Co			
\$100,000 of compensation from the organization 0			2001035	INC		5			_	Description of s			mpen	Sation	
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							-								
												F	orm 9	90 (2	023)

332008 12-21-23

Ра	rt VII	Check if Schedule O contains a response or note to any li	no in this Dart VIII			
		Check in Schedule O contains a response of hote to any in	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
				lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns 1a				
ran	b	Membership dues 1b				
Å G	с	Fundraising events 1c 46,682.	,			
ar /	d	Related organizations 1d				
is, ( imil	е	Government grants (contributions) 1e 37, 517.				
tion sr S	f	All other contributions, gifts, grants, and				
ibu		similar amounts not included above If 152,000.	4			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	006 100			
<u>a C</u>	h	Total. Add lines 1a-1f	236,199.			
ice	2 a	PROGRAM SERVICE FEES 900099	86,155.	86,155.		
erv	b					
m S ven	C L					
grai Re	d					
Program Service Revenue	e f	All other program service revenue				
_		Total. Add lines 2a-2f	86,155.			
	3	Investment income (including dividends, interest, and				
	_	other similar amounts)	62,088.			62,088.
	4	Income from investment of tax-exempt bond proceeds				-
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	-			
		assets other than inventory <b>7a</b> 660,879.				
	b	Less: cost or other basis and sales expenses <b>7b 651,508.</b>				
nue	_	and sales expenses     7b 651,508.       Gain or (loss)     7c 9,371.	-			
Revenue	с с	Net gain or (loss)	9,371.			9,371.
٦		Gross income from fundraising events (not	5,5,11			5,5110
Othe	04	including \$ 46,682. of				
•		contributions reported on line 1c). See				
		Part IV, line 18				
	b	Less: direct expenses 8b 28,832.				
	с	Net income or (loss) from fundraising events	43,022.			43,022.
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a	4			
		Less: direct expenses9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a	-			
		Less: cost of goods sold10b				
	C	Net income or (loss) from sales of inventory Business Code				
sni	11 a					
nec	b					
scellaneo Revenue	c					
Miscellaneous Revenue	d	All other revenue				
2		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	436,835.	86,155.	0.	
33200	9 12-21-					Form <b>990</b> (2023)

THE JORDAN PORCO FOUNDATION

Form 990 (2023)

### 16001023 715045 74113

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Page **9** 

27-5039555

THE JORDAN PORCO FOUNDATION Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	07 000	60 465	0 501	10 500
	trustees, and key employees	97,808.	68,465.	9,781.	19,562
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	020 607	100.044	0.000	25 144
7	Other salaries and wages	230,627.	192,844.	2,639.	35,144
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0 0 5 0	0 6 0 4	6	240
9	Other employee benefits	9,858. 26,493.	9,604.	6.	248 3,412
10	Payroll taxes	20,495.	20,916.	2,165.	5,412
11	Fees for services (nonemployees):				
	Management				
		14,649.	5,119.	8,890.	640
	Accounting	14,049.	5,119.	0,090.	040
	Lobbying				
	Professional fundraising services. See Part IV, line 17	12,385.		12,385.	
f	Investment management fees	12,505.		12,303.	
y	column (A), amount, list line 11g expenses on Sch 0.)	71 115	14,818.	55,384.	913
12	Advertising and promotion	71,115. 12,792.	11,204.	794.	<u>913</u> 794
12 13	Office expenses	12,1521	11,2010	1940	794
13 14	Information technology				
1 <del>4</del> 15	Royalties				
16	Occupancy	31,742.	15,652.	14,699.	1,391
17	Traval	602.	422.	157.	23
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,167.		1,167.	
23	Insurance	12,089.	9,671.	1,209.	1,209
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, SUBSCRIPTIONS, AN	34,488.	24,722.	7,151.	2,615
a b		51,100.		,,=,=,	2,010
c c					
d	[				
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	555,815.	373,437.	116,427.	65,951
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	200,010	,	,, ,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

332010 12-21-23

Form 990 (2023)

16001023 715045 74113

33

Form 990 (2023)

1,958,854.

33

2,005,415.

Form 990 (2023)

**(A)** Beginning of year **(B)** End of year

THE JORDAN PORCO FOUNDATION Part X Balance Sheet

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

Total liabilities and net assets/fund balances

	1	Cash - non-interest-bearing			172,847.	1	163,168.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			250.	3	
	4	Accounts receivable, net				4	7,500.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these			5		
	6	Loans and other receivables from other disgualifi					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net		(3)(B)		7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	19,718.			
	b	Less: accumulated depreciation		16,778.	4,107.	10c	2,940.
	11	Investments - publicly traded securities			1,746,866.		1,715,411.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			34,784.	15	116,396.
	16	Total assets. Add lines 1 through 15 (must equa			1,958,854.	16	2,005,415.
	17	Accounts payable and accrued expenses			42,421.	17	25,182.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F		21			
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables 1	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X	2		56 496
		of Schedule D			0.		56,436. 81,618.
	26	Total liabilities. Add lines 17 through 25			42,421.	26	81,618.
s		Organizations that follow FASB ASC 958, chec	ck here	e X			
ice;		and complete lines 27, 28, 32, and 33.			1 01 0 4 2 2		1 000 000
alar	27	Net assets without donor restrictions			1,916,433.		1,923,797.
l B	28	Net assets with donor restrictions				28	
un		Organizations that do not follow FASB ASC 95	58, che	ck here			
г Г		and complete lines 29 through 33.					
ts c	29					29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			1 01 0 4 2 2	31	
Ne	32	Total net assets or fund balances			1,916,433.	32	1,923,797.

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Form	1990 (2023) THE JORDAN PORCO FOUNDATION	27-	-5039555	Pag	<sub>ge</sub> 12
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	436	5,83	35.
2	Total expenses (must equal Part IX, column (A), line 25)	2	555		
3	Revenue less expenses. Subtract line 2 from line 1	3	-118		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,916		
5	Net unrealized gains (losses) on investments	5	126	5,34	<u>44.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,923	3 <u>,79</u>	<u>97.</u>
Ра	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				v
	review, or compilation of its financial statements and selection of an independent accountant?			_	X
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<b>3b</b>   Form <b>(</b>		
			Form	990 (	2023)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2023
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	lame of the organization Employer identification number								
				CO FOUNDATION					7-5039555
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
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). (C	Complete Part II.)						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	Х	An organization that norma	-	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org	•			-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
40		university:		No. 00 1/00/					Laura a state from
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busir See section 509(a)(2). (Cor		(less section 511 tax) no	in busines	ses acqui		janization a	iter Julie 30, 1975.
11		An organization organized a		vely to test for public sat	fety See	saction 50	0(2)(4)		
12		An organization organized a	-					rry out the	ourposes of one or
		more publicly supported or	-		· · · · · · · · · · · · · · · · · · ·			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga						-	aivina
		the supported organization			•	-			
		organization. You must c							
b		<b>Type II.</b> A supporting org			ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management o					-		-
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	ibution rec	uirement and	an attentiv	reness
		_ requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroz	anization listed	(v) Amount of	monoton	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document?	support (see in		support (see instructions)
				above (see instructions))	Yes	No		,	
_									
Tota	1								

# Schedule A (Form 990) 2023 Part II Support Sch

### THE JORDAN PORCO FOUNDATION

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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	582,646.	347,356.	290,135.	325,493.	198,682.	1744312.
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						
4	Total. Add lines 1 through 3	582,646.	347,356.	290,135.	325,493.	198,682.	1744312.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>6,874.</u> 1737438.
	Public support. Subtract line 5 from line 4.						1737438.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	582,646.	347,356.	290,135.	325,493.	198,682.	1744312.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	70 702	102 401	57 004	47 0 6 1		401 047
	and income from similar sources	70,793.	183,421.	57,084.	47,961.	62,088.	421,347.
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.)						2165659.
11	•					12	430,067.
12	Gross receipts from related activities,		, , , , , , , , , , , , , , , , , , , ,				430,007.
13	First 5 years. If the Form 990 is for the organization, check this box and stop			-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I		-	column (f))		14	80.23 %
	Public support percentage from 2022		•			15	82.55 %
	<b>33 1/3% support test - 2023.</b> If the o						/-
	stop here. The organization qualifies						37
b	<b>33 1/3% support test - 2022.</b> If the o		•				
	and <b>stop here.</b> The organization qual	-				,,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	0 10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th						
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•		••••		
							(Form 990) 2023

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Schedule A	Form 990	) 2023

# Schedule A (Form 990) 2023 THE JORDAN PORCO FOUNDATION 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

qua	fy under the tests listed below, please complete Part II.)	
Section A. P	ublic Support	

	••								_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(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			1					-
Ŭ	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								-
	-								-
7 a	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons								_
D	Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
	tion B. Total Support							1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total	_
	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								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included on 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								
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								-
	First 5 years. If the Form 990 is for th	ne organization's fi	rst second third t	fourth or fifth tax	vear as a section 5	01(c)(3)	organizatio	ו מכ	-
•••		-					-		1
Sec	tion C. Computation of Public							·····	1
	Public support percentage for 2023 (			column (f))		15		0	%
	Public support percentage from 2022			.,,		16			%
	tion D. Computation of Invest							,	
	Investment income percentage for 2			ne 13. column (fl)		17		0	%
	Investment income percentage from					18			<u>%</u>
18 10-						<u> </u>	and line 1		0
198	33 1/3% support tests - 2023. If the								1
۴.	more than 33 1/3%, check this box at 22 1/2% our part toots 2000 If the							L	1
D	<b>33 1/3% support tests - 2022.</b> If the								1
~~	line 18 is not more than 33 1/3%, che								1
-	Private foundation. If the organization	on ala not check a	box on line 14, 19a	a, or 19b, check ti	his box and see ins				1
33202	3 12-21-23		16			5	cnedule A	A (Form 990) 202	კ
			16						

<sup>2023.04030</sup> THE JORDAN PORCO FOUNDATI 74113\_1

#### THE JORDAN PORCO FOUNDATION

Yes No

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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332024 12-21-23

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

#### m1177

		27-503955	5 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or	103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
-	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
			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 <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	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			
800	supported organizations played in this regard. tion E. Type III Eurotionally Integrated Supporting Organizations	3		
<u> </u>	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 instr	uctions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" 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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

16001023 715045 74113

2023.04030 THE JORDAN PORCO FOUNDATI 74113\_1

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Schedule A	(Form 990)	2023	THE	JORDAN	PORCO	FOUNDATION	
Part V	Type III	Non-Fur	nctionally	Integrated	509(a)(3)	Supporting Organia	zations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 ( ovolain in	Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must		•	
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		
Sect	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		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally	integra	ated Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Schedule A (Form 990) 2023

#### THE JORDAN PORCO FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Section D - Distributions					
_1	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			O FOUNDATION	27-5039555 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; l	4c, 5a, 6, 9a, 9b, Part IV, Section E,	9c, 11a, 11b, and 11c; Part IV, Se lines 1c, 2a, 2b, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, ar (See instructions.)	nd 8; and Part V,	Section E, lines 2,	5, and 6. Also complete this part	for any additional information.
					•
			_		
332028 12-21-2	3				Schedule A (Form 990) 2023
				21	

SCHEDULE D	S	CH	IED	UL	.E	D
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## **Supplemental Financial Statements**

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

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



Employer identification number 27-5039555

Name of the organization

Department of the Treasury

Internal Revenue Service

#### THE JORDAN PORCO FOUNDATION

Par			Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor adv	icod fundo	(b) Funds and other accounts
				(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose confe	
Par	impermissible private benefit?			
				V, line 7.
1	Purpose(s) of conservation easements held by the organization	,	··	
	Preservation of land for public use (for example, recreati	ion or education)		storically important land area
	Protection of natural habitat	l	Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation cont	ribution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а				
b			/	
С	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, o	or terminated by the orga	inization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period		ection, handling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations,	and enforcing conservat	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and	enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirement	nts of section 170(h)(4)(B	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		-	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organizatio	n's financial statements t	that describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical T	reasures or Other	Similar Assets
I ai	Complete if the organization answered "Yes" on Form 9			Similar Assets.
			avenue statement and b	alanaa ahaat waxka
Ia	If the organization elected, as permitted under FASB ASC 958	, ,		
	of art, historical treasures, or other similar assets held for publ	,		
L.	service, provide in Part XIII the text of the footnote to its finance			en elegat worden of
D	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public e	exhibition, education	, or research in furtheran	ce of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical treas		-	i, provide
	the following amounts required to be reported under FASB AS	-		<b>^</b>
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2023
332051	09-28-23	29		

Sche		DAN PORCO FOU					5039555	
Par	t III Organizations Maintaining C	ollections of Art, Hi	storical Tre	easures, or	Other S	Similar Asse	ets <sub>(contine</sub>	ued)
3	Using the organization's acquisition, accessi	on, and other records, che	eck any of the f	following that	make sign	ificant use of it	ts	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange progra	m			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain how	they further th	ne organizatio	n's exemp	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit o	-	-	-	-			
	to be sold to raise funds rather than to be ma			-			Yes	No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		5			,	, , , , ,	
1a	Is the organization an agent, trustee, custodi	ian. or other intermediary f	or contribution	s or other ass	sets not in	cluded		
	on Form 990, Part X?					,	Yes	No
b	If "Yes," explain the arrangement in Part XIII							
~			g table.				Amount	
с	Beginning balance					1c		
	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F					·,	Yes	No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •		
Par								
			) Prior year	(c) Two years		) Three years ba	ck (e) Four	vears back
1a	Beginning of year balance		,	(-,,,		<b>,</b>	(-)	<u>,</u>
b	Contributions							
	c Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
t	Administrative expenses							
g	End of year balance			<u> </u>				
2	Provide the estimated percentage of the curr	,	ing, column (a)	)) neid as:				
a	Board designated or quasi-endowment							
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organization t	hat are held ar	nd administere	ed for the		Г	Yes No
	organization by:							Yes No
	(i) Unrelated organizations?							
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Do:	Describe in Part XIII the intended uses of the total t		nt funds.					
Fai					Dart V lin	o 10		
	Complete if the organization answere		- Í					
	Description of property	(a) Cost or other	• •	or other	• •	umulated	<b>(d)</b> Book	value
		basis (investment)	Dasis	(other)	aepre	eciation		
	Land							
	Buildings							
	Leasehold improvements			0 1 1 0				
d	Equipment		1	9,718.	1	L6,778.	2	2,940.
e	Other						-	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, line	<u>e 10c. column</u>	<u>(B))</u>	<u></u>			2,940.
						Sched	ule D (Form	990) 2023

	PORCO FOUNDATI	ON 27	-5039555 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)	4		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) OTHER ASSETS			23,373.
() EMPLOVEE RETENTION TAX CR	EDITS RECEIVAR	T.F.	37 517

(1) OTHER ASSETS	43,373.
(2) EMPLOYEE RETENTION TAX CREDITS RECEIVABLE	37,517.
(3) RIGHT OF USE ASSET - OPERATING LEASE	55,506.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	116,396.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.     (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	56,436.

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	56,436.

(Column (b) must equal Form 990, Part X, line 25, col. (B)) ...

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

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 THE JORDAN PORCO FOUNDATION	27-	5039555	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	. 1	616	,719.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	<b>j</b>			
b	Donated services and use of facilities 2b 65,92!	5.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>	. 2e	192	<u>,269.</u>
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	424	,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12, 38	5.		
b	Other (Describe in Part XIII.) 4b			
с	Add lines <b>4a</b> and <b>4b</b>			,385.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	436	,835.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	1	609	,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_		
а	Donated services and use of facilities 2a 65,92	<u>.</u>		
b	Prior year adjustments 2b			
С				
d	Other (Describe in Part XIII.) 2d			~ ~ -
е	Add lines 2a through 2d		65	,925.
3	Subtract line 2e from line 1	. 3	543	,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		5.		
b	Other (Describe in Part XIII.) 4b			
С	Add lines <b>4a</b> and <b>4b</b>			,385.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	555	,815.
Pa	rt XIII Supplemental Information			

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

332054 09-28-23

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	0) 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.							or if the	2023
Department of the Treasury		•	ach to Form 990 d	•		-			Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection
								27-5039	
	complete this part		rganization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	r oral agreement v art VII) or entity in riduals or entities (	e Solicita f Solicita g Special vith any individual connection with p	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Ao	ctivity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
				K					
Total					I				
Total           3 List all states in whi	ich the organizatio	n is registered or I	icensed to solicit o	contrib	utions	l or has been notified	it is e	exempt from re	egistration
or licensing.									
For Paperwork Reducti	on Act Notice, se	e the Instructions	s for Form 990 or	990-E	Ζ.			Schedul	e G (Form 990) 2023

LHA 332081 09-13-23

THE JORDAN PORCO FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 EVENING AT THE BUSHNELL	(b) Event #2 RIDE FOR GAGE	(c) Other events	(d) Total events (add col. (a) through
a			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Hevenue	1	Gross receipts	55,156.	17,601.	45,779.	118,536.
	2	Less: Contributions	46,682.			46,682
	3	Gross income (line 1 minus line 2)	8,474.	17,601.	45,779.	71,854
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	8,474.			8,474
	8	Entertainment				
			2 7/5	10 000		
	9	Other direct expenses	3,745.	10,922.	5,691.	
- 1	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			28,832
	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)			28,832
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)			28,832
Pa	10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	h 9 in column (d)			28,832 43,022 (d) Total gaming (add
	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	20,358 28,832 43,022 (d) Total gaming (add col. (a) through col. (c
	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	28,832 43,022 (d) Total gaming (add
	10 <u>11</u> rt I	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	28,832 43,022 (d) Total gaming (add
Pa	10 <u>11</u> rt I 2 3	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	28,832 43,022 (d) Total gaming (add
	10 <u>11</u> rt I 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	28,832 43,022 (d) Total gaming (add
	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	28,832 43,022 (d) Total gaming (add
	10 11 rt I 2 3 4 5 6	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Pes% No	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming	28,832 43,022 (d) Total gaming (add

9 Enter the state(s) in which the organization conducts gaming activities:  $\underline{CT}$ 

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_\_ Yes X No b If "No," explain: \_\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes X No b If "Yes," explain: \_\_\_\_\_

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	THE	JORDAN	PORCO	FOU	NDATION	27-5	039555	Page 3
	Does the organization conduct g							Yes	X No
	Is the organization a grantor, ben								
	to administer charitable gaming?							Yes	X No
13	Indicate the percentage of gamin								
а	The organization's facility							13a	%
b	An outside facility							13b	%
14	Enter the name and address of the	ne person	who prepare	s the organiz	zation's	gaming/special ever	nts books and records:		
	Name								
	Address								
15-	Does the organization have a cor	stract with	a third party	from whom	the ora	nization receives a	ming rovonuo?	Yes	X No
154	Dues the organization have a cor	mact with	ra uniu party		uie orga	anization receives ga			
h	If "Yes," enter the amount of gan	nina rever	nue received t	ov the organi	ization	\$	and the amount		
-	of gaming revenue retained by th			,		·			
с	If "Yes," enter name and address								
			. ,						
	Name								
	Address								
16	Gaming manager information:								
	Name						*		
		•							
	Gaming manager compensation	\$							
	Description of services provided								
	Description of services provided								
	Director/officer	En En	nployee		Indeper	ndent contractor			
17	Mandatory distributions:								
а	Is the organization required unde	r state lav	w to make cha	aritable distri	ibutions	from the gaming pro	oceeds to		
	retain the state gaming license?							Yes	X No
b	Enter the amount of distributions	required	under state la	aw to be dist	tributed	to other exempt org	anizations or spent in the		
De	organization's own exempt activi								
Pa							columns (iii) and (v); and Pa	t III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicat	ole. Also provi	de any addi	tional in	formation. See instru	uctions.		
3320	33 09-13-23						Sched	ule G (Form	990) 2023
					35			•	-

Schedule G	
Dort IV	Cumples

Part IV Supplemental Information (continued)	
S	Schedule G (Form 990)

332084 04-01-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection Employer identification number

27-5039555

THE JORDAN PORCO FOUNDATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2023, DIRECTLY IMPACTING OVER 40,276 STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VARIETY OF PROGRAMS THAT UNDER THE FOUNDATION LIKE QPR TRAINING, ECHS

SENIOR RETREAT, A FEW TOWNS COLLEGE TRANSITION WORKSHOPS, AND CHECK IN

PROGRAM.

EXPENSES \$ 67,741. INCLUDING GRANTS OF S 0. **REVENUE** \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FOUNDATION'S OFFICERS REVIEW THE FORM 990 AND, UPON THEIR APPROVAL,

CIRCULATES A COPY TO THE FULL BOARD FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AT A BOARD

MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION'S PROCESS FOR DETERMINING SALARIES INCLUDE A DETAILED REVIEW

AND ANALYSIS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION WEBSITE AND THE

37

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE HELD IN THE

FOUNDATION OFFICES AND ARE MADE AVAILABLE UPON REQUEST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

Schedule O (Form 990) 2023

THE JORDAN PORCO FOUNDATION FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	27-5039555 14,818. 55,384. 913. 71,115. 71,115.
CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	55,384. 913. 71,115.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	55,384. 913. 71,115.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES	55,384. 913. 71,115.
FUNDRAISING EXPENSES TOTAL EXPENSES	913. 71,115.
TOTAL EXPENSES	71,115.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
	Schedule O (Form 990) 2023

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom-	e tax retur	1S.							
Part I - Id	lentification									
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN)		oer (TIN)						
Print										
	THE JORDAN PORCO FOUNDATION		27-503955	55						
File by the due date for	Number, street, and room or suite no. If a P.O. box, so									
filing your return. See	415 SILAS DEANE HIGHWAY, 30	)4B								
instructions.										
Enter the		a senarat	e application for each return)			01				
Enter the Return Code for the return that this application is for (file a separate application for each return)										
Applicati	on is For	Return Code	Application Is For			Return Code				
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09				
Form 472	0 (individual)	03	Form 5227			10				
Form 990	-PF	04	Form 6069			11				
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12				
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13				
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14				
Form 104	1-A	08								
After yo	ou enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	only for an	extension of					
time to file	e Form 5330.									
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.							
Pla	n Name									
Pla	n Number									
Pla	n Year Ending (MM/DD/YYYY)									
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)							
The bo	ooks are in the care of MARISA GIARNELLA-									
		IIGHWA	Y, 304B - WETHERSE	'IELD,	CT 06109					
Teleph	one No. 860-904-6041		Fax No							
	organization does not have an office or place of business									
<ul> <li>If this i</li> </ul>	s for a Group Return, enter the organization's four-digit (	Group Exe	mption Number (GEN)	If this is fo	r the whole group,	check this				
box	. If it is for part of the group, check this box									
1 Ire	quest an automatic 6-month extension of time until $\underline{\mathbf{N}}$	OVEMBE	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	npt organization ret	urn for				
the	organization named above. The extension is for the orga	anization's	return for:							
X	calendar year 20 23 or									
	tax year beginning	, 20	, and ending		. ,2	0				
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n					
	Change in accounting period				<b></b>					
3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			_				
any	nonrefundable credits. See instructions.			3a	\$	0.				
<b>b</b> lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.				
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by							
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.				