

Form **990-EZ**

Short 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)

OMB No. 1545-1150

2015

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization

Jurupa School Facilities Corporation

Number and street (or P.O. box, if mail is not delivered to street address)

4850 Pedley Road

City or town, state or province, country, and ZIP or foreign postal code

Jurupa Valley, CA, USA, 92509

D Employer identification number

33-0870518

E Telephone number

951-360-4107

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) accrual

I Website: www.jusd.k12.ca.us

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) 501(c)(3) 501(c)(4) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values are mostly 0.

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2015)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	0	<b>22</b> 0
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> Total assets . . . . .	0	<b>25</b> 0
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	0	<b>27</b> 0

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Lessor of facilities under a lease arrangement for Sch Dist

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> . . . . . ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> . . . . . ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b> . . . . . ..... ..... (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Sheryl Schmidt				
Chief Executive Officer	0	0	0	0
Elliott Duchon				
Secretary	0	0	0	0
Paula Ford				
Chief Financial Officer	0	0	0	0
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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35b			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
40b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e			
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>Jurupa Unified School District/Paula Ford</u> Telephone no. ▶ <u>951-360-4107</u> Located at ▶ <u>4850 Pedley Road, Jurupa Valley, CA</u> ZIP + 4 ▶ <u>92509</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b			✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	Yes	No
44a			✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓
45b			

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 46 Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 47 Yes No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 48
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a
b If "Yes," was the related organization a section 527 organization? . . . . . 49b
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000 . . . . . 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

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 Here Signature of officer Paula Ford, Chief Financial Officer Date 8/25/16

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's address Firm's EIN Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No



STATE OF CALIFORNIA  
**Franchise Tax Board**

Session expires in 19:01

## 199N e-Postcard - Confirmation

Print this page for your records. The Confirmation Number below is proof that you successfully filed your e-Postcard.

We received your FTB 199N California e-Postcard on August 24, 2016 01:58 PM.

**Confirmation Number:** 216494523706

### Entity Information

**Entity ID:** 2164945  
**Entity Name:** JURUPA SCHOOL FACILITIES CORPORATION  
**Account Period Beginning:** JULY 01, 2015  
**Account Period Ending:** JUNE 30, 2016

This is not your entity's first year in business.

Your entity has not terminated or gone out of business.

Your entity has not changed the account period.

**Gross Receipts:** \$0

This is not an amended return.

An IRS Form 1023/1024 is not pending.

**Date IRS Form 1023/1024 Filed:** N/A

**FEIN:** 330870518

**Doing Business As:**

**Website Address:** WWW.JUSD.K12.CA.US

### Entity's Mailing Address

4850 PEDLEY ROAD  
JURUPA VALLEY, CA 92509

## Principal Officer's Information

**Name:** PAULA FORD  
4850 PEDLEY ROAD  
JURUPA VALLEY, CA 92509

## Contact Information

**Name:** KAREN C RUSSELL  
**Phone:** 951.360.4107

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After we process your 199N e-Postcard, you may receive a bill if the three year gross receipt average is greater than the amount allowed for filing a 199N e-Postcard.

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JURUPA SCHOOL FACILITIES CORPORATION  
4850 Pedley Road  
Jurupa Valley, CA 92509

MINUTES OF THE SPECIAL MEETING OF THE TRUSTEES OF THE  
JURUPA SCHOOL FACILITIES CORPORATION  
MONDAY, SEPTEMBER 14, 2015

CALL TO ORDER  ROLL CALL	President Schmidt called the special meeting of the Jurupa School Facilities Corporation to order at 6:00 p.m. on Monday, September 14, 2015, in the Benita B. Roberts Education Center Board Room, 4850 Pedley Road, Jurupa Valley, California.  <u>Members of the Board of Trustees present were:</u> <b>Mrs. Sheryl Schmidt, President</b> <b>Mrs. Linda Chard, Trustee</b> <b>Mr. Robert Garcia, Trustee</b> <b>Mrs. Donna Johnston, Trustee</b> <b>Mr. Memo Mendez, Trustee</b> <b>Mr. Elliott Duchon, Secretary</b> <b>Mrs. Paula Ford, Chief Financial Officer</b>										
PUBLIC VERBAL COMMENTS	No public comments were received.										
<b>PUBLIC SESSION</b>											
APPROVE THE 2014/2015 ANNUAL REPORT OF THE JURUPA SCHOOL FACILITIES CORPORATION – MOTION #1	Trustee Mendez moved the Board approve the 2014/2015 Annual Report of the Jurupa School Facilities Corporation. Trustee Chard seconded the motion. A roll call vote was taken, which carried 7-0 as follows: Aye-President Schmidt; Aye-Secretary Duchon; Aye-Tru-tee Chard; Aye-Tru-tee Garcia, Aye-Tru-tee Johnston; Aye-Tru-tee Mendez; Aye-CFO Ford.										
APPROVE MINUTES OF THE JURUPA SCHOOL FACILITIES CORPORATION OCTOBER 20, 2014 ANNUAL MEETING – MOTION #2	Trustee Mendez moved the Board approve the Jurupa School Facilities Corporation October 20, 2014 annual meeting minutes. Trustee Garcia seconded the motion. A roll call vote was taken, which carried 7-0 as follows: Aye-President Schmidt; Aye-Secretary Duchon; Aye-Tru-tee Chard; Aye-Tru-tee Garcia, Aye-Tru-tee Johnston; Aye-Tru-tee Mendez; Aye-CFO Ford.										
	<b>ADJOURNMENT</b>  There being no further business or reportable action, President Schmidt adjourned the special meeting of the Board of Trustees of the Jurupa School Facilities Corporation from public session at 6:03 p.m.  <b>MINUTES OF THE MEETING OF SEPTEMBER 14, 2015 ARE APPROVED AS:</b>  <p style="text-align: right;">_____ Printed</p> <table border="0" style="width: 100%;"><tr><td style="text-align: center;">_____</td><td style="text-align: center;">_____</td></tr><tr><td style="text-align: center;"><b>President Schmidt</b></td><td style="text-align: center;"><b>Secretary Duchon</b></td></tr><tr><td style="text-align: center;">_____</td><td></td></tr><tr><td style="text-align: center;">September 12, 2015</td><td></td></tr><tr><td style="text-align: center;"><b>Date</b></td><td></td></tr></table>	_____	_____	<b>President Schmidt</b>	<b>Secretary Duchon</b>	_____		September 12, 2015		<b>Date</b>	
_____	_____										
<b>President Schmidt</b>	<b>Secretary Duchon</b>										
_____											
September 12, 2015											
<b>Date</b>											