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CISSDP4X46

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hedule B
rm 990, 990-EZ, 990-PF)
rtment of the Treasury al Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

ne of the organization

WARD & WANDA JORDAN FAMILY FOUNDATION

Employer identification number

36-3586729

anization type (check one):

rs of:	Section:	
n 990 or 990-EZ	☐	501(c)( ) (enter number) organization
	☐	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐	527 political organization
n 990-PF	☒	501(c)(3) exempt private foundation
	☐	4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐	501(c)(3) taxable private foundation

ck if your organization is covered by the General Rule or a Special Rule.
e. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See uctions.

eral Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

cial Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ .....

ion. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, 0-PF).

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page ____ of ____ of Part I

Name of organization	Employer identification number

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Rev. Pat Higgins St. Bernards Parish Madison, Wisc	$ 500.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Berlin HS Alumni Scholarship New Berlin, Wisc Attn: Monica Schrader	$ 1,000.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Franciscan Mission Assn New York, N.Y.	$ 40.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Rev. Doug Dushak St. Bernards Church Madison, Wisc	$ 500.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	National Muscular Sclerosis	$ 100.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page ____ of ____ of Part I

Name of organization | Employer identification number

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Boys Town Boys Town, Nebraska	$ 100.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Priests of Sacred Hearts Jules Corners WI PO Box 900 - 53130-0900	$ 100.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	St. Josephs Indian School P.O. Box 100 - Chamberlain S.D. 57325-0100	$ 50.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Gainey Ranch Charity Event MSA Charities 7600 E Gainey Club Dr. Scottsdale, AZ 85258 EIN 83-040-4497	$ 5,000.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Christian Fdn for Children 1 Elmwood Ave Kansas City KS 66103 66103	$ 500.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	American Assn —	$ 25.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page ____ of ____ of Part I

Name of organization | Employer identification number

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Mercy Home for Boys and Girls 1140 W. Jackson Blvd Chicago Ill 60607	$ 200.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Diocese of Phoenix 400 East Monroe - Phoenix 86004-2336 -	$ 500.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Alzheimers Assn	$ 150.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Easter Seals	$ 100.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Il Charitable Bureau State of Ill Springfield, Ill. 62756	$ 15.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Special Olympics 1850 N. Central ave Suite 900 Phoenix Az 85004	$ 50.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page ____ of ____ of Part I

Name of organization | Employer identification number

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	St. Mary's Food Bank 7831 N. 31st Ave Phoenix Az 85009	$ 1660.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Sacred Heart Monastery Wales Compass, Iowa 52130-0900	$ 1430.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	American Red Cross Grand Canyon Chapter Inc 6135 N. Black Canyon Hwy Phoenix Az 85015-1897	$ 1250.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	St. Patricks Church 10815 N. 84th Street Scottsdale Az 85260	$ 13,900.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	American Diabetes 1701 N. Beauregard St Alexandria Va 22311	$ 800.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	National Multiple Sclerosis	$ 100.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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Name of organization | Employer identification number

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	MDA of AZ Phoenix, Az.	$ 100.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	St. Maria Goretti Paper Granite Roof Scottsdale, Az.	$ 1,300.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	US. Olympic Comm PO Box 7010-Albert Lea, MN 56007-8010	$ 500.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Missionary Oblates	$ 100.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Catholic Extension Mag. 150 S. Wacker Dr. Chicago, Ill 60606	$ 1,000.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	MS Soc of AZ Phoenix, Az.	$ 200.00	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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EZ, or 990-PF) (2009) Page ____ of ____ of Part I

Name of organization	Employer identification number

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Arthritis Foundation 1330 W. Peachtree Suite 100 Atlanta, Ga 30309	$ 600.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Queen of all Saints Basilica 6480 N. Sauganash Ave Chicago Ill 60646	$ 2,000.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Feed The Children P.O. Box 36 - Oklahoma City Okla 73101-0036	$ 400.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Redemptorist Office Mission New York, N.Y.	$ 100.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Nat'l Shrine of St. Jude Chicago, Illinois	$ 35.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.....	Des Plaines Community FDN 1470 E. Miner St Rm 40xA Des Plaines Ill 60016	$ 2,000.00	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)