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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The congruence may have to use a convert this return to salisfy state reporting requirements.

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

OMB No 1545-1150

2010

Open to Public Inspection

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\$50,000 Å Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to life a return, be sure to file a complete return. L Add lines 56, 6c, and 7b, to line 9 to determine grass receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25 column (8) below) are \$500,000 or more, his 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 0 to respond to any question in this Part I X 1 66, 938. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I X 1 66, 938. Program service revenue including government fees and contracts 2 2 3 3 3 3 3 3 3 3											
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17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 17 53, 343. 18 40, 435. 19 25, 653. 20 66, 088.		S		_				SEE SCHEDU	LE O		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 18 40,435. 19 25,653. 20 21 66,088.				•		•					
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 25, 653.	•						om line 9)			_	
figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 66,088.		Δ				•	•	133 Constant			,
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 66,088.		NS	19	inet asset	is or tund balances oorted on prior vea	s at beginning of year (ir's refurn)	trom line 2/, column (A	(must agree with	in end-of-yea	19	25.653
s 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 66,088.		ŦĚ	20	• .		•	nlain in Schedule (1)				
		s,			-	· · · · · · · · · · · · · · · · · · ·	=		ĺ		66.088
	•	BA							.		

rai	Check if the organization used Sche	edule O to respond to any gu	estion in this Part I	l			X
		<u> </u>) Beginning of year		(B) End of year
22	Cash, savings, and investments				26,403	22	96,088.
23	Land and buildings					23	
24	Other assets (describe in Schedule O))			24	<u>-</u>
25	Total assets				26,403	_	96,088.
	Total liabilities (describe in Schedule O))		750		30,000.
	Net assets or fund balances (line 27 of o	<u> </u>			<u>25,653</u>	. 27	66,088.
Par						_	Expenses
	Check if the organization used Sc		question in this Par	t III	X	(Req	uired for section c)(3) and 501(c)(4)
What	is the organization's primary exempt purpose? SEE	E SCHEDULE O	asas la a alaar an	<u>d 00</u>		orgai	nizations and section
desc	ribe what was achieved in carrying out the ribe the services provided, the number of	persons benefited, and other	r relevant informati	on fo	or each	4947	(a)(1) trusts, optional thers)
prog	ram title					ior o	iners)
28	THE JORDAN STERLING FOUND						
	THE NEWLY CREATED JORDAN	STERLING FELLOWSHI	P PROGRAM AT	11	HE		
	HEART LUNG INSTITUTE OF S			AL	-crn1fr		E0 000
	(Grants \$ 50,000.) If the	is amount includes foreign gr	ants, check here.			28 <u>a</u>	50,000.
29							
							
	(Grants \$) If the	 is amount includes foreign gr	anta chack hara		╌╌╌╌	29 a	
30	(Grants 2) It this	is amount includes loreign gr	ants, check here			<u> </u>	
JŲ							
	(Grants \$) If the	 is amount includes foreign gr	ants check here			30 a	
31	Other program services (describe in Sch		arits, crieck fiere			JU 4	
٠.	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign gr	ants check here		▶ □	31 a	
32	Total program service expenses (add lin		arto, orioot riere			32	50,000.
	t IV List of Officers, Directors,		Novees List each o	ne ev	en if not compensated		
	Check if the organization used So				cii ii iiot voinpoiisatea	(300 (
		(b) Title and average hours	(c) Compensation	(lf	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0	1)	employee benefit plan deferred compensati		and other allowances
ETH	IAN HURLEY	PRESIDENT		Ō.	deferred compensar	0.	0.
	N. CENTRAL AVE., STE 1900			٠.		٥.	
PHO	ENIX, AZ 85004	10.00					·
	CRKS BENTLY	VICE PRESIDENT		0.		0.	0.
	N. CENTRAL AVE., STE 1900			•		•	
	DENIX, AZ 85004						
	REW HUTCHINSON	VICE PRESIDENT		0.		0.	0.
	N. CENTRAL AVE., STE 1900	10.00					
	DENIX, AZ 85004						,
	OOKE STERLING	VICE PRESIDENT		0.		0.	0.
	N. CENTRAL AVE., STE 1900	10.00					
	ENIX, AZ 85004						
	STERLING-HEFLIN	CHAIRWOMAN		0.		Ó.	0.
	N. CENTRAL AVE., STE 1900	10.00					
	DENIX, AZ 85004						
	HEW BURBACH	SECRETARY		0.		0.	0.
40	N. CENTRAL AVE., STE 1900	10.00					
	DENIX, AZ 85004						
	AN FRAKES	TREASURER		0.		0.	0.
	N. CENTRAL AVE., STE 1900	10.00					
PHC	DENIX, AZ 85004						
	-						
					-		
	- 						
					L		l

	Check if the organization used Schedule O to respond to any question in this Part V			X
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
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)	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
;	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>x</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	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	36		x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a 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?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	ł		
	b Gross receipts, included on line 9, for public use of club facilities. 2 Section FO1(x)(3) exponentions. Fator amount of the improved on the exponentian distinct the user under	-		
40 i	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ا	b Section 501(c)(3) and 501(c)(4) 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	40 b		Х
	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
	All organizations. At any time during the tay year, was the organization a party to a prohibited tay		1	
	or the organizations of the during the tax year, was the organization a party to a promoted tax			37
41	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 List the states with which a copy of this return is filed AZ	40 e		X
42			-051 Yes	
42	a The organization's books are in care of ► ROCHELLE WITHARANA Telephone no ► (480) Located at ► 40 N. CENTRAL AVE. #1900 PHOENIX AZ ZIP + 4 ► 85004 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)?	216		L0
42	a The organization's books are in care of ► ROCHELLE WITHARANA Telephone no ► (480) Located at ► 40 N. CENTRAL AVE. #1900 PHOENIX AZ ZIP + 4 ► 85004 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 Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country. ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	216 42b	Yes	No X N/A N/A
41 42 43 44 44 44 44 44 44 44 44 44 44 44 44	Telephone no (480) Located at 40 N. CENTRAL AVE. #1900 PHOENIX AZ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	216 42b		No X X
43 443	a The organization's books are in care of ► ROCHELLE WITHARANA Telephone no ► (480) Located at ► 40 N. CENTRAL AVE. #1900 PHOENIX AZ ZIP + 4 ► 85004 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 Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	216 42b 42c	Yes	No X N/A N/A N/A No X
43 44:	List the states with which a copy of this return is filed AZ a The organization's books are in care of ROCHELLE WITHARANA Located at 40 N. CENTRAL AVE. #1900 PHOENIX AZ 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 Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the US? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here, and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year?	216 42b 42c	Yes	No X N/A N/A N/A No X
43 44:	a The organization's books are in care of ► ROCHELLE WITHARANA Telephone no ► (480) Located at ► 40 N. CENTRAL AVE. #1900 PHOENIX AZ ZIP + 4 ► 85004 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 Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 990 must be completed instead of Form 990-EZ Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	216 42b 42c	Yes	No X N/A N/A N/A No X

Form 990-E	EZ (2010) JORDAN STERLING FOU	UNDATION			27-0	359203	F	⊃age 4
						[Yes	+
	y related organization a controlled entity	•		-		45		X
of se	ne organization receive any payment fror ction 512(b)(13)? If 'Yes,' Form 990 and	Schedule R may need	to be complet	ed instead	of Form 990-EZ (see	e inst) 45 a		X
46 Did the	ne organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campai Schedule C, Part I	gn activities o	on behalf of	or in opposition to	46		Х
	Section 501(c)(3) organizations	and section 4947	(a)(1) none	xempt ch	aritable trusts of	only. All se	ction	1
	501(c)(3) organizations and sec 47-49b and 52, and complete the	etion 4947(a)(1) noi ne tables for lines 5	nexempt cr 50 and 51.	iaritable t	rusts must answ	ver question	ns	
	Check if the organization used Schedu	le O to respond to any	question in th	ıs Part VI				لليب
47 Did ti	ne organization engage in lobbying activi	tios? If 'Ves ' complete	Schodula C	Part II		47	Yes	No X
	e organization a school as described in se				ule E.	48		$\frac{x}{x}$
	he organization make any transfers to an	* / * / * / * /				49 a		X
	es,' was the related organization a section	·				49 b		
50 Comp	olete this table for the organization's five oyees) who each received more than \$10	highest compensated e	employees (of	ther than off	ficers, directors, true	stees and key	'	
		(b) Title and average	(c) Compe		d) Contributions to employ	ee (e) E	xpense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position			benefit plans and deferred compensation	other al	int and lowance	
NONE _					,			
								
					•			
		1						
f Total	number of other employees paid over \$	100,000	•					
51 Comp	plete this table for the organization's five pensation from the organization. If there	highest compensated i	ndependent o	contractors v	who each received i	more than \$1	00,000	of of
COM	(a) Name and address of each independent cont)		b) Type of service	(c) Com	pensati	on
NONE								
				_ {				
			<u> </u>					
				-				
				_ [· ·			
_ .								
d Total	number of other independent contractor	s each receiving over \$	100,000					
52 Did tl	he organization complete Schedule A? N table trusts must attach a completed Sch	ote All section 501(c)(ns and 494	7(a)(1) nonexempt	► X Ye	s l	□ No
	es of perjury, I declare that I have examined this return and complete Declaration of preparer other than office		dules and statement	ents, and to the	best of my knowledge and			
uue, correct,	and complete Declaration of preparer compr than office	er) is based on all information	or writeri preparer	nas any knowle	x 5/9/24	•//		
Sign	Signature of officer				Date			
Here	X Than Hoday		•					
	Type or print name and title / Print/Type preparer's name	Preparer's signature		Date		PTIN		
Daid	DARRIN J. RILEY, CPA	Topaler's signature		5/5/20	Check if	N/A		
Paid	DEMININ O. KILLEI, CER	17 - 2/17 /		,, ,, ,,	self-employed	11/17	_	

TEEA0812L 02/18/11

► N/A

(602) 277-5463

►X Yes No

Form **990-EZ** (2010)

Fırm's EIN

Phone no

DARRIN J. RILEY, CPA

PHOENIX, AZ 85016

May the IRS discuss this return with the preparer shown above? See instructions.

Firm's address > 2198 E. CAMELBACK RD., STE 370

Preparer

. Use Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

<u>JOR</u>	DAI	N STERLING FOU	JNDATION						<u>27-03</u>	<u> 59203</u>	<u> </u>		
Parl	Ξ	Reason for Publ	ic Charity Status	(All organizations	must c	comple	te this	part.)	See ir	nstructi	ons.		
he c	rgar	nization is not a priva	ite foundation because	e it is (For lines 1 throi	ugh 11,	check o	nly one	box)					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)(1)(A)(i).					
2	П	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	d in sec	tion 170	(Ь)(1)(А)(iii).					
4	П	A medical research of	organization operated	in conjunction with a h	ospital d	describe	d in sec	tion 170)(b)(1)(A	Xiii) En	ter the hos	pital's	5
	_	name, city, and state	;	•									
5		An organization oper 170(b)(1)(A)(iv). (Co	rated for the benefit omplete Part II)	f a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in s	ectio	n
6 7	П	An organization that		overnmental unit describustantial part of its su					or from	the gen	eral public	desc	rıbed
8				70(b)(1)(A)(vi). (Complet	te Part I	l)							
9	$\overline{\mathbf{X}}$	An organization that	normally receives (1) more than 33-1/3% of	fits subi	port fron	n contrib	outions.	membe	rship fee	es, and gro	ss rec	eipts
	_	from activities related investment income a	d to its exempt function	ons – subject to certair s taxable income (less	n except	ions, an	d (2) no	more t	han 33-	1/3% of i	its support	from	gross
10		An organization orga	nized and operated e	xclusively to test for pu	iblic safe	ety See	section	509(a)(4).				
11	_	more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	(1) or s	section 5	i09(a)(2)	ctions o See s	f, or car ection 5	ry out th 6 09(a)(3) .	e purpose Check th	s of o	ne or that
		a Type I	b Type II	c 🗌 Type III	l – Fund	ctionally	ıntegrat	ed		d	Type III -	- Othe	r
е		By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and other	anization is not controll r than one or more publ	ed direct	tly or in ported o	directly organiza	by one tions de	or more scribed	dısqualı ın sectio	fied persor on 509(a)(1	ns) or	
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I,	Type II	or Type	e III sup	porting o	organizatio	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift of	r contrib	oution fro	om any o	of the fo	llowing	persons	?		
		(i) A				ممالين			ر لایک سیاد	a and (111)		Yes	No
		(i) A person who obelow, the gove	erning body of the su	ontrols, either alone or opported organization?	togethe	r with pe	ersons a	escribed	י (וו) ווו ג	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	on(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the zation in in in income in inc	(v) Did yo the organ column your su	ızatıon in	(vi) l organiz colun organize U S	ation in nn (i) ed in the	(vii) Amour	nt of sup	port
					Yes	No	Yes	No	Yes	No			
A)		 			-								
В)													
<u> </u>													
C)						<u> </u>							
D)												_	
E)					1								
					 								
otal													

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it 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								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
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 IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	vities, etc (see ins	structions)			12			
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	ond, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶□		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
	Public support percentage for 20	•	• • •	ne 11, column (f))	14	%		
15	Public support percentage from	2009 Schedule A	, Part II, line 14			<u> 15 </u>	%%		
16 <i>a</i>	a 33-1/3% support test – 2010. If and stop here. The organization	the organization (qualifies as a pu	did not check the iblicly supported o	box on line 13, ai organization	nd the line 14 is 3	3-1/3% or more, ch	neck this box		
ł	b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	7a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
ŧ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	es' test, check this	box and stop he	re. Explain in Part	15 is 10% IV how the ►		
18		zation did not ch	eck a box on line	13, 16a, 16b, 17a	· · · · · · · · · · · · · · · · · · ·				
$R\Delta\Delta$					Sc	hedule 🛕 (Form 99	0 or 990-F7) 2010		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants.')				26,575.	66,938.	93,513.
2	Gross receipts from admis-						3,020.
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513			i		51,376.	51,376.
4	Tax revenues levied for the			7			
	organization's benefit and either paid to or expended on						_
_	its behalf The value of services or						0.
5	facilities furnished by a						
	governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	26,575.	118,314.	144,889.
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	0.	0.	0.	25,000.	50,000.	75,000.
t	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	0.	0.	0.	0.	0.	0.
(: Add lines 7a and 7b	0.	0.	0.	25,000.	50,000.	75,000.
	Public support (Subtract line 7c from line 6)						69,889.
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_			•	_			1 4 4 000
	Amounts from line 6	0.	0.	0.	26,575.	118,314.	144,889.
	Gross income from interest, dividends, payments received	0.	0.	0.	26,575.	118,314.	144,889.
	Gross income from interest, dividends, payments received on securities loans, rents,	0.	0.	0.	26,575.	118,314.	· · · · · ·
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	26,575.	118,314.	144,889.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	0.	0.	0.	26,575.	118,314.	· · · · · ·
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	0.	0.	0.	26,575.	118,314.	0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511	0.		0.	26,575.	118,314.	· · · · · ·
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business.		0.				0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; Add lines 10a and 10b						0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of						0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in						0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990	0. s for the organization	0.	0.	26,575.	118,314.	0. 0. 0. 0. 144,889.
10 a t 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	0. Is for the organizastop here	0. ation's first, secon	0.	26,575.	118,314.	0. 0. 0. 0. 144,889.
10 a 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	0. s for the organizastop here blic Support P	0. ation's first, secon	0. od, third, fourth, o	0. 26,575. r fifth tax year as	118, 314. a section 501(c)(3	0. 0. 0. 0. 144,889.
10 a 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	0. Is for the organizastop here blic Support P	0. ation's first, secon	0. od, third, fourth, o	0. 26,575. r fifth tax year as	118,314.	0. 0. 0. 0. 144,889.
10 a k 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	0. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A,	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15	0. od, third, fourth, o	0. 26,575. r fifth tax year as	118, 314. a section 501(c)(3	0. 0. 0. 0. 144,889.) ► X
10 a k 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from thou D. Computation of Invition D. Computation	0. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, estment Incon	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage	0. od, third, fourth, o	0. 26,575. r fifth tax year as	118, 314. a section 501(c)(3	0. 0. 0. 0. 144,889. > X
10 a 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage for 20. Public support percentage from tion D. Computation of Investment income percentage for Investment Income Investment Incom	0. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, restment Incomor 2010 (line 10c, rom 2009 Schedule A)	0. ation's first, seconercentage of divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line	0. od, third, fourth, of ie 13, column (f)) d by line 13, column	26, 575. In fifth tax year as	118, 314. a section 501(c)(3	0. 0. 0. 0. 144,889.) ► X
10 a 11 12 13 14 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage from thousand tion. Computation of Investment income percentage for 133-1/3% support tests — 2010. If is not more than 33-1/3%, check	o. Is for the organizatop here blic Support P 10 (line 8, column 2009 Schedule A, restment Incomor 2010 (line 10c, rom 2009 Schedule if the organization in this box and stop	0. ation's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided le A, Part III, line did not check the one here. The organ	0. od, third, fourth, of the 13, column (f)) d by line 13, column 17 box on line 14, a lization qualifies a	26, 575. In fifth tax year as min (f)) and line 15 is more a publicly supp	118, 314. a section 501(c)(3 15 16 17 18 e than 33-1/3%, an orted organization	0. 0. 0. 0. 144,889. X %
10 a 11 12 13 14 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from thousand tion. Computation of Investment income percentage for 133-1/3% support tests.	0. Is for the organization here blic Support P 10 (line 8, column 2009 Schedule A, estment Incomor 2010 (line 10c, rom 2009 Schedule the organization this box and stop if the organization the organization the organization in the organization of the organization in the organization in the organization of the organization in the organization of the organization o	0. ation's first, secon ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide le A, Part III, line did not check the phere. The organ did not check a b	0. od, third, fourth, of ie 13, column (f)) d by line 13, column 17 box on line 14, a ization qualifies a ox on line 14 or line	26, 575. In fifth tax year as min (f)) Ind line 15 is more a publicly suppline 19a, and line	118, 314. a section 501(c)(3) 15 16 17 18 e than 33-1/3%, an orted organization 16 is more than 33	0. 0. 0. 0. 144,889.) ► X

Schedule A	(Form 990 or 990-	EZ) 2010 JOR	DAN STERLIN	G FOUNDATION		27-0359203	Page 4
Pari IV	Supplemental Part II, line 17a (See instruction	Information. Can a or 17b; and f	Complete this populate the part III, line 12	part to provide t . Also complete	he explanations re this part for any	equired by Part II, lir additional information	ne 10; on.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization JORDAN STERLING FOUNDATION 27-0359203 Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b f Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundraiser (or retained by) (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (ii) Activity have custody or control fundraiser listed in (or retained by) from activity or entity (fundraiser) of contributions? column (i) organization Yes No 1 2 3 4 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Page 2

		reported more than \$15,000 of fu and 6a. List events with gross rec	indraising event co	ntributions and gros	ss income on Form	990-EZ, lines 1
			(a) Event #1 INAUGURAL EVEN	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R			(event type)	(event type)	(total number)	
MCZM <m2< td=""><td>1</td><td>Gross receipts</td><td>65,372.</td><td></td><td></td><td>65,372.</td></m2<>	1	Gross receipts	65,372.			65,372.
Ē	2	Less Charitable contributions	13,996.			13,996.
	3	Gross income (line 1 minus line 2)	51,376.			51,376.
	4	Cash prizes				
D	5	Noncash prizes				
D-RECT	6	Rent/facility costs				
	7	Food and beverages	9,014.			9,014.
X P E	8	Entertainment	2,000.			2,000.
EXPEZSES	9	Other direct expenses	13,522.			13,522.
S	10	Direct expense summary Add lines 4- t	= ::		•	24,536.
	11					26,840.
Par	t III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye -	s' to Form 990, Pai	rt IV, line 19, or re	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E	1	Gross revenue				
	2	Cash prizes				
D I P E N S E S	3	Non-cash prizes				
Č S T E S	4	Rent/facility costs				<u></u>
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
					<u> </u>	
	7	Direct expense summary. Add lines 2 thi	rough 5 in column (d)			
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	>	·
		and the state (a) in this distribution as				
9 a		er the state(s) in which the organization of ne organization licensed to operate gamine			<u> </u>	Yes No
		lo,' explain	•			
		re any of the organization's gaming license 'es,' explain	es revoked, suspended	or terminated during th	e tax year? 	Yes No
DAA			775437001 (Schodulo C (Ed	rm 000 or 000 E7\ 201

Sche	dule G	(Form 990 or 990-EZ) 201	O JORDAN STE	RLING FOU	NDATION		27	-0359	9203	Page 3
		ne organization operate g							Yes	No
12	Is the o	rganization a grantor, be ster charitable gaming?	neficiary or trustee	of a trust or a	member of a	partnership or o	other entity for	med to	Yes	No
13	Indicate	the percentage of gami	ng activity operated	ın:						
а	The org	anızatıon's facılıty						13a		%
t	An out	side facility						13b		<u>%</u>
14	Enter t	ne name and address of	the person who prep	pares the orga	ınızatıon's ga	ming/special eve	ents books and	records	2.	
	Name	•								
	Addres	s >								
15 a	Does th	ne organization have a co	ontact with a third pa	arty from who	n the organiz	ation receives g	amıng revenue	,7	Yes	No
b		enter the amount of gar					and th	e amou	nt	_
	of gam	ing revenue retained by t	he third party 🕨 💲							
C	: If 'Yes,	enter name and address	s of the third party							
	Name	· 			-	· -				
	Addres	s ►								
16	Gamin	g manager information								
	Name	· 								
	Gamin	g manager compensation	\$							
	Descrip	tion of services provided	·		-	. -	-			- -
	Dir	ector/officer	Employee		Independ	ent contractor				
17		cory distributions								
	state g	organization required und aming license? he amount of distribution							Yes	No
		ation's own exempt activ			iistiibuteu to	other exempt or	garnzations or	эрсти п	, the	
Par	t IV	Supplemental Infor columns (III) and (V) this part to provide	mation. Comple	te this part nes 9, 9b,	to provide 0b, 15b, 1 (see instru	the explanate 5c, 16, and 1 ctions).	ions require 7b, as appli	d by F cable.	art I, line Also cor	e 2b, nplete
			·							
					· · · · · · · · · · · · · · · · · · ·	-				
		•	· · · · · · · · · · · · · · · · · · ·					_		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

	2010
on	ed of the color of
Employer iden	tification number

JORDAN STERLING FOUNDATION	27-0359203
FORM_990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE	
THE JORDAN STERLING FOUNDATION'S MISSION IS TO RAISE FUNDS TO	SUPPORT FAMILIES WHO
HAVE A LOVED ONE WITH CYSTIC FIBROSIS, TO ASSIST ORGANIZATION	S_THAT_PROVIDE_ORGAN
TRANSPLANT SERVICES AND TO PROMOTE THE RESEARCH AND TREATMENT	OF CYSTIC FIBROSIS.
FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONA	AL BENEFIT CONTRACTS
(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS	, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIR	ECTLY_OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO NO
	-
	
	
	
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2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

JORDAN STERLING FOUNDATION

27-0359203

FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

CHARITABLE

ST. JOSEPH'S FOUNDATION 350 W. THOMAS ROAD

PHOENIX, AZ 85013

NONE

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

50,000. \$

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK FEES CREDIT CARD FEES MISCELLANEOUS

\$ 62. 607. 1,445. 2,114. TOTAL \$

FORM 990-EZ, PART II, LINE 26 **TOTAL LIABILITIES**

ACCOUNTS PAYABLE AND ACCRUED EXPENSES GRANTS PAYABLE

BEGINNING ___ ENDING 0. 750. \$ \$ <u>0.</u> 750. <u>\$</u> 30,000. 30,000. TOTAL \$