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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2013 or tax year beginning , and ending

Nar	ne of	foundation					A Employer identification	number
M	יכו ע	K S. JORDAN FAMILY FO	r tat	DATT ON			20-0515022	i
Nun	nber a	nd street (or P O box number if mail is not delivered to				Room/suite	B Telephone number	
		O. BOX 328				l	601-856-00	009
		own, state or province, country, and ZIP or fore	gn p	ostal code			C If exemption application is p	ending, check here
		ISON, MS 39130		Industrial return of a fe	numar aublia	aharib.	B 4 Caragan arganizations	a abaak bara
Gi (леск	all that apply: Initial return Final return		Initial return of a fo	ormer public (cnarity	D 1. Foreign organizations	s, check here
		Address change		Name change			Foreign organizations me check here and attach co	eeting the 85% test,
н (heck		3) ex	empt private foundation			E If private foundation sta	
$\ddot{\Box}$	_	ction 4947(a)(1) nonexempt charitable trust	<u> </u>	Other taxable private found	ation		under section 507(b)(1)	
l Fa				ng method: X Cash	Acc	rual	F If the foundation is in a	• •
(fr	om I	Part II, col (c), line 16)	Ot	her (specify)			under section 507(b)(1)	
_	\$	185,489 • (Part I,		mn (d) must be on cash	basis)			
Pa	<u>ırt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may r necessarily equal the amounts in column (a))	ot	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		100,000.	1 , , 3 ? ,	*,	N/A	
	2	Check if the foundation is not required to attach Sch	3	y *	<u> </u>		<	
	3	Interest on savings and temporary cash investments						*
	4	Dividends and interest from securities		2,339.		2,339.		STATEMENT 1
		Gross rents				1 7 7 4 6		
	-	Net rental income or (loss)		40,766.			· · · · · · · · · · · · · · · · · · ·	***
e	Ι.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line fa		40,700.	. 33.1	- * * *		
Revenue	b 7	assets on line 6a 133, 720 Capital gain net income (from Part IV, line 2)	•	*		0,766.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**
æ	8	Net short-term capital gain		?;i	* * * *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	9	Income modifications		·		, : ?		3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	10a	Gross sales less returns and allowances		,		1, 1		* * * * *
	Ι.	Less Cost of goods sold		, , , ,		* 7	, , , , , , , , , , , , , , , , , , ,	· · ·
	C	Gross profit or (loss)			, y , î			
	11	Other income		142 105		2 105		, ,
	12	Total Add lines 1 through 11		143,105.	4	3,105. 0.		0.
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages		0.		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	14 15	Pension plans, employee benefits						
es	16a	Legal fees		*				
enses	b	Accounting fees						
EXP	C	Other professional fees STMT 2		1,962.		1,962.		0.
š	17	Interest						
and Administrative	18	Taxes RECEIVED						
inis	19	Depreciation and depletion						
μþ	20	Occupancy Travel-conterences, and meetings						
ρ	21 22	Occupancy Travel-conterences, and meetings Printing and publications					· · · · · · · · · · · · · · · · · · ·	
g		Other expenses						
atin	24	Total-operating and administrative						
Operating		expenses Add lines 13 through 23		1,962.		1,962.	,	0.
0	25	Contributions, gifts, grants paid		211,700.	<u> </u>			211,700.
	26	Total expenses and disbursements.				4 000		011 705
		Add lines 24 and 25		213,662.		1,962.	·	211,700.
	ŀ	Subtract line 26 from line 12:		70 557	ĺ			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		-70 <u>,557</u> .	 	1,143.		
	Į.	Adjusted net income (if negative, enter -0-)				<u> ,</u>	N/A	

MARK S. JORDAN FAMILY FOUNDATION

20-0515022

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(a) List and des	cribe the k	ind(s) of property sold (e.g or common stock, 200 shs	., real estate,		(b) How a P - Pur D - Do	acquired chase nation	(c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a					5 50				
b SEE ATTACHEI	STA	TEMENTS							
C									
d									
<u>e</u>	_								
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				un or (loss) (f) minus (
<u>a</u>									
<u>b</u>									
<u>C</u>	ļ								
<u>d</u>	 			22.25					- 10 - 22
e 133,720.				92,95	4.				40,766.
Complete only for assets show	T	· · · · · · · · · · · · · · · · · · ·	1					ol. (h) gaın ı ot less than	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses (from col. (h	1))
a		·							
b	ļ								
С	ļ								
<u>d</u>								_	
_e						· · · · · · · · · · · · · · · · · · ·			40,766.
2 Capital gain net income or (net c	capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line - in Part I, line	7 7	} 2				40,766.
3 Net short-term capital gain or (lo	nee) ae defi	•				}			
If gain, also enter in Part I, line 8			id (0).		J				
If (loss), enter -0- in Part I, line 8	3				<u> } 3</u>			N/A	
Part V Qualification \	Jnder S	Section 4940(e) for	Reduced	l Tax on Net	Invest	nent inco	ome		
(For optional use by domestic private	te foundati	ons subject to the section 4	4940(a) tax on	ı net investment in	come.)				
If section 4940(d)(2) applies, leave	this nart hi	ank							
11 3cction 4340(u)(2) applies, leave	tino pai t bi	uir.							
Was the foundation liable for the sec					ıod?				Yes X No
If "Yes," the foundation does not qua					 				
Enter the appropriate amount in	each colu	mn for each year; see the ir	nstructions be	fore making any ei	ntries.		1		(4)
(a) Base period years		(b) Adjusted qualifying dis	tributions	Net value of no	(C)	uco accato	1 .	Distribu	(d) ution ratio
Calendar year (or tax year beginn	ing in)	Aujusteu quantynig uis		Net value of flor			1 (col. (b) divi	ded by col. (c))
2012		10	0.			11,247	•		.000000
2011			0,081.			3,210			.380233
2010			9,612.			15,630			.346069
2009			$\frac{1,100}{1,200}$			08,333			.247592
2008			1,300.		4 8	37,549.	+		.002666
							1 . 1		076560
2 Total of line 1, column (d)					_		2		.976560
3 Average distribution ratio for the			on line 2 by 5,	or by the number	of years				105010
the foundation has been in existe	ence if less	than 5 years					3		.195312
							1.1		146 544
4 Enter the net value of noncharita	ible-use as	sets for 2013 from Part X,	line 5				4		146,544.
F. Mullimbulima 4 husban 0							_		20 (22
5 Multiply line 4 by line 3							5		28,622.
0 Fator 40/ of ant an antarant and	ma /10/ a6	Dord I. Ivon 07h)							411
6 Enter 1% of net investment inco	1116 (1% 01	Part I, line 27b)					6		411.
							_		20 022
7 Add lines F 4 C									
7 Add lines 5 and 6							7		29,033.
7 Add lines 5 and 68 Enter qualifying distributions from	m Part XII,	line 4					8		29,033.

Forn	1990-PF (2013) MARK S. JORDAN FAMILY FOUNDATION 20-051	5022		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		4	11.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2		4	11.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		4	11.
6	Credits/Payments:			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 4 > 9		4	11.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2014 estimated tax			
	rt VII-A Statements Regarding Activities	_		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	L
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	.		
	MS	-		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	_X_	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	F F	orm 990	- M + ((2013)

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013.)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3Ь

4a

4h

N/A

Part VII-B Statements Regarding Activities for Whice		Required (control	20-05150	122	Page 6
<u> </u>	11 1 Offit 4720 Way De I	riequirea (contin	T T		
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	stron 4045(a)\2		es X No		
(2) Influence the outcome of any specific public election (see section 4955			es [22] 140		
any voter registration drive?	7, or to carry on, already or mail		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpo	999		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		٠. بــــــ			
509(a)(1), (2), or (3), or section 4940(d)(2)?	ation described in section	v	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literative	ary or educational numoses or				
the prevention of cruelty to children or animals?	ary, or oddodnoral purposso, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described				
section 53.4945 or in a current notice regarding disaster assistance (see in		g	N/A	5b	
Organizations relying on a current notice regarding disaster assistance chec					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned			
expenditure responsibility for the grant?			es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 4		· —			
6a Did the foundation, during the year, receive any funds, directly or indirectly,	, ,		j		
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			Γ		1
7a At any time during the tax year, was the foundation a party to a prohibited to	ax shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income att	ributable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Tru	stees, Foundation Ma	anagers, Highl	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and the		(a) Companyation	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco allo	Expense ount, other owances
MARK S. JORDAN	PRESIDENT & I	IRECTOR			
P. O. BOX 328			!		
MADISON, MS 39130	0.00	0.	0.		0.
CYNTHIA P. JORDAN	DIRECTOR				
P. O. BOX 328					
MADISON, MS 39130	0.00	0.	0.		<u> </u>
DAVID B. ROBERTS	SEC/TREASURER	& DIRECT	OR		
215 SUNDIAL ROAD					
MADISON, MS 39110	0.00	0.	0.		<u> </u>
		•			
	in the death of the second		<u> </u>	L	
2 Compensation of five highest-paid employees (other than those	(b) Title, and average	enter "NONE."	(d) Contributions to	101	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acco allo	Expense unt, other wances
NONE					
		-		ļ	
				<u> </u>	
	_				
		<u> </u>		ļ	
		L	l	l	
Total number of other employees paid over \$50,000					0

Form 990-PF (2013) MARK S. JORDAN FAMILY FOUNDATION		<u>0515022 </u>
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
The Laurence of others recovered over 050,000 for professional convices	_) (
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	uced, etc.	Expenses
1 N/A		
2		
3		
4		
	<u> </u>	
Part IX-B Summary of Program-Related Investments	1	
Describe the two largest program-related investments made by the foundation during the tax year on	ines 1 and 2.	Amount
1 N/A		
	·····	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<u>0</u> .

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 1 129,729. Average monthly fair market value of securities 1a 19,047. Average of monthly cash balances 1b c Fair market value of all other assets 1c 148,776. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 3 148,776. Subtract line 2 from line 1d 3 2,232. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 $146,5\overline{44}$. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return Enter 5% of line 5 6 7.327. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 7,327. Minimum investment return from Part X, line 6 1 Tax on investment income for 2013 from Part VI. line 5 411. 2<u>a</u> 2b Income tax for 2013. (This does not include the tax from Part VI.) 2c 411 Add lines 2a and 2b 6.916. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 6,916. 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 6.916 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 211,700. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь ,700. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 211 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 411 income. Enter 1% of Part I, line 27b 211 Adjusted qualifying distributions. Subtract line 5 from line 4 289. 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

•				
•	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	•			
line 7				6,916.
2 Undistributed income, if any, as of the end of 2013	-			
a Enter amount for 2012 only			0.	
b Total for prior years.				
		0.		
3 Excess distributions carryover, if any, to 2013	:			
a From 2008				
b From 2009 80,683				
c From 2010 103,306				
d From 2011 86,958	<u>.</u>			
e From 2012				
f Total of lines 3a through e	270,947.	:		
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 211,700	<u>•</u>			
a Applied to 2012, but not more than line 2a			0.	· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			C 01C
d Applied to 2013 distributable amount	204 704			6,916.
e Remaining amount distributed out of corpus	204,784.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	475,731.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2014			. 1,000	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.		*	
9 Excess distributions carryover to 2014	A7E 721			
Subtract lines 7 and 8 from line 6a	475,731.			
Analysis of line 9: a Excess from 2009 80,683				
a Excess from 2009 b Excess from 2010 80,683 103,306				
c Excess from 2011 86, 958				
d Excess from 2012	1			
e Excess from 2013 204, 784]			
52	<u>- 1</u>			Form 990-PF (2013)

Form 990-PF (2013) MARK S. Part XIV Private Operating F		ILLY FOUNDAT		N/A	515022 Page 10
1 a If the foundation has received a ruling o		-	A, question 3)	N/A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found	•	•	n caction	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ing roundation described i	Prior 3 years	1 4342())(3) 01	1942())(3)
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for	(4) 20 10	(5) 25 12	(4) 23 7.	(0) 20 10	(7,15
				ľ	
each year listed b 85% of line 2a		-			
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		 			
_					
used directly for active conduct of					
exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. 					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or m	ore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n	o have contributed more		ibutions received by the	foundation before the cl	ose of any tax
MARK S. JORDAN					
b List any managers of the foundation who ther entity) of which the foundation has			or an equally large porti	on of the ownership of a	partnership or
NONE					
2 Information Regarding Contributi					
Check here \(\times \text{X} \) if the foundation o					
the foundation makes gifts, grants, etc. a The name, address, and telephone num	·				id d.
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields, l	kinds of institutions, or	other factors.	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year PROMOTE CHISTIANITY TO NONE NONPROFIT FELLOWSHIP OF CHRISTIAN ATHLETES ATHLETES, COACHES, 8701 LEEDS ROAD OTHERS 200. KANSAS CITY MO 64129-1680 SUPPORT MUSEUM FOR NONPROFIT MISSISSIPPI CHILDRENS MUSEUM NONE CHILDREN TO INSPIRE P.O. BOX 55409 JACKSON MS 39296-5409 10,000. LEARNING NONE NONPROFIT SUPPORT FOR MISSISSIPPI STATE UNIVERSITY FOUNDATION SCHOLARSHIPS. OPERATIONS, CAPITAL P.O. BOX 6149 IMPROVEMENTS 178,500. MISSISSIPPI STATE MS 39762 ST. ANTHONY SCHOOL NONE NONPROFIT SUPPORT FOR SCHOLARSHIPS, 1585 MANSDALE ROAD OPERATIONS, CAPITAL MADISON, MS 39110 IMPROVEMENTS 5,000. ST. RICHARD CATHOLIC SCHOOL NONE NONPROFIT SUPPORT FOR SCHOLARSHIPS. 1242 LYNNWOOD DRIVE OPERATIONS, CAPITAL JACKSON, MS 39206 IMPROVEMENTS 5 000 SEE CONTINUATION SHEET(S) **▶** 3a 211 700 **b** Approved for future payment NONE

Total

Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
a			-		
b			+ + -		
c					
d		***			
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		 ,			
4 Dividends and interest from securities			14	2,339.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	40,766.	
9 Net income or (loss) from special events					.
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
	l l				
c			+ + -		
			 		
e		0.	 - -	43,105.	(
	<u> </u>	<u> </u>	<u> </u>		43,105
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation	\			13	43,10.
Part XVI-B Relationship of Activities	- · · · · · · · · · · · · · · · · · · ·	nplishment of E	xempt Pu	rposes	
Explain below how each activity for which the foundation's exempt purposes (other			A contributed	importantly to the accomp	lishment of
	 ,-		-		
		· · · · · · · · · · · · · · · · · · ·			
					
	 -				
					
				<u> </u>	
					

Form 990-PF (2013) MARK S. JORDAN FAMILY FOUNDATION 20-0515022 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (b) Type of organization (c) Description of relationship (a) Name of organization N/A rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge this return, including accompanying semi-progarer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT/DIREC return with the preparer shown below (see instr)? Sign Here TOR X Yes Signature of officer or trustee Date Title Check PTIN Date Print/T pe preparer's name Preparet's signature self- employed

BRENT SAUNDERS

SAUNDERS & O'NEIL,

JACKSON, MS 39205-0080

11/12/14

Form 990-PF (2013)

P00091457

Firm's EIN \triangleright 64-0501200

Phone no. 601-969-7440

Paid

Preparer

Use Only

A. BRENT SAUNDERS

Firm's name ► BREAZEALE,

Firm's address ▶ P.O. BOX 80

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

MARK S. JORDAN FAMILY FOUNDATION 20-0515022 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General 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 Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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. total 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 total 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 **\$** Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 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 or on its Form 990 PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

MARK S. JORDAN FAMILY FOUNDATION

20-0515022

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1	MARK S. JORDAN P.O. BOX 328 MADISON, MS 39130	\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)				

Name of organization

Employer identification number

MARK S. JORDAN FAMILY FOUNDATION

20-0515022

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	ıf addıtıonal space ıs needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number JORDAN FAMILY FOUNDATION

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once)

Supplies the contribution of the year. (Enter this information once)

**Supplies the year. (Enter this infor Part III Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift from (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part IV Capital Gains and Loss	ses for Tax on Investment Income		
(a) List and (2-story brid	(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)		
1a 50 SHARES DVN	P 07/17/1201/02/13		
b 50 SHARES DVN			P 06/27/1201/02/13
c 100 SHARES MPC			P 05/29/1201/02/13
d 16.67 SHARES KE	RFT		P 02/08/1201/03/13
e 100 SHARES CHKE			P 12/07/1207/02/13
1 50 SHARES GIS			P 09/26/1209/04/13
g 50 SHARES FAST			P 12/20/12/12/03/13
h 400.28 SHARES M	IPAC X		P 12/15/0901/02/13
100 SHARES USB	W a		P 10/15/1001/02/13
J 50 SHARES BAX			P 11/17/1101/02/13
k 50 SHARES DIS			P 11/29/11/01/02/13
50 SHARES MCD			P 06/01/06/01/02/13
m 33.33 SHARES KE			P 08/01/11/01/03/13
n 100 SHARES GILI	•		P 10/06/10/04/04/03
o 100 SHARES MSFT			P 08/25/10 04/26/13
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,595.		2,898.	-303.
b 2,595.		2,798.	-203.
c 6,307.		3,712.	2,595.
d 755.		678.	77.
e 4,973.		4,606.	367.
f 2,449.		2,007.	442.
g 2,350.		2,250.	100.
h 7,309.		5,752.	1,557.
1 3,263.		2,275.	988.
3,372.		2,573.	799.
k 2,541.		1,713.	828.
1 4,495.		1,668.	2,827.
$\frac{m}{4.776}$		1,206. 1,783.	303. 2,993.
$\frac{n}{0}$ 4,776.		2,419.	731.
	gain in column (h) and owned by		(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-303.
b			-203.
С			2,595.
d			77.
е			367.
f			442.
g			100.
h			1,557.
1			988.
1			799.
<u>k</u>			828.
Î			2,827.
<u>m</u>			303.
n			2,993.
0			731.
2 Capital gain net income or (net cap	ital loss) { If gain, also enter "-0	ın Part I, line 7 ı-" ın Part I, line 7	2
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c If (loss), enter "-0-" in Part I, line 8		d (6):	3
		-	

(b) How acquired P - Purchase D - Donation (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a 50 SHARES AXP P 07/20/1208/16/13 P 07/31/1209/04/13 100 SHARES GIS P c 100 SHARES MSFT 08/25/1009/10/13 P 11/17/1110/04/13 d 50 SHARES BAX P 10/23/12|11/11/13 e 50 SHARES M 07/25/1211/21/13 P 100 SHARES AEP g 150 SHARES WY P <u>06/05/12</u>12/18/13 08/17/1212/27/13 h 100 SHARES MACYS P 10 SHARES GOOG P 08/26/11|12/27/13 03/28/12|12/27/13 50 SHARES PNC P 09/07/11|12/27/13 P k 50 SHARES OCOM 100 SHARES MRK P 05/27/11|12/27/13 m 50 SHARES TSCO P 03/08/1212/27/13 n 10 SHARES AAPL 11/26/1212/27/13 P 05/14/0912/27/13 o 50 SHARES UNP P (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 954. 3,748 2,794 а 4,899. 3,880. 1,019. b 3,222. 2,419. 803. С 3,235. 2,573. 662. d 2,346. 1,982. 364. 4,769. 4,142. 627. f 2,903. 1,753. 4,656. g 3,892. 5,277. 1,385. h 5,288. 5,857. 11,145. 3,900. 3,214. 686. 2,577. 3,697. 1,120. 4,972 <u>3,627</u>. 1,345. 2,189. 1,592. 3,781 m 5,604 5,895. -291. n 2,308 5,977. 8,285. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 954. a 1,019. b 803. C 662. d 364. е 627. 1,753. g 1,385. h 5,857. 686. 1,120. 1,345. 1,592. m -291. n 5,977. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Loss	ses for lax on investment income				
(a) List and 2-story brid	describe the kind(s) of property sol ck warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 50 SHARES AXP			P	03/09/12	12/27/13
b 50 SHARES TJX			P	09/19/12	
c CAPITAL GAINS I	DIVIDENDS				
d					
e				-	
f					
g					
h					
1					
1					
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 4,459.		2,667.			1,792.
b 3,164.		2,266.			898.
<u>c</u> 122.					122.
d					
<u>e</u>					<u> </u>
f					
9					
h			<u> </u>		
1					
k					
<u>m</u>					
<u>n</u>					
Complete only for assets showing	gain in column (h) and owned by	the foundation on 12/31/69	(I) I ns	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain over ot less than "-0-")	col. (k),
a		· · · · · ·			1,792.
b					898.
c					122.
d					
е					
f					
g					
h					
,					.
k					
m					
n					
0					
2 Capital gain net income or (net cap	oital loss) { If gain, also enter -0	ın Part I, line 7 -" ın Part I, line 7	2		40,766.
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of [(loss), enter *-0-* in Part I, line 8	s) as defined in sections 1222(5) an column (c).	d (6):	2	N/A	

MARK S. JORDAN FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient SUPPORT FOR PROGRAMS YMCA OF METROPOLITAN JACKSON NONE NONPROFIT THAT BUILD HEALTHY 800 EAST RIVER PLACE JACKSON, MS 39202 SPIRIT, MIND AND BODY 10,000. SUPPORT FOR PROGRAMS BOY SCOUTS OF AMERICA NONE NONPROFIT 855 RIVERSIDE DRIVE THAT BUILD HEALTHY 1,000. SPIRIT MIND AND BODY JACKSON MS 39202-1138 NONPROFIT SUPPORT FOR WILDLIFE MISSISSIPPI FISH & WILDLIFE NONE CONSERVATION IN FOUNDATION P.O. BOX 10 MISSISSIPPI 1,000. STONEVILLE, MS 38776 THE NATURE CONSERVANCY IN MISSISSIPPI NONE NONPROFIT SUPPORT FOR NATURE CONSERVATION IN 405 BRIARWOOD DRIVE, STE 101 MISSISSIPPI 1,000. JACKSON, MS 39206 13 000. Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	OM SECUR	ITIES	SI	ATEMENT 1
SOURCE	GROSS AMOUNT	*		(A) EVENUE R BOOKS			(C) ADJUSTED NET INCOME
MONEY FUNDS & SECURITIES	2,461.	12	2.	2,339.	2,	339.	
TO PART I, LINE 4	2,461.	12	2. —	2,339.	2,	339.	
FORM 990-PF	OTI	HER PROFES	SIONAL	FEES		SI	'ATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(I NET IN MENT I		(C) ADJUST NET INC		(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMEN	NT FEES	1,962.		1,962.			0.
TO FORM 990-PF, PG	1, LN 16C	1,962.		1,962.			0.
FORM 990-PF		CORPORAT	E STOCE	ζ		ST	'ATEMENT 3
DESCRIPTION				В00	K VALUE	FA	IR MARKET VALUE
50 SH PEPSICO INC 50 SH ROPER INDS NEW 50 SH UNION PAC CORE 100 SH U S BANCORP I 100 SH GILEAD SCIENC 28,263.83 SH BLACKRO 50 SH KRAFT FOODS IN 100 SH GOOGLE 100 SH GOOGLE 100 SH QUALCOMM INC 100 SH MACYS INC 100 SH TJX COS INC IN 100 SH TJX COS INC IN 100 SH TACTOR SUPPII 50 SH PROCTOR & GAME 50 SH OCCIDENTAL PET 50 SH AMERICAN EXPRE 100 PNC FINL SVCS GE 50 SH JOHNSON & JOHN 10 SH APPLE 50 SH CAVIUM INC	PEL COM NEW DEL COM NEW DES INC DCK TREASURY NC NEW LY CO BLE TE CORP DEL ESS ROUP INC	TRUST FU	NID		2,899 2,097 2,308 2,275 1,783 28,264 2,665 3,626 5,288 5,153 3,892 4,353 4,378 3,467 4,247 2,667 6,129 3,415 5,895 1,700		4,147. 6,934. 8,400. 4,040. 7,510. 28,264. 2,696. 5,005. 11,207. 7,425. 5,340. 6,373. 7,758. 4,071. 4,755. 4,537. 7,758. 4,580. 5,610. 1,726.

MARK S. JORDAN FAM	ILY FOUNDATION				2	0-051502	
2.12 SH BANK OF AMER 100 SH SCHWAB CHARLE 150 SH MYLAN INC 50 SH CARLISLE COS I 50 SH CHICAGO BRDG & 50 SH ADOBE SYS INC 50 SH EBAY INC 50 SH LYONDELLBASELL		2,482. 6,163. 3,106. 3,535. 2,548. 2,663. 3,667.		2,600 6,510 3,970 4,157 2,994 2,743 4,014			
NET INCREASE FROM TRADES NOT SETTLED AT YEAR END TOTAL TO FORM 990-PF, PART II, LINE 10B				20,363.		20,363.	
				41,030.	185,48		
FORM 990-PF	INTEREST A	ND PENALTIES			STAT	'EMENT	
TAX DUE FROM FORM 9						411	
LATE PAYMENT INTE LATE PAYMENT PENA						9.	
LATE PAYMENT INTE						424	
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE	LTY	AYMENT PENALT	Y		STAT		
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF	LTY	AYMENT PENALT	Y BALANC	CE M	STAT	424	
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE EXTENSION PAYMENT	LATE PA			CE M 411. 161.		424	
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE EXTENSION PAYMENT DATE FILED	LATE PA DATE 05/15/14 08/15/14 11/17/14	AMOUNT 411.		411. 161.	ONTHS	424 PEMENT SPENALTY	
LATE PAYMENT INTE LATE PAYMENT PENA	LATE PA DATE 05/15/14 08/15/14 11/17/14 ENALTY	AMOUNT 411.	BALANC	411. 161.	ONTHS 3 4	PENALTY 6.	
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION FAX DUE EXTENSION PAYMENT DATE FILED FOTAL LATE PAYMENT P	LATE PA DATE 05/15/14 08/15/14 11/17/14 ENALTY LATE PA	AMOUNT 411250.	BALANC	411. 161.	ONTHS 3 4	PEMENT S PENALTY 6.3	
LATE PAYMENT INTE LATE PAYMENT PENA TOTAL AMOUNT DUE FORM 990-PF DESCRIPTION TAX DUE EXTENSION PAYMENT DATE FILED TOTAL LATE PAYMENT P	LATE PA DATE 05/15/14 08/15/14 11/17/14 ENALTY LATE PA	AMOUNT 411250.	BALANC	411. 161. 161.	STAT DAYS 92	PEMENT 5	

Form **8868**

(Rev January 2014)

Department of the Treasury ernal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

,					
• If you are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box		>	X
• If you are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II (on page 2 of	this form)		
Do not complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electronic filing (e-file). You can electronically file Form 8868 f	you need a	a 3-month automatic extension of tir	ne to file (6 months for a сот	ooration
required to file Form 990-T), or an additional (not automatic) 3-me	onth extens	sion of time. You can electronically f	ile Form 8	868 to request an o	extension
of time to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers .	Associated With Co	ertain
Personal Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details	on the elec	ctronic filing of this	form,
visit www.rs gov/efile and click on e-file for Charities & Nonprofit	s				
Part I. Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies ne	eded).		
A corporation required to file Form 990-T and requesting an auto					
Part I only					• <u> </u>
All other corporations (including 1120-C filers), partnerships, REI to file income tax returns.	MICs, and t	rusts must use Form 7004 to reques		nsion of time er's identifying nu	mber
Type or Name of exempt organization or other filer, see instru	uctions.	· ·-	Employe	r identification num	ber (EIN) or
print		-		00 05150	00
File by the MARK S. JORDAN FAMILY FOUN				20-05150	
due date for Number, street, and room or suite no. If a P.O box, filing your			Social se	curity number (SSI	N)
return See C/O DSO, HID. 120 N. CO			l		
instructions City, town or post office, state, and ZIP code. For a	foreign add	lress, see instructions.			
JACKSON, MS 39201					
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return)			0 4
	,				
Application	Return	Application			Return
'ş For	Code	Is For			Code
orm 990 or Form 990-EZ	01	Form 990-T (corporation) 0			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04 Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
DAVID B. ROBER					
 The books are in the care of ► 607 HIGHLAND C 	OLONY		DGELA	<u>ND, MS 39</u>	<u> 157 </u>
Telephone No ► 601-856-0009		Fax No.			
If the organization does not have an office or place of business					-
If this is for a Group Return, enter the organization's four digit					
box ▶ . If it is for part of the group, check this box ▶	and atta	ich a list with the names and EINs o	f all memb	ers the extension i	s for.
1 I request an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time	until		
AUGUST 15, 2014 , to file the exempt	ot organiza	tion return for the organization name	ed above.	The extension	
is for the organization's return for:					
► X calendar year 2013 or					
tax year beginning	, an	d ending		<u> </u>	
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Fınal retur	n	
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any	-		
nonrefundable credits. See instructions			3a	\$	<u>250.</u>
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
estimated tax payments made Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,			
by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	<u>250.</u>
Caution. If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO f	or payment
instructions.					

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If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box	> X		
Note. Only complete Part II if you have already been granted an a				68.		
If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no cop	ies needed).		
		Enter filer's	identifying (number, see instructions		
				imployer identification number (EIN) or		
print						
by the MARK S. JORDAN FAMILY FOUNDATION				20-0515022		
Number, street, and room or suite no. If a P.O. box, see instructions.			Social secur	nty number (SSN)		
return See C/O BSO, LTD 120 N. CONO	GRESS	ST., STE. 300				
Instructions City, town or post office, state, and ZIP code. For a form	oreign add	dress, see instructions				
JACKSON, MS 39201						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		0 4		
<u> </u>	,			· · · · · · · · · · · · · · · · · · ·		
Application	Return	Application		Return		
ls For	Code	Is For		Code		
Form 990 or Form 990-EZ	01	A STATE OF THE STA	1-2.77-2	<u> </u>		
Form 990-BL	n 990-BL 02 Form 1041-A			08		
Form 4720 (individual)	m 4720 (individual) 03 Form 4720 (other than individual)			09		
Form 990-PF	04 Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	m 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11		
rm 990-T (trust other than above) 06 Form 8870						
STOP! Do not complete Part II if you were not already granted		<u>natic 3-month extension on a prev</u>	iously filed F	orm 8868.		
DAVID B. ROBERT						
• The books are in the care of ► 607 HIGHLAND CO	ОГОИЛ		DGELANI	o, MS 39157		
Telephone No ► 601-856-0009		Fax No. >				
If the organization does not have an office or place of business						
If this is for a Group Return, enter the organization's four digit						
box lif it is for part of the group, check this box			all members	the extension is for.		
	NOVEM	BER 15, 2014.				
5 For calendar year 2013, or other tax year beginning		, and ending		 ·		
6 If the tax year entered in line 5 is for less than 12 months, c	neck reas	on: Initial return	Final retu	m		
Change in accounting period						
7 State in detail why you need the extension	T ON	AT MIME IN OPDER M	OPCAN	TTOTA AND		
THE ORGANIZATION REQUESTS ADDI						
RECONCILE THE INFORMATION NEED RETURN.	יו עפע	O FILE A COMPLETE	AND ACC	LURATE TAX		
	07.6060	enter the tentative tay loss and				
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, 01 0003,	and the ternative tax, less arry	8a \$	250.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	ontor an	y refundable credits and estimated	<u>8a</u> \$	230.		
tax payments made. Include any prior year overpayment all		•				
	owed as a	a credit and any amount paid		0.		
previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	th this form if required by using	8b \$, <u> </u>		
EFTPS (Electronic Federal Tax Payment System). See instru	-	ir this form, ir required, by asing	8c \$	250.		
		st be completed for Part II o		450.		
Under penalties of perjury, I declare that I have examined this form, including the true, correct, and complete and that I am authorized to prepare this fo	ino accomo	·	-	y knowledge and belief,		
Signature ▶ Title ▶ (Date >	8-14-14		
11110			Duto	Form 8868 (Rev. 1-2014)		