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990-PF برس

## Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009

Intern	al Reve	nue Service	Note, T	ne foundation may be able	to use a copy of this retur	n to satisfy sta	te reporting r	equirements	
For c	alenda	ar year 2009, or t	ax year beginning	, 6	and ending				
G C	heck a	II that apply	Initial return  Amended ret		urn of a former public or ress change		change	Final return	
Other or See Sanstru H C Sanstru H C I Sanstru	Section ir mark	Number and st 936 SY City or town, st HOLLAN Type of organization 4947(a)(1) nonex tet value of all ass from Part II, col (c) \$ Analysis of total of amounts in col	FOUNDATIO  Irreet (or P O box num  CAMORE AV  Itate, and ZIP code  ID  ID  IN  X Section 50  Rempt charitable true  Sets at end  J  1,228 (P  Revenue and I  J  J  J  J  J  J  J  J  J  J  J  J  J	MI  1(c)(3) exempt private st Other taxable Accounting method Other (specify) art I, column (d) must be Expenses (The not necessarily equal	49424 foundation e private foundation Cash X Acc	Room/suite	B Telep C If exe D 1. Fo 2. Fo 85 E If priv section F If the under	oyer identification number 3148994  hone number (see page 1)  mption application is pend oreign organizations, check oreign organizations meeting test, check here and attempt at foundation status was son 507(b)(1)(A), check here foundation is in a 60-mont or section 507(b)(1)(B), check income	o) of the instructions)  ng, check here here here gig the aach computation terminated under here here here
	1	<del></del>	n (a) (see page 11 of the in grants, etc., received		10,800				(cash basis only)
	2 3 4	Check ▶ ☐ if t	•	equired to attach Sch B ash investments	2		2		
Revenue	5a b 6a	Gross rents Net rental income Net gain or (loss) from s	e or (loss)	)					,
	7 8	Gross sales price for all Capital gain net i Net short-term ca	ncome (from Part I	V, line 2)			0	0	
	9 10a b c	Income modificate Gross sales less re Less Cost of good Gross profit or (le	turns & allowances	le)				,	
	11 12 13	Other income (at Total. Add lines	tach schedule)		10,802		2	0	
sesued	14 15 16a	Other employee	salaries and wages	·					
Operating and Administrative Expe	b c 17 18	Accounting fees Other professional GeresAUG 2 Tags (attach schedule	(attach schedule) fees (attach schedule)		745				
nd Adn	20 ° 21 22	Occupancy Travel, conference Printing and publications	ces, and meetings						
Operating a	AMA L CHIN	Other expenses (att so <b>Total operating</b> Add lines 13 thro Contributions, gif	h) <b>and administrativ</b> bugh 23	·	765 9,300 10,065		0	0	9,300 9,300
	MINED T	Subtract line 26 f Excess of revenu Net investment		nd disbursements e, enter -0-)	737		2	0	

Part III Analysis of Changes III Net Assets of Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree w	rith	
end-of-year figure reported on prior year's return)	1	491
2 Enter amount from Part I, line 27a	2	737
3 Other increases not included in line 2 (itemize) ▶	3	·
4 Add lines 1, 2, and 3	4	1,228
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,228

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Part IV Capital Gains ar	nd Losses for Tax on Investmen	nt Income			
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acq (mo , day,	
1a N/A					
b					
С					
d					· · · · · · · · · · · · · · · · · · ·
θ					(5) (6
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain or (loss) ) plus (f) minus (g)
_a					
<u>b</u>		<u> </u>			
C					
d e					
	gain in column (h) and owned by the four	ndation on 12/31/69		(I) Gai	ins (Col. (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) (j), ıf any	col (k),	but not less than -0-) or esses (from col (h))
а					
b					
С					
					<del></del>
е				<del></del>	
2 Capital gain net income or (net ca	ipital loss) If (loss), enter -0- in I	•		2	
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)				
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the in	structions)			
If (loss), enter -0- in Part I, line 8				3	
	nder Section 4940(e) for Reduce			<u>e</u>	
(For optional use by domestic private	foundations subject to the section 4940(a)	tax on net investme	nt income )		
If section 4940(d)(2) applies, leave the	s part blank				
	on 4942 tax on the distributable amount of under section 4940(e). Do not complete		e penod? Ye	es 🛚 No	
	ach column for each year, see page 18 of	<u> </u>	ore making any entries		<del></del>
(a)	(b)	THE MISTRECTIONS DETE	(c)		(d)
Base periód years Calendar year (or tax year beginning	Advented avaleure distribution	s Net value	of noncharitable-use ass	ets (	Distribution ratio col (b) divided by col (c))
2008		,900	4,	629	7.323396
2007		,000		871	6.302163
2006		,500	30,		1.966520
2005		,500	15,		2.471007
2004	34	,000	6,	426	5.291005
					02 254001
2 Total of line 1, column (d)				2	23.354091
_	year base period—divide the total on line	2 by 5, or by the			4.670818
number of years the foundation ha	as been in existence if less than 5 years			3	4.070010
A Enter the net value of noncharitat	ole-use assets for 2009 from Part X, line 5			4	1,677
4 Enter the het value of honorarian	me-use assets for 2000 from Farry, fine o				
5 Multiply line 4 by line 3				5	7,833
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	7,833
_					9,300
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 I line 7, check the box in Part VI, line 1b, a	nd complete that par	t using a 1% tax rate	See the	9,300
mic o io oqual to of greater than	, on oon the senting and try into the			· · <del>-</del>	

DAA

Part VI instructions on page 18

Form	990-PF (2009		FOUNDATION 38-3148994					Pa	ge <b>6</b>
_Pa	rt VII-B	Statement	ts Regarding Activities for Which Form 4720 May Be Required (con	<u>tinue</u>	<u>ed)</u>				
• 5a	During the ye	ear did the foun	idation pay or incur any amount to	_	_				
	(1) Carry on	propaganda, o	or otherwise attempt to influence legislation (section 4945(e))?	Yes	X	No	i		
	(2) Influence	the outcome of	of any specific public election (see section 4955), or to carry on,	_	_				
	directly o	r indirectly, any	y voter registration drive?	Yes		No			
	(3) Provide a	a grant to an inc	dividual for travel, study, or other similar purposes?	Yes	, X	No	1 1		
	(4) Provide a	a grant to an or	ganization other than a charitable, etc , organization described in						
	section 5	09(a)(1), (2), o	or (3), or section 4940(d)(2)? (see page 22 of the instructions)	Yes	s X	No			
	(5) Provide f	or any purpose	e other than religious, charitable, scientific, literary, or educational	-			1 1		
	purposes	, or for the pre	vention of cruelty to children or animals?	Yes	, X	No	1 1		
b	If any answer	r is "Yes" to 5a	(1)-(5), did any of the transactions fail to qualify under the exceptions described in	-			] ]		
	Regulations s	section 53 4945	5 or in a current notice regarding disaster assistance (see page 22 of the instructions)?		1	$A \setminus R$	5b		
	Organizations	s relying on a c	current notice regarding disaster assistance check here						
С	If the answer	is "Yes" to que	estion 5a(4), does the foundation claim exemption from the tax				1		
		•	nditure responsibility for the grant? N/A	Yes	, N	No	i l		
		·	nt required by Regulations section 53 4945-5(d)	•	_		l l		
6a			ne year, receive any funds, directly or indirectly, to pay premiums						
		I benefit contra		Yes	s X	No			
ь	•		ne year, pay premiums, directly or indirectly, on a personal benefit contract?		_		6ь		X
		, file Form 8870							
7a			ear, was the foundation a party to a prohibited tax shelter transaction?	Yes	X	No	1		
	•	•	ceive any proceeds or have any net income attributable to the transaction?	,		A\R	7b		
			About Officers, Directors, Trustees, Foundation Managers, Highly	Paic			s.		
		and Contra				,	-,		
1 Li			ustees, foundation managers and their compensation (see page 22 of the instruction	ons).					
			(h) Tile and groups (a) Companying	_ (	(d) Contrib	utions to		-	
			(a) Name and address (b) Title, and average hours per week (lf not paid, entre	ar	employee			ense aco	
			devoted to position -0-)		plans and compens		Outer	awwant	ES
WAI	TER JONES		HOLLAND PRESIDENT						
936	SYCAMORE	DRIVE	MI 49424 1.00	٥		C	,		0
KAF	EN JONES		MEDINA SECRETARY				T		
307	LYTHRUM I	LANE	MN 55340 1.00	0		C	,		0
DAV	ID JONES		WOODBURY TREASURER						
306	4 ARDEN PI	LACE	MN 55129 1.00	o		c	,		0
MAR	ION JONES		HOLLAND VICE PRES						
936	SYCAMORE	DRIVE	MI 49424 1.00	o		0	,		0
2	Compensation	on of five high	nest-paid employees (other than those included on line 1—see page 23 of the instru	uction	ıs).				
	If none, ente								
	_		(b) Title, and average	(	(d) Contrib		1		
	(a) N	lame and addres:	s of each employee paid more than \$50,000 hours per week (c) Compensation	n	employee plans and			ense aco r allowanc	
			devoted to position		сотрел				
NON	E	· · · · · · · · · · · · · · · · · · ·							
				$\perp$					
	-								
	=						<u> </u>		
		<u></u>			_				
Total	number of oth	ner employees	paid over \$50,000				<b>•</b>		

Form 990-PF (2	009) JONES FOUNDATION	38-3148994	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid Emp	oyees,
- 	and Contractors (continued)	CO of the state of	F !!
3 Five high	est-paid independent contractors for professional services (see page		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			<del></del>
Total number o	f others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
List the foundat organizations ai	on's four largest direct chantable activities during the tax year. Include relevant statistic dother beneficianes served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1 N/A			7
2			
3			
4			
*			
Part IX-B	Summary of Program-Related Investments (see pag	e 24 of the instructions)	
Describe the tw	o largest program-related investments made by the foundation during the tax year on l	ines 1 and 2	Amount
1 N/A			
<del></del>			
2			
All other progra	m-related investments See page 24 of the instructions		
3	. •		
			·
Total. Add lines	1 through 3	<b></b>	

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9,300

3a 3b

4

5 6

3

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Pa	art XIII Undistributed Income	(see page 26 of t	ne instructions)			
1	Distributable amount for 2009 from Part XI		(a) Corpus	(b) Years pnor to 2008	(c) 2008	(d) 2009
	line 7					84
2	Undistributed income, if any, as of the end	of 2009				
а	Enter amount for 2008 only					
b	Total for prior years 20 , 20	_ , 20				
3	Excess distributions carryover, if any, to 20	009				
а	From 2004	33,679	•			
b	From 2005	36,741				
С	From 2006	58,970				
d	From 2007	36,706				
е	From 2008	33,669				
f	Total of lines 3a through e		199,765			
4	Qualifying distributions for 2009 from Part 2	XII,				
	line 4 ▶ \$9,300					
а	Applied to 2008, but not more than line 2a					
þ	Applied to undistributed income of prior year	1				
	(Election required—see page 26 of the inst	· 1				
С	Treated as distributions out of corpus (Elec	ction				
	required—see page 26 of the instructions)					
	Applied to 2009 distributable amount					84
	Remaining amount distributed out of corpu	ì	9,216			
5	Excess distributions carryover applied to 2	ì				
	(If an amount appears in column (d), the sa	ame				
_	amount must be shown in column (a) )					
6	Enter the net total of each column as					
	indicated below:	r	208,981			
	Corpus Add lines 3f, 4c, and 4e Subtract		200,961			
D	Prior years' undistributed income Subtract					
_	line 4b from line 2b	ad				
C	Enter the amount of prior years' undistribut					
	income for which a notice of deficiency has been issued, or on which the section 4942(					]
	tax has been previously assessed	(a)				
А	Subtract line 6c from line 6b Taxable					
u	amount—see page 27 of the instructions					
A	Undistributed income for 2008 Subtract lin	e		-		
•	4a from line 2a Taxable amount—see pag					
	27 of the instructions					
f	Undistributed income for 2009 Subtract lin	es	-			
	4d and 5 from line 1. This amount must be					
	distributed in 2010					o
7	Amounts treated as distributions out of corp	pus				
	to satisfy requirements imposed by section	,				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of	the				
	instructions)					
8	Excess distributions carryover from 2004 n	ot				
	applied on line 5 or line 7 (see page 27 of t	he				
	instructions)	ļ	33,679			
9	Excess distributions carryover to 2010.					
	Subtract lines 7 and 8 from line 6a		175,302		<del></del>	
0	Analysis of line 9	ŀ				
а	Excess from 2005	36,741				
b	Excess from 2006	58,970	ţ			
C	Excess from 2007	36,706				
d	Excess from 2008	33,669	ļ	ļ		
0	Excess from 2009	9,216				

N/A

Part XV Supplementary Information (co	ntınued)				
3 Grants and Contributions Paid During the		ıture Payment		· · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient		Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient			<del></del>
a Paid during the year PRISON FELLOWSHIP MIN PO BOX 1550 MERRIFIELD VA 22116		NON-PROFIT GENERAL	OP	ERATIONS	1,500
JUNIOR LEAGUE OF ST PAUL 633 SNELLING AVE SAINT PAUL MN 55104		NON-PROFIT GENERAL	OF	ERATIONS	1,000
ST AMBROSE OF WOODBURY 4125 WOODBURY DRIVE WOODBURY MN 55129		NON-PROFIT GENERAL	OF	ERATIONS	1,000
BISHOP PATES ENDOWMENT FD 4125 WOODBURY DRIVE WOODBURY MN 55129		NON-PROFIT GENERAL	OF	ERATIONS	1,000
AMERICAN CANCER SOCIETY 129 JEFFERSON AVE SE GRAND RAPIDS MI 49503		NON-PROFIT GENERAL	OF	ERATIONS	2,000
HOLY NAME SCHOOL 155 COUNTY ROAD 24 WAYZATA MN 55391		NON-PROFIT GENERAL	OF	ERATIONS	300
PROVICENCE ACADEMY 15100 SCHMIDT LAKE RD PLYMOUTH MN 55446		NON-PROFIT GENERAL	OF	ERATIONS	2,500
	1			<u> </u>	9,300
b Approved for future payment	<u> </u>			<b>▶</b> 3a	9,300
N/A					
Total				<b>▶</b> 3b	

Part XVI-A	Analysis of Income-Producing Activ	rities				
	unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program ser	vice revenue	ļ	·			the instructions.)
a				ļ		
b				ļ		
c	<u> </u>					
d						
е			<del></del>	ļ		
f				ļ		
<b>g</b> Fees an	d contracts from government agencies			<b> </b>		
<ol><li>Membership</li></ol>	dues and assessments					
3 Interest on s	avings and temporary cash investments			14	2	
4 Dividends ar	nd interest from securities					
5 Net rental in	come or (loss) from real estate			ļ		
a Debt-fina	anced property			<b></b>		<del></del>
	-financed property					<del></del>
6 Net rental in	come or (loss) from personal property			ļ		
7 Other invest				<b> </b>		·
	) from sales of assets other than inventory			ļ		
	or (loss) from special events			ļ		
	or (loss) from sales of inventory			<b> </b>		
11 Other revenue	ue <b>a</b>			ļ		
b				ļ		
		ļ <u> </u>		ļ		
d		ļ		<b>!</b>		
θ				<u> </u>		
	d columns (b), (d), and (e)		0	<u> </u>	2	
13 Total. Add li	ne 12, columns (b), (d), and (e)			<u> </u>	13 _	2
13 Total. Add li (See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions on page 28 to verify calculations					
13 Total. Add li (See worksheet i Part XVI-B	ne 12, columns (b), (d), and (e) n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Acc	omplishme	nt of Exempt Pur	poses	13 _	
13 Total. Add li (See worksheet i	ne 12, columns (b), (d), and (e) n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Acc Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in col	ent of Exempt Pur	poses	13	2
13 Total. Add li (See worksheet Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Acc Explain below how each activity for which income is	reported in col	ent of Exempt Pur	poses	13	2
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13 Total. Add li (See worksheet Part XVI-B Line No. ▼	ne 12, columns (b), (d), and (e) n line 13 instructions on page 28 to verify calculations Relationship of Activities to the Acc Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	reported in col	ent of Exempt Pur	poses	13	2
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P	art XVII	Information Rega Exempt Organiza	_	nsfers To a	nd Transaction	s and	Relationsh	ips With No	ncharita	ble		
4	Did the o	rganization directly or indi		un any of the fo	llowing with any oth	er orga	nization describ	ned			Yes	No
•		501(c) of the Code (othe		-	-	-						
	•	· · ·	i ilian section	i 30 i (c)(3) digai	inzations) or in sect	1011 327	, relating to poil	licai				
	organizat		- <b>. .</b>	-b4-b1								
а		from the reporting found	ation to a non	chantable exem	ipt organization of							v
	(1) Cash									1a(1)		<u>X</u>
	(2) Othe	r assets								1a(2)		<u> </u>
b	Other tra	nsactions								,		i
	(1) Sales	of assets to a nonchanta	ible exempt o	rganization						1b(1)		<u> </u>
	(2) Purcl	nases of assets from a no	nchantable e	xempt organizat	ion					1b(2)		<u>X</u>
	(3) Rent	al of facilities, equipment,	or other asse	ts						1b(3)		X
		bursement arrangements								1b(4)		X
	• •	s or loan guarantees								1b(5)		X
	• •	rmance of services or me	mbership or i	iundraising solic	utations					1b(6)		X
	• •	f facilities, equipment, ma	-	-						1c		X
	-	wer to any of the above is	-			(h) sh	ould always sh	ow the fair marks	st.			
u		he goods, other assets, o	•		•	• •						
		•	•	•	_							
		ny transaction or sharing	1		ri (d) the value of the kempt organization	le good: T				2002 2002	mente	
	(a) Line no	(b) Amount involved	(C) Name	or nonchantable e.	kempt organization	<del> </del>	(u) Description o	f transfers, transac	tions, and si	aring arrange	ments	
N/	<u> </u>	<del></del>			· · · · · · · · · · · · · · · · · · ·	ļ						
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-	· · · -	-	<del> </del>									
		<del></del>	<b>†</b>			<del> </del>						
						<del> </del>						
		<del></del>	<del> </del>	•••		<del> </del>						
			<u> </u>			<u> </u>	<del></del>					
2a		ndation directly or indirect					organizations				(==	1
	described	I in section 501(c) of the C	Code (other th	ian section 501(	c)(3)) or in section	527?				Y6	es X	No
b	If "Yes," o	complete the following sch	edule									
		(a) Name of organization		(b) Type	of organization			(c) Description o	f relationship	)		
	N/A					<u> </u>	<u>-</u>					
						ļ						
	Under nen	alties of perjury, I declare that	I have examine	ed this return incli	iding accompanying so	hedules	and statements	and to the best of n	ny knowleda	e and		
ł	belief, it is	true, forrect, and complete D	eclaration of pr	eparer (other than	taxpayer or fiductary)	is based	on all information	of which preparer	has any kno	wledge		
	<b>L</b>	Trallon) 1	1 1/5	nos	8/12	1/10	<b>L</b>	Owner				
<sub>0</sub>	Signa	ture of officer or trustee	<del>- 7</del> 0/	<i>VC</i> -	Date	11	- 🏲	Title				
ا ة	Joigina		<del>///</del>	// ^		1	Data	<u> </u>	11	Preparer's identif	ying	
ヹヿ		D		///////////////////////////////////////	1		Date	Check if	، ای	number (see Sig	nature c	
Sign Here	يٌ جَ	Preparer's signature	(	10 Vi. V	/		08/11/	self-employed		page 30 of the in:		•
ัง	Paid Preparer's Use Only	organication P	<u> </u>	JUMBA	alma C Ch-					FUU400	133	<u>'</u>
	P ge sk	Firm's name (or yours if	Kiekov	•	olma & Shu	ımak	er, P.C	•		20 015	707	c
	م ح	self-employed), address,		ox 280	40464 666	20		_		<u>38-215</u>		
		and ZIP code	Zeela	nd, MI	49464-028	3 U		<u> </u>	Phone no	616-77		615

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** Name of the organization 38-3148994 JONES FOUNDATION Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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 11 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, 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 in the heading of its Form

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF)

Schedule B (	Form 990, 990-EZ, or 990-PF) (200	09)		Page 1 of 1 of Part I
Name of org				Employer identification number 38-3148994
•	FOUNDATION			20-2140334
Part I	Contributors (see instru	ictions)		
(a)		(b)	(c)	(d)
No.	Name, addr	ess, and ZIP + 4	Aggregate contributions	Type of contribution
1	Walter and Mario 936 Sycamore Ave Holland		\$ 10,80	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)		(b)	(c)	(d)
No.	Name, addr	ess, and ZIP + 4	Aggregate contributions	· · ·
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)		(b)	(c)	(d)
No.	Name, addr	ess, and ZIP + 4	Aggregate contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)		(b)	(c)	(d)
No.	Name, addi	ess, and ZIP + 4	Aggregate contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)		(b)	(c)	(d)
No.	Name, addı	ess, and ZIP + 4	Aggregate contributions	Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)		(b)	(c)	(d)
No.	Name, addı	ess, and ZIP + 4	Aggregate contributions	s Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )

JONEF JONES FOUNDATION 38-3148994 FYE: 12/31/2009	Federal Statements		8/11/2010 7:38 AM
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	counting Fees	
Description ACCOUNTING FEES Total	Total   Investment   \$   745   \$	Adjusted Net	Charitable Purpose
	Form 990-PF, Part I, Line 18 - Taxes	S <sub>1</sub>	
Description 2006 FIT Total	Total Investment	Adjusted Net	Charitable Purpose \$
	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	her Expenses	
Description	Total Investment	Adjusted Net	Charitable Purpose \$
Expenses STATE REGISTRATION Total	\$ 20	w	o o
			:

8/11/2010 7:38 AM

JONEF JONES FOUNDATION

38-3148994

## **Federal Statements**

FYE: 12/31/2009

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
Walter and Marion Jones	\$ 10,800
Total	\$ 10,800