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# EXTENSION GRANTED TO 08/16/2010 Return of Private Foundation

# or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For	calen	dar year 2009, or tax yea	r beginning		, and ending		
G	Check	all that apply:	Initial return	Initial return of a fo	rmer public charity	Final returi	1
_			Amended return	Address chan	ge L	Name change	· ·
Us	e the	IRS Name of foundation				A Employer identification	n number
	label.	. •	ES FOUNDATIO		_		
Ot			MANAGEMENT		<del>-</del>	62-1859939	<u> </u>
	print or type	•	O box number if mail is not de		Room/suite	B Telephone number	2000
	e Spe	ZVI KDIII	STREET, S.W	•	80	<del></del>	-3000
	tructio	I GREEN OF LUWIII. STATE, A				C If exemption application is p D 1. Foreign organization	
<u>_</u>	Chack		<b>X</b> Section 501(c)(3) ex	emnt private foundation	-	2. Foreign organizations me check here and attach or	
		ction 4947(a)(1) nonexem		Other taxable private founda	tion		
) ]][		rket value of all assets at			Accrual	E If private foundation sta under section 507(b)(1	)(A), check here
$\sim$		Part II, col. (c), line 16)		her (specify)		F If the foundation is in a	
₩.	<b>-</b> \$	67		mn (d) must be on cash t	oasis.)	under section 507(b)(1	
TP	art I	Analysis of Revenue and (The total of amounts in colu	nd Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
₹	,	necessarily equal the amoun	nts in column (a) )	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, gran		190,300.		N/A	<u> </u>
il T	2	Check If the foundation interest on savings and temperature	on is not required to attach Sch. B				ļ
3	3	cash investments				<u> </u>	<u> </u>
のころには同じ	4	Dividends and interest fro	om securities			<del></del>	<del> </del>
		Gross rents					
-	62	Net rental income or (loss)  Net gain or (loss) from sale of	secrets not on line 10				
٩	}  °6	Gross sales price for all assets on line 6a	assets flot Off fille To			<del>-</del>	
Revenue	7	Capital gain net income (from	Part IV, line 2)		0.		
ă	8	Net short-term capital ga	ın				
	9	Income modifications					
	10a	Gross sales less returns and allowances		<u></u>			
		Less Cost of goods sold					
		Gross profit or (loss)			<del></del>		
	11	Other income	ıb 11	190,300.	0.	l	<del></del>
_	12	Total. Add lines 1 through		190,300.	0.		0.
	14	Other employee salaries a	•				
	15	Pension plans, employee	-				-
ď		Legal fees	_				
Š	Ь	Accounting fees	STMT 1	1,538.	0.		1,538.
Fynen	i c	Other professional fees					
<u>\$</u>	17	Interest					<u> </u>
Operating and Administrative	18	Taxes					
<u></u>	19	Depreciation and depet	#CEIVED C			<del></del>	
5	20	Occupancy Travel conforms and	mastross SS				<del> </del>
7	21	Travel, conferences, and Printing and publications	Deethos 1 2010 O				<del> </del>
2	23	Other expenses	182		· · · · · ·	- "-	
į	24	Total operating and a					
ي و	[]	expenses Additines 131		1,538.	0.		1,538.
Č	25	Contributions, gifts, gran	-	183,781.			183,781.
	26	Total expenses and disb	ursements				1
	_	Add lines 24 and 25		185,319.	0.		185,319.
	27	Subtract line 26 from line		4 004			
		Excess of revenue over exper		4,981.	0.		ļ
		Net investment income ( Adjusted net income (in			<u> </u>	N/A	
923	501			Act Notice see the instruct	ione	<b>N/ D</b>	Form <b>990-PF</b> (2009)

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Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3

Part IV Capital Gains and L	osses for Tax on Ir	vestmen	Income						
	kınd(s) of property sold (e.g e; or common stock, 200 sh			( <b>b)</b> I	How a - Purd - Don	cquired hase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NONE									
<u> </u>			<u>-</u>	<u> </u>	_				
<u>d</u>				-		_			
_e	) Depression allowed	(a) Co.	at or other book	_		<u>_</u>	(b) (	an or floor	<u> </u>
(e) gross sales price	) Depreciation allowed (or allowable)		st or other basis expense of sale		_			iain or (loss s (f) minus	
<u>a</u>									·
<u>b</u>	<del></del> .	<u> </u>		_					
d d									
e									
Complete only for assets showing gain i	n column (h) and owned by	the foundation	on 12/31/69			(	I) Gains ((	Col. (h) gain	minus
W.5.1.1. (10.01.00	(j) Adjusted basis	(k) Ex	cess of col. (I)				l. (k), but	not less tha	n -0-) <b>or</b>
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any				Lusses	(from col. (	··/)
a									
b									
С									
d		<u> </u>				<del></del>			<del></del>
e	<u> </u>		<del></del>						
2 Capital gain net income or (net capital los	(s) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$			}	2				
3 Net short-term capital gain or (loss) as di	efined in sections 1222(5) ar	nd (6):							
If gain, also enter in Part I, line 8, column	(c).					İ			
If (loss), enter -0- in Part I, line 8  Part V Qualification Under	Section 4040(a) for	Poducod	Tay on Not	100	3	nont Inc			
						ilent int	Joine		
(For optional use by domestic private foundation	itions subject to the section (	494U(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave this part	blank.								
Was the foundation liable for the section 494	12 tay on the distributable am	nount of any ve	ear in the hace ner	rınd?					Yes X No
If "Yes," the foundation does not qualify under			•	ilou.					103 (22) 110
1 Enter the appropriate amount in each co				es.					
Rose posted years	(b)			(c)	ı			Dietrik	(d) oution ratio
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying dis	tributions	Net value of no	nchá	ritable	-use assets	; [	(col. (b) div	ided by col. (c))
2008		8,454.			1	1,247	7.		28.314573
2007	<del></del>	3,936.				4,618			<u> 193.576440</u>
2006	+	6,094.				<u>6,689</u>			<u>135.460308</u>
2005	<del>-</del>	8,598.				9,740	_		11.519915
2004	51	2,477.			2	4,383	3.		<u>21.017799</u>
2 Total of line 1, column (d)							2		389.889035
3 Average distribution ratio for the 5-year b	•	on line 2 by 5,	or by the number	of ye	ars				BB 4=-44-
the foundation has been in existence if le	ss than 5 years						3		77.977807
4 Enter the net value of noncharitable-use a	assets for 2009 from Part X,	line 5					4		34,125.
5 Multiply line 4 by line 3						•	5		<u>2,660,993.</u>
6 Enter 1% of net investment income (1%	of Part I, line 27b)						6		0.
7 Add lines 5 and 6							. 7	ļ	<u>2,660,993.</u>
8 Enter qualifying distributions from Part X	II, line 4						8		185,319.
If line 8 is equal to or greater than line 7, See the Part VI instructions.	,	t 1b, and comp	lete that part usin	ıg a 1	% tax	rate.			

923521 02-02-10

ALLAN JONES FOUNDATION Form 990-PF (2009) C/O JONES MANAGEMENT SERVICES Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) Part VI 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ \_\_\_\_ and enter "N/A" on line 1. \_\_ (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 0. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part 1, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 0. 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 0. Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded > Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X 1b b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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. Х c Did the foundation file Form 1120-POL for this year? 1c 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. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 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? Х 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. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) TN 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)

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X

8b

of each state as required by General Instruction G? If "No," attach explanation

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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose 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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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X

Yes X No

Yes X No

N/A

N/A

2b

4a

defined in section 4942(j)(3) or 4942(j)(5)):

before 2009?

during the year?

If "Yes," list the years

statement - see instructions.)

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Total number of other employees paid over \$50,000

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		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferen		Expenses
1 N/A		
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
1 waster - respectively and a second supplier of	_ ·- ·	Form <b>990-PF</b> (2009)

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Part X Minimum Investment Return (All domestic foundations must complete	this part. Foreign foundations,	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purpose:	s:	·
a Average monthly fair market value of securities	la l	0.
b Average of monthly cash balances	1b	34,645.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	34,645.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	34,645.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruction	s) 4	520.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	34,125.
6 Minimum investment return Enter 5% of line 5	6	1,706.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private foreign organizations check here and do not complete this part.)	operating foundations and certain	
1 Minimum investment return from Part X, line 6	1	1,706.
2a Tax on investment income for 2009 from Part VI, line 5		
b Income tax for 2009. (This does not include the tax from Part VI.)  2b		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	1,706.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,706.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,706.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	185,319.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose	es 2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)		<del></del>
b Cash distribution test (attach the required schedule)	. <b>3b</b>	
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	4	185,319.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	185,319.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the foundation qualifies fo	r the section
4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d</b> ) 2009
1 Distributable amount for 2009 from Part XI,	<u>-</u>	. ,		
line 7				1,706.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		<del>, _                                   </del>		
y rounter prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:			· · · · · · · · · · · · · · · · · · ·	
a From 2004 511, 258.				
b From 2005 914,611.				
c From 2006 905, 760.				
d From 2007 893, 705.				
e From 2008 317,892.				
f Total of lines 3a through e	3,543,226.			
4 Qualifying distributions for 2009 from	3,343,220.			
Part XII, line 4:  \$ 185,319.				
			0.	
a Applied to 2008, but not more than line 2a				
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.			1 706
d Applied to 2009 distributable amount	102 (12			1,706.
e Remaining amount distributed out of corpus	183,613.			0.
5 Excess distributions carryover applied to 2009 (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	3,726,839.			
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 2008. Subtract line		. • -	<del></del>	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				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 2004				
not applied on line 5 or line 7	511,258.			
9 Excess distributions carryover to 2010.	<u> </u>			
Subtract lines 7 and 8 from line 6a	3,215,581.	l		
10 Analysis of line 9:	5,225,501.			
a Excess from 2005 914,611.				
b Excess from 2006 905, 760.	j	ļ		
c Excess from 2007 893,705.				
d Excess from 2008 317, 892.				
e Excess from 2009 183, 613.		!		
6 EVESS HOW 5002   TO3, 013 •	l			Form <b>990-DF</b> (2000)

a The name, address, and telephone number of the person to whom applications should be addressed:

#### (423)756-3000 ALLAN JONES.

201 KEITH ST SW, CLEVELAND, TN 37311

b The form in which applications should be submitted and information and materials they should include:

## TYPED LETTER OF REQUEST NOT TO EXCEED TWO PAGES.

c Any submission deadlines:

### NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

#### NONE

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Supplementary informat		D		
3 Grants and Contributions Paid During th	If recipient is an individual			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	0.0000			
• ,				
	,			
				,
SEE STATEMENT 5				
Total			<b>▶</b> 3a	183,781
<b>b</b> Approved for future payment				
			,	
Total SEE STATEMENT 6			<b>▶</b> 3b	5190952 orm <b>990-PF</b> (200
23811 02-02-10			Fe	orm <b>990-PF</b> (2009

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Part XVI-A **Analysis of Income-Producing Activities** 

nter gross amounts unless otherwise indicated.		business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	_		ļ		
b	_	- <del></del>	<u> </u>		
c	_		ļ	<u> </u>	
d	_		<u> </u>		
e	_		<u> </u>		
f	_		ļ		
g Fees and contracts from government agencies					
Membership dues and assessments		_	ļ <u>.</u>		
Interest on savings and temporary cash					
investments			ļ		
Dividends and interest from securities			ļ		
Net rental income or (loss) from real estate:					
a Debt-financed property			ļ		
b Not debt-financed property		<del></del>	ļ		
Net rental income or (loss) from personal					
property			ļ		
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events		-	ļ		
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	_				
b			ļ		
C	_		ļ		
					1
d			ļ		
de	_				
		0.		0.	
e Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)		0.			
e Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  see worksheet in line 13 instructions to verify calculations.	)			13	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
e Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  See worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Lee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
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Subtotal. Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) Lee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
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Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
Subtotal. Add columns (b), (d), and (e)  Total Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  ine No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	
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e 2 Subtotal. Add columns (b), (d), and (e) 3 Total Add line 12, columns (b), (d), and (e) 3 Eee worksheet in line 13 instructions to verify calculations.  Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which in	) s to the Accor	mplishment of Ex	emp	13 _ t Purposes	

-orm 990-PF (200	09) <u> </u>	JONES	<u>MANAGEMENT</u>	SERVICES,	LLC	62-1859939	Page
Part XVII	Information	Regardin	g Transfers To a	nd Transaction	s and F	lelationships With Noncharitable	
	Exempt Org	anization	e				

1	Did th	e organization directly or indir	rectly engage in any of the following	n with any other organi	ızatını des	scribed in section	on 501(c) of		Yes	No
•		•	)(3) organizations) or in section 52				55 .(5) 5.			
а		•	ation to a noncharitable exempt org							
_	(1) (	, ,		,				1a(1)		X
		Other assets			-			1a(2)		X
h		transactions:								
-		Gales of assets to a noncharital	ble exempt organization					16(1)	·	X
	. ,		ncharitable exempt organization					1b(2)		<u> </u>
		tental of facilities, equipment,						1b(3)		X
		teimbursement arrangements						1b(4)		X
	٠,	oans or loan guarantees						1b(5)		X
	,	•	mbership or fundraising solicitation	ns				1b(6)		X
c	٠,		iling lists, other assets, or paid emp			-		1c		X
		• • • • • • • • • • • • • • • • • • • •	"Yes," complete the following sche		ld always s	show the fair m	arket value of the goods, of		ets.	
Ĭ		=	oundation. If the foundation receive	• •					,	
		• • • • • • •	other assets, or services received.			,	o	•		
a)	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization		(d) Description	of transfers, transactions, and si	naring ar	rangeme	nts
<u> </u>		(-,	N/A	<u> </u>						
				····		_				
				<del></del>						
				<del> </del>				•		
				<del></del>						
				<del></del>						
_										
	·									
2.	le the	foundation directly or indirect	tly affiliated with, or related to, one	or more tay-eyemnt or	roanization	e described			_	
<b>2</b>			r than section 501(c)(3)) or in secti		gamzanon	13 063611060		Yes	X	] No
		s," complete the following sch		1011 JZ7 ·			<u> </u>	162	_ 21	טאו ב
	II TE	s, complete the following schi (a) Name of org		(b) Type of organizati	ion		c) Description of relationsh	ın		
		N/A	anization .	(b) Typo or organizati			o <sub>f</sub> booth phonon or rotation on	<u> </u>		
_		N/A		· <u></u>						
_										
					-					
	_									
٦	Under	enalties of periury. I declare that I h	iave examined this return, including accor	mpanying schedules and s	tatements, a	and to the best of	my knowledge and belief, it is tr	ue, corre	ct,	
			or than taxpayer or fiduciary) is based on a							
ŀ		anon	1	17 (13)20	010	Pres	i dent			
ַט	$\overline{S}$	gnature of officer or trostee	~~	Date		Trtle	( = 01- 1	-		
	, 0.	·	51		Date		eck if Preparer	s identif	ying num	ber
틹	ح ئ	Preparer's signature	14 00.	m	1/2	6-2 15 Sel		141	189	8
וֹס	Paid Preparer's Use Only	Firm's name (or yours JIOSE	DU DECOCAMO AND	COMPANY,	PLLC	<u>, l siii</u>	pioyed P	- ' '		
ļ	Se pa	Firm's name (or yours #05E		_	בחחכ		EIN ►			
1	잡그	if self-employed), address, and ZIP code	TALLAN FINANCI. TANOOGA, TN 374				Phone no. 423 – 7	56-	710	٥
_		CHAT	TANOUGA, TN 3/4	V <u>4</u>	<del></del>				<u>/10</u> -PF(	
							ron	11 336	, <sub>-1</sub> -1 (	£003)

## 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, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

	LLAN JONES FOUNDATION //O JONES MANAGEMENT SERVICES, LLC	62-1859939
Organization type (check		
Filers of:	Section:	
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	
Form 990-PF	S01(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule  X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m	
Special Rules		
509(a)(1) and 17(	O(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the	
Organization type (check one)  Filers of: Section:  Form 990 or 990-EZ		
contributions for If this box is che purpose Do not	use exclusively for religious, chantable, etc., purposes, but these contributions did not accived, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because i	ggregate to more than \$1,000 ely religious, charitable, etc , t received nonexclusively

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

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

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

Page 1 of 1 of Part I

Name of organization
ALLAN JONES FOUNDATION
C/O JONES MANAGEMENT SERVICES, LLC

Employer identification number

62-1859939

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JONES MANAGEMENT SERVICES  201 KEITH STREET  CLEVELAND, TN 37311	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
140.	Name, add ess, and all ***	\$	Person Payroll Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
NU.	Name, address, and zir + 4	* \$	Person Payroll Ocomplete Part II if there is a noncash contribution Payroll Part II if there
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution)

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 1			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED IET INCOM			
PROFESSIONAL FEES	1,538.		0.		1,5	38.	
TO FORM 990-PF, PG 1, LN 16B	1,538.		0.		1,5	38.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	2	
DESCRIPTION		LUATION ETHOD	воок	VALUE	FAIR MARKE	r	
NOTE RECEIVABLE FROM NON-PROF	IT	COST		0.		0.	
TOTAL TO FORM 990-PF, PART II	. LINE 13	_		0.		0.	

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
W. ALLAN JONES 201 KEITH STREET, S.W SUITE 80 CLEVELAND, TN 37311	PRESIDENT 2.00	0.	0.	0.
JANIE P. JONES 201 KEITH STREET, S.W SUITE 80 CLEVELAND, TN 37311		0.	0.	0.
D. LYNN DEVAULT 201 KEITH STREET, S.W SUITE 80 CLEVELAND, TN 37311	DIRECTOR 1.00	0.	0.	0.
ABIGAYLE KATE JONES 201 KEITH STREET, S.W SUITE 80 CLEVELAND, TN 37311	DIRECTOR 1.00	0.	0.	0.
WILLIAM ALLAN JONES, III 201 KEITH STREET, S.W SUITE 80 CLEVELAND, TN 37311		0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.
	KV - LINE 1A UNDATION MANAGE	ers	STATI	EMENT 4

NAME OF MANAGER

W. ALLAN JONES JANIE P. JONES

FORM 990-PF

STATEMENT

PAID DURING THE YEAR			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BRADLEY COUNTY CLEVELAND, TN	NONE COURTHOUSE PROJECT	501(C)(3)	100.
BROAD STREET UNITED METHODIST CHURCH CLEVELAND, TN	NONE MEMORIAL FUNDS	501(C)(3)	700.
CITY OF CLEVELAND CLEVELAND, TN	NONE CAPITAL FUNDS - JONES WRESTLING BUILDING, CLEVELAND	501(C)(3)	116,731.
THE ARK OF CLEVELAND, TN CLEVELAND, TN	NONE MEMORIAL FUNDS	501(C)(3)	100.
UNIVERSITY OF TENNESSEE AT CHATTANOOGA CHATTANOOGA, TN	NONE WRESTLING PROGRAM	501(C)(3)	25,000.
SAINT JUDE'S CHILDREN'S HOSPITAL CHATTANOOGA, TN	NONE OPERATING FUNDS	501(C)(3)	100.
MAKE-A-WISH FOUNDATION CHATTANOOGA, TN	NONE OPERATING FUNDS	501(C)(3)	250.
1ST UNITED METHODIST CHURCH CLEVELAND, TN	NONE SAMUELS ORPHANAGE	501(C)(3)	200.

GRANTS AND CONTRIBUTIONS

ALLAN JQNES FOUNDATION C/O JONES MANAGEM			6	52-1859939
FRIENDS OF THE LIBRARY CLEVELAND, TN	NONE OPERATING	FUNDS	501(C)(3)	600.
TRADITIONAL MUSIC RESOURCE CENTER CLEVELAND, TN	NONE OPERATING	FUNDS	501(C)(3)	40,000.
TOTAL TO FORM 990-PF, PART XV,	LINE 3A			183,781.

. . . .

FORM 990-PF GRAN APPRO	STATEMENT 6		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BRADLEY COUNTY CLEVELAND, TN	NONE STATE VETERANS HOME	501(C)(3)	100,000.
CITY OF CLEVELAND CLEVELAND, TN	NONE WRESTLING BUILDING	501(C)(3)	990,952.
UNITED WAY OF BRADLEY COUNTY CLEVELAND, TN	NONE OPERATING FUNDS	501(C)(3)	100,000.
UNIVERSITY OF TENNESSEE KNOXVILLE, TN	NONE AQUATIC CENTER	501(C)(3)	4,000,000.
TOTAL TO FORM 990-PF, PART XV,	LINE 3B	5	5,190,952.

## Form 8868 (Rev. April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Internal Revenue Service	File a separate application for each return					
<ul> <li>If you are filing for a Do not complete Par</li> </ul>	in Automatic 3-Month Extension, complete only Part I and check this box	this form).		K)		
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).					
A corporation required	to file Form 990-T and requesting an automatic 6-month extension—check this box and	•	▶ □			
All other corporations to file income tax retur	(including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque: rns.	st an extens	alon of time			
noted below (6 month: (not automatic) 3-mon you must submit the fi	ile). Generally, you can electronically file Form 8868 if you want a 3-month automatic exte s for a corporation required to file Form 990·T). However, you cannot file Form 8868 elect th extension or (2) you file Forms 990·BL, 8069, or 8870, group returns, or a composite o ully completed and signed page 2 (Part II) of Form 8868. For more details on the electron click on e-file for Charitles & Nonprofits.	ronically if ( r consolida	(1) you want the additional teacher (1) you want the addition (1) you	onal		
				mber		
C/O J	C/O JONES MANAGEMENT SERVICES, LLC			62-1859939		
	treet, and room or suite no. If a P.O. box, see instructions.  EITH STREET, S.W., NO. 80					
natructiona   City, town	or post office, state, and ZIP code. For a foreign address, see instructions.  LAND TN 37311					
Check type of return Form 990 Form 990-BL Form 990-EZ X Form 990-PF	Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form	n 4720 n 5227 n 6069 n 8870				
	JONES MANAGEMENT SERVICES, LLC e care of > 201 KEITH STREET S.W SUITE 80 - CL	EVELAN	ID, TN 37311			
if the organization d if this is for a Group	(423) 756-3000 FAX No. ▶ loes not have an office or place of business in the United States, check this box	this is for t	he whole group, check	h this		
AUGUST is for the organiz  X calendar	pmatic 3-month (6-months for a corporation required to file Form 990-T) extension of time 15, 2010 , to file the exempt organization return for the organization name ation's return for:  year 2009 or beginning, and ending		ne extension			
2 If this tax year is	for less than 12 months, check reason: Initial return Final return	c	hange in accounting po	erlod		
	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	$\prod$				
	redits. See Instructions.	3a	<b>\$</b>	<u>0.</u>		
	i is for Form 990·PF or 990·T, enter any refundable credits and estimated ide. include any prior year overpayment allowed as a credit.	3ь	\$	0.		
c Balance Due, Su	obtract line 3b from line 3a. include your payment with this form, or, if required, coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		<b>▼</b>	<del></del>		
See Instructions.		30	\$	0.		
aution. If you are goir	ng to make an electronic fund withdrawai with this Form 8868, see Form 8453-EO and Fo	rm 8879-EC	) for payment instruction	ons.		

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8888 (Rev. 4-2009)