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Form **990-PF**

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

2010

For	For calendar year 2010, or tax year beginning , and ending						
G (Check	all that apply:	Initial return		ormer public charity	Final return	
_			Amended return	Address chan	ge 🔲	Name change	
Na	me of	foundation				A Employer identification	number
		JONES FAM	ILY FOUNDATI	ON		26-1603933	
Nur	nber a		r if mail is not delivered to street	Room/suite	B Telephone number		
		C/O BESSE	MER TRUST, 6	30 FIFTH AVE	NUE	(212)708-9	216
Cit	y or to	own, state, and ZIP code				C If exemption application is p	ending, check here
		NEW YORK,				D 1. Foreign organizations	, check here
H (_	type of organization:	X Section 501(c)(3) ex	• •		Foreign organizations me check here and attach co	mputation test,
<u> </u>		ction 4947(a)(1) nonexe		Other taxable private founda		E If private foundation sta	
		rket value of all assets at	·	ng method: X Cash	Accrual	under section 507(b)(1)	• •-
	rom ⊦ -\$	Part II, col. (c), line 16) ২ ৫২	8,089. (Part I, colu	her (specify)	hasis)	F If the foundation is in a (under section 507(b)(1)	
	art I	Analysis of Revenue a	and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
<u></u>		(The total of amounts in co necessarily equal the amou	lumns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, gra	 	338,065.	` ,	N/A	
	2	Check I if the foundat	tion is not required to attach Sch. B				
	3	Interest on savings and tem cash investments	porary				
	4	Dividends and interest f	rom securities .	10,437.	10,437.		STATEMENT 1
	5a	Gross rents	-		FEIVED.	<u> </u>	
	Ι.	Net rental income or (loss)		K	このでくれている	1 - 3 - 4	
9	6a	Net gain or (loss) from sale of Gross sales price for all	of assets not on line 10	1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13/20/54 91/2 100		1
) Revenue	,0	assets on line 6a	- Deat N/ Inno (1)	にいいている。	19:35 12:014 19:02:	自然的原本的 100mm 100m	自己的 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
ھُ ج	8	Capital gain net Income (from Net short-term capital g		新されば はない (A)	7 5 11 19 15 14, 14 1		The second secon
<i>53</i>	9	Income modifications		100	CAENTILL	1	14. 51
· •	1 -	Gross sales less returns and allowances	1	E. 2- 18 2 - 17 7	201.1.259.1.1.1.1.1	The transfer of the	1 1 1 1 1 1 1
BC, VNED	1 .	Less Cost of goods sold		· 一种 大路 15 15 15 15 15 15 15 15 15 15 15 15 15		· 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
<u>~</u>	C	Gross profit or (loss)			Talian all .		3
	11	Other income					`
<u>z</u> -	+	Total. Add lines 1 throu	·*	348,502.	10,437.	ļ	<u> </u>
$\stackrel{ o}{\approx}$	13	Compensation of officers, d		0.	0.		0.
S	14	Other employee salaries	-		 		
. ≫ જ		Pension plans, employe Legal fees	ee denems				
sesued)) 2011	""	Accounting fees	STMT 2	1,725.	0.		1,725.
ı, ğ		Other professional fees	STMT 3	40.	40.		0.
9		Interest					
and Administrative	18	Taxes					
Z.	19	Depreciation and deplet	tion				
Ē	1	Occupancy					
ΨÞ	1	Travel, conferences, an					
a	1	Printing and publication	18 .	·	 	<u> </u>	 -
ting	24	Other expenses Total operating and ad	Iministrativa				
Operating		expenses. Add lines 13		1,765.	40.		1.725.
Ö	25	Contributions, gifts, gra		113,754.			1,725. 113,754.
		Total expenses and dis				1	
_		Add lines 24 and 25		115,519.	40.	,	115,479.
	27	Subtract line 26 from lin	ne 12:				
	1	Excess of revenue over exp		232,983.			
		Net investment income		<u> </u>	10,397.		
7022		Adjusted net income (if	negative, enter -0-)	<u>L '</u>	L.,	N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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(in	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	E	End of ye	ar
	al L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing			,	
	2	Savings and temporary cash investments	10,814.	9,48	5.	9,485.
	3	Accounts receivable >	,			
		Less: allowance for doubtful accounts				
	4	Pledges receivable >				
	1	Less: allowance for doubtful accounts			_	
	5	Grants receivable .				
	6	Receivables due from officers, directors, trustees, and other				
	l	disqualified persons				
	7	Other notes and loans receivable	1,727 (1,24-12)	`	, '	
		Less: allowance for doubtful accounts	1			
ţ	8	Inventories for sale or use			·	
Assets	9	Prepaid expenses and deferred charges				
Ä	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis	10, 00, 11	,		
		Less accumulated depreciation	<u> </u>			
	12	Investments - mortgage loans				
	13	Investments - other STMT 5	2,181,778.	2,486,07	0.	3,428,604.
	14	Land, buildings, and equipment basis		ı	7	
	ĺ	Less accumulated deprecation	<u> </u>			
	15	Other assets (describe ►)				
	ĺ					
	16	Total assets (to be completed by all filers)	2,192,592.	2,495,55	55.	3,438,089.
	17	Accounts payable and accrued expenses				
	18	Grants payable .				
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			`	
ge	21	Mortgages and other notes payable				
_	22	Other liabilities (describe >)				
			_			
	23	Total liabilities (add lines 17 through 22)	0.		0.	
		Foundations that follow SFAS 117, check here				
s		and complete lines 24 through 26 and lines 30 and 31.				
ances		Unrestricted .				
ॿ		Temporarily restricted				
ä	26	Permanently restricted				
Ē	ļ	Foundations that do not follow SFAS 117, check here			-	S
Ä		and complete lines 27 through 31.			_ \``	
ţ	27	Capital stock, trust principal, or current funds	0.		0.	M. J. C.
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	· · · · · · · · · · · · · · · · · · ·	0.	•
Net Assets or Fund Bal	29	Retained earnings, accumulated income, endowment, or other funds	2,192,592.	2,495,55		′ '
ž	30	Total net assets or fund balances	2,192,592.	2,495,55	5.	•
			1 100 500	2 405 55	-	
-	31	Total liabilities and net assets/fund balances	2,192,592.	2,495,55	2.	,
P	art	III Analysis of Changes in Net Assets or Fund E	Balances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		П	
		st agree with end-of-year figure reported on prior year's return)	. •••		1	2,192,592.
		r amount from Part I, line 27a			2	232,983.
		r increases not included in line 2 (itemize)	SEE ST	ATEMENT 4	3	69,980.
		lines 1, 2, and 3	200 01	TIME T	4	2,495,555.
		eases not included in line 2 (itemize)			5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		6	2,495,555.
<u> </u>		assess of forth balances at one of your time 4 minus line of 1 art in, o	5.5 (5), into 60			Farm 000 DE (0010)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) D	How ac - Purcl - Dona	quired hase ation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)		
1a										
b NO	NE				<u> </u>					
d					-					
e					 					
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		t or other basis xpense of sale				(h) Ga (e) plus	in or (loss (f) minus) (g)
a b										
C							_			
d										
е										
Complete only for assets shown							l)	Gains (Ci	ol. (h) gain ot less tha	minus
(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	_		COL	Losses	(from col. ((h))
a										
<u>b</u>	ļ									
C							 			
e e	 									· · · · · · · · · · · · · · · · · · ·
	<u> </u>	C 16 gain, also anter	in Dort Llino				<u> </u>			
2 Capital gain net income or (net ca	apıtal loss)	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $			}	2				
3 Net short-term capital gain or (lo			d (6):		`					
If gain, also enter in Part I, line 8,	column (d	;).			 	,				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inc	ome	-	
f section 4940(d)(2) applies, leave t Vas the foundation liable for the sec f "Yes," the foundation does not qua Enter the appropriate amount in	tion 4942 lify under	tax on the distributable am section 4940(e). Do not co	mplete this pa	rt.						Yes X No
(a)	each colui	(b)	otions before	making any chin	(c))		· [· · · ·	D-4-1	(d) oution ratio
Base periód years Calendar year (or tax year beginni	ing in)	Adjusted qualifying dis	tributions	Net value of no			use assets		Distrii (col. (b) dir	oution ratio /ided by col. (c))
2009			3,329.				9,888			.07037
2008		5	1,082.				7,563			.09682
2007			0.			52	7,024	- 		.00000
2006								-	. <u>-</u>	
2000				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
Total of line 1, column (d)Average distribution ratio for the	5-vear bas	se period - divide the total o	on line 2 by 5.	or by the number	r of ve	ears		2		.16720
the foundation has been in existe	-	•		,	,			3	<u>-</u>	.05573
4 Enter the net value of noncharital	ole-use as:	sets for 2010 from Part X,	line 5					4		2,706,115
5 Multiply line 4 by line 3								5		150,820
5 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		104
7 Add lines 5 and 6								7		150,924
8 Enter qualifying distributions from	n Part XII,	line 4						8		115,479
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ch	neck the box in Part VI, line	1b, and comp	lete that part usir	ig a 1	% tax ı	rate.			

	JONES FAMILI FOUNDATION 20-100	3333		
Pa	rt VII-A Statements Regarding Activities (continued)	.,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		004	
14	The books are in care of ► C/O BESSEMER TRUST Telephone no. ► (212)		921	6
	Located at ► 630 FIFTH AVE, NEW YORK, NY ZIP+4 ►1	0111		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		,,,▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
Б-	the foreign country			
<u> </u>	rt VII-B. Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	162	140
18	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	7	``	
	(1) 0-0-0		_	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	•	. ·	
	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	·		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available			}
	for the benefit or use of a disqualified person)?		,	_
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			, .
	If the foundation agreed to make a grant to or to employ the official for a period after] .	
	termination of government service, if terminating within 90 days.) Yes X No	Ι,		
,	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		-,	
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	15		
	Organizations relying on a current notice regarding disaster assistance check here		-	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		٠٠.	١,
•	before the first day of the tax year beginning in 2010?	10	1	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1/4	•	
_	defined in section 4942(j)(3) or 4942(j)(5)):	·.		,
	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?	1.	ł	
	If "Yes," list the years ,,,,,,,,		l.,	
ı	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		٠.	
	statement - see instructions.) N/A	2b	<u> </u>	
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	. '`	١	1
)	.		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	, *	l	
	during the year?			
ı	b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			ŀ
	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		ŀ	1
	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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	<u> </u>	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X (2242)
	F	orm 99 ()-PF	(2010)

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

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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26-1603933

<u> </u>	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,731,554. 15,771.
b	Average of monthly cash balances	1b	15,771.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,747,325.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,747,325.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	41,210.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,706,115.
6	Minimum investment return. Enter 5% of line 5	6	135,306.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	135,306.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	208.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	135,098.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	135,098.
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	135,098.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		115 470
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	115,479.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	115 150
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	115,479.
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	115,479.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(¢) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				135,098.
2 Undistributed income, if any, as of the end of 2010	Charles L. W.			
a Enter amount for 2009 only	in the same of the		0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:	A STATE OF THE STA	0.	- '	
a From 2005			<u>,</u>	
b From 2006		A Property of the state of the		1 4 4
c From 2007				
dFrom 2008			. ,	,
eFrom 2009 43,750.	是这个人的。 第二次是			,
1 Total of lines 3a through e	43,750.			Markey Company
4 Qualifying distributions for 2010 from	**************************************	Tagging of the Charles of the Charles		Carlo
Part XII, line 4: ▶\$ 115, 479.		Control of the Contro		
a Applied to 2009, but not more than line 2a			Ó.	
b Applied to undistributed income of prior	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -	· · · · · · · · · · · · · · · · · · ·		
years (Election required - see instructions)		0.		100
c Treated as distributions out of corpus	<u> </u>	Manual Control	- 44	
(Election required - see instructions)	24,131.			
d Applied to 2010 distributable amount	化四种原产生物 公司	इ.१९५७ वट, ११५७८	The state of the state of	91,348.
e Remaining amount distributed out of corpus	0.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		\$ 1 St 1 St 1
5 Excess distributions carryover applied to 2010	43,750.	The Control of the Control		43,750.
(If an amount appears in column (d), the same amount must be shown in column (a))	A Company of the second			
6 Enter the net total of each column as indicated below:				The same of the same of the same
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,131.		ar magazin min	
b Prior years' undistributed income. Subtract				
line 4b from line 2b	Chicken Hower	0.	win are built of a sign	is the shirt of the car
e 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 2009. Subtract line	<u> </u>	266 m		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract	是我的现在分词。 第二次	元型。在使的2000年1月1日。		
lines 4d and 5 from line 1. This amount must				ı
be distributed in 2011 .		British Control	· · · · · · · · · · · · · · · · · · ·	0.
7 Amounts treated as distributions out of		The state of the state of		
corpus to satisfy requirements imposed by		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
section 170(b)(1)(F) or 4942(g)(3)	0.		· · · · · · · · · · · · · · · · · · ·	
8 Excess distributions carryover from 2005	0		· •	·_
not applied on line 5 or line 7	0.	· ,		
9 Excess distributions carryover to 2011.	24 121	ļ ·		
Subtract lines 7 and 8 from line 6a	24,131.	· -		
10 Analysis of line 9: a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 24,131.	1	` 4		
22,232	** ዴሞፑ ዴጥልጥፑ	MENT 6		Form 990-DE (2010)

Part XIV Private Operating F	AMILY FOUND		A guarter ()	70-10	03933 Page 10
			·A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•		4040()(0) 1 40	140(1)(5)
b Check box to indicate whether the found		ng toundation described i	Prior 3 years	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
income from Part I or the minimum	(8)2010	(0)2003	(0)2000	(4)2001	(6) 10(4)
investment return from Part X for					
each year listed	 -		 	<u> </u>	
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		1			
e Qualifying distributions made directly			 	 	
for active conduct of exempt activities.			!		
Subtract line 2d from line 2c					
3 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:	-]	J	J	
(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		Ì	1		
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	if the foundation	had \$5,000 or m	ore in assets
at any time during t			ii die iodiidadoi	1 11dd 40,000 01 111	
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total conf	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n					
NONE					
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 p	artnership or
NONE	-				
2 Information Regarding Contributi	ion, Grant, Gift, Loan	. Scholarship, etc., P	rograms:	·····	
Check here ► X if the foundation o				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
	•				
b The form in which applications should b	e submitted and informa	ition and materials they s	hould include;		
c Any submission deadlines:					
					<u></u>
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	kinds of institutions, or	other factors:	

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GUARDIAN CATHOLIC SCHOOLS NONE PUBLIC 55,545. GENERAL 4920 BRENTWOOD AVENUE CHARITY JACKSONVILLE, FL 32206 UNITED WAY OF NORTHEAST NONE PUBLIC GENERAL 10,000. FLORIDA CHARITY 1301 RIVERPLACE BLVD., #400 JACKSONVILLE, FL WYMAN WORLDWIDE HEALTH NONE PUBLIC 22,356. GENERAL **PARTNERS** CHARITY 4 NORTH BALCH STREET HANOVER, NH 03755 FOOD FOR THE POOR NONE PUBLIC GENERAL 25,853. 640 LYONS ROAD COCONUT CHARITY CREEK, FL 33073 113,754. Total ➤ 3a b Approved for future payment NONE Total 0.

JONES FAMILY FOUNDATION

nter gross amounts unless otherwise indicated.		d business income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion	Amount	function income
a				- 	
	_		_		
b	— 		+ +		
· · · · · · · · · · · · · · · · · · ·	-		-++		
d					······
e	— 				
1		 			
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments				10 427	
Dividends and interest from securities			14	10,437.	
Net rental income or (loss) from real estate:	,	<u> </u>	\perp		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property	. []				
Other investment income .					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
_					
a					
			- 1 - 1		
b		·	_		
b					
b					
b c d			0.504	10,437.	
b c d e Subtotal. Add columns (b), (d), and (e)			0. 3.65	10,437.	10.43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	きが を が に を が に を が に を が に に に に に に に に に に に に に		0. 5.65	10,437.	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	。 **: バス(() / 元: s.)			13	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	。 **: バス(() / 元: s.)			13	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B; Relationship of Activition	s.) es to the Acco	omplishment of	Exempt	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B; Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B; Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activities line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activities line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activities line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie ine No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B. Relationship of Activitie line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI_B. Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Acco	omplishment of n column (e) of Part X\	Exempt /I-A contribu	13 Purposes	10,43

Form **990-PF** (2010)

FORM 990-PF (2010) JONES FAMILY FOUNDATION 26-1603933 Page 13											
Part XV	II Information Re Exempt Organ		sfers To a	and Trans	actions a	nd Relatio	nships With I	Nonchari	able		
1 Did the	organization directly or indi	rectly engage in any	of the followin	ig with any oth	er organizatio	n described in s	ection 501(c) of		7	Yes	No
	de (other than section 501(c				oolitical organi	zations?					
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1) Cash									1a(1)		X
	her assets							-	1a(2)		X
b Other transactions:										-	:: ·
taran da antara da la companya da antara									1b(1)		X.
	irchases of assets from a no	•	irganization					- I-	1b(2)		X
										X	
y in the contract of the contr									1b(4)		X
• •	ans or loan guarantees							- F	1b(5)		X
	rformance of services or me		_					-	1b(6)		X
	g of facilities, equipment, ma	-			(h) should she	rovo above the fe	ur modust value of t	ا الد ملامم عا	10		
	nswer to any of the above is ices given by the reporting f		_					_		ıs,	
	ices given by the reporting in (d) the value of the goods,				II HIGINGL VAIU	e iii aliy ii alisac	uon or sharing arra	ingement sno	VV 111		
(a)Line no	(b) Amount involved	<u> </u>		e exempt organ	nization	(d) Descrip	otion of transfers, trans	actions and sha	ring arra	ngeme	nts
(0,2	(4)/////	(0)112	N/A			(-)					-
	····	<u> </u>	14/11			 					
	<u>-</u>					 					
											
						<u> </u>					
		· · · · · · · · · · · · · · · · · · ·	· <u> </u>			1					
						1					
<u> </u>											
-											
	· · · · · · · · · · · · · · · · · · ·	ļ				 					
							.				
	oundation directly or indirection 501(c) of the Code (othe	-			xempt organiz	ations describe	a		Yes	X] No
b if "Yes,	complete the following sch	edule.		1.65=							
	(a) Name of org	ganization		(b) Type of	organization		(c) Description	or relationship			
	N/A			ļ							
	·····			ļ							
											
	 					 -					
	Inder penalties of perjury, I declar							ledge and belief	, it is true	e, corre	ct,
Sign	nd complete. Declaration of prepa	arer (other than taxpayer	or fiduciary) is be	ased on all inforr	, ,		nowledge				
Here	Michael H	bor			11/18/11	, L	Invstre				
	Signature of officer or tru	ustee			Date	—— P	Title				
	Print/Type preparer s n	ame	Preparer's s	ignature		Date	Check	If PTIN			
	20000		12.	0.		11/-/.	self- employed	'			
Paid	BRENNA RYA		non	ra Kfor	<u> </u>	11/1/11	1,	L			
Prepare	-	SEMER TRU	ST COM	IPANY,	N.A.	,	Firm's EIN	•			
Use On	Firm's address ▶ 63	O PIPMU X	1/EMTE	 		·					
				1_0222			Phone no.	212-7	า ค – (31 n	n
	NEW YORK, NE 10111-0333 Phone no. 212-708-9100										

023622 04-26-11

212-708-9100 Form **990-PF** (2010)

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

2010

Employer identification number

JONES FAMILY FOUNDATION 26-1603933 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 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 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. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. 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-FF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

JONES FAMILY FOUNDATION

26-1603933

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	RICHARD H. JONES 12916 BAY PLANTATION DRIVE JACKSONVILLE, FL 32223	\$338,065.	Person Payroll Noncash X (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
		\$	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
		\$	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
		\$	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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

JONES FAMILY FOUNDATION

26-1603933

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	9,100 SHARES OF PEGASYSTEM, INC.	_	
		sss	12/22/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(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
		 s	

Name of org	ganization				Employer identification number			
TONES	FAMILY FOUNDATION				26-1603933			
Part III	Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this inference of the year).	e columns (a) through (e) a ous, chantable, etc., contril	nd the following outlons of	c)(7), (8), or (10) ong line entry. For c	rganizations aggregating			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif		(d) Desc	eription of how gift is held			
		(e) Transfer	of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	ription of how gift is held			
-	· · · · · · · · · · · · · · · · · · ·	(e) Transfer	of gift					
_	Transferee's name, address, a			elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held			
-	(e) Transfer of gift							
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held			
								
}		(e) Transfer	of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECUI	RITIES	Sī	TATEMENT	1
SOURCE		GROSS	AMC	UNT		ITAL GAINS IVIDENDS	(COLUMN (A) AMOUNT	
BESSEMER TRUST	•		10,	437.		0.		10,43	37.
TOTAL TO FM 990-PF, PART I, L	N 4		10,	437.		0.	=	10,43	37.
FORM 990-PF	AC	COUNTI	NG F	EES			Si	TATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) 'INVI IT INC	EST- COME	(C) ADJUSTE NET INCO		(D) CHARITAE PURPOSE	
TAX PREP FEE		1,725.			0.			1,72	25.
TO FORM 990-PF, PG 1, LN 16B		1,725.	===		0.			1,72	25.
FORM 990-PF O	THER	PROFES	SION	IAL FI	EES		Si	TATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) 'INVI 'TIN((C) ADJUSTE NET INCO		(D) CHARITAE PURPOSE	
INVESTMENT SERVICE FEE		40.			40.				0.
TO FORM 990-PF, PG 1, LN 16C		40.			40.				0.
						AT ANCEC	- Cu	DA MENATURA	<u> </u>
FORM 990-PF OTHER INCREASES	IN N	ET ASS	ETS	OR FU	מאר אר	ADAMCES	. د	PATEMENT	-
FORM 990-PF OTHER INCREASES DESCRIPTION	IN N	ET ASS	ETS ———	OR FU		ADANCES		AMOUNT	
			ETS ———	OR FU		ADANCES			

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SCHEDULE ATTACHED	COST	2,486,070.	3,428,604.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	2,486,070.	3,428,604.

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION 53.4942(A)-3(D)(2) TO TREAT EXCESS QUALIFYING DISTRIBUTIONS AS DISTRIBUTIONS OUT OF CORPUS

STATEMENT

THE JONES FAMILY FOUNDATION FORM 990-PF EIN 26-1603933 TAX PERIOD ENDED: 12/31/10

SUPPLEMENTAL SCHEDULE OF INFORMATION

PART XIII, UNDISTRIBUTED INCOME, LINE 4C

ELECTION UNDER IRC REG. SEC. 53-4942(A)-3(D)(2)

PURSUANT TO IRC SECTION 4942(H)(2) AND REGULATION 53.4942(A)-3(D)(2), THE JONES FAMILY FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR'S QUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

(SIGNATURE):

(NAME):

(TITLE):

STATEMENT(S) 6 26-16031

Bessemer Trust										
Account Details			1 /	Report dated Decen Amortized tax cost Trade date basis	Report dated December 31, 2010 Amortized tax cost Trade date basis	2010			Page 3 of 3	of 3
Security no Security name	CUSIP/ ISIN/ SEDOL	Shares/ units	Average cost per share/unit	Cost	Market value per share/unit	Market value	Percent of asset class	Unrealized gan/(loss) anr	Unrealized Estmated Current gam/(loss) annual income yield	urrent yield

Security no	Security no Security name	ISIN/ SEDOL	Shares/ units	cost per share/unit	Cost	Market value per share/unit
	JONES FAMILY FOUNDATION CUSTODY	YQC				
CASH 4	CASH AND SHORT TERM					
CASH A	CASH AVAILABLE					
999994	PRINCIPAL CASH		000 0	\$0.00	\$0	\$0 000
999995	INCOME CASH		0.000	\$0.00	\$0	\$0.000
966666	NET CASH		000 0	\$0.00	\$0	\$0 000
Total CA	Total CASH AVAILABLE				\$0	
CASH EC	CASH EQUIVALENTS					
066666	BESSEMER SWEEP PROGRAM		3,632 680	\$1 00	\$3,632	\$1 000
			5,853 820	\$1 00	\$5,853	\$1 000

MISC ASSETS-NO COMMISSION										
863165 PEGASYSTEMS INC	81=3,486,070	705573103	93,601 000	\$8 71	\$8 71 \$815,309	\$36.630	\$3,428,604	100 0%	\$2,613,295	\$36.630 \$3,428,604 100 0% \$2,613,295 \$11,232 0.33%
Total MISC ASSETS-NO COMMISSION					\$815,309		\$3,428,604	100.0%	\$2,613,295	\$3,428,604 100.0% \$2,613,295 \$11,232 0.33%
Total OTHER					\$815,309		\$3,428,604	100.0%	\$2,613,295	\$3,428,604 100.0% \$2,613,295 \$11,232 0.33%
Total Total	Total BV=2,495,555	1-			\$824,794		\$3,438,089		\$2,613,295	\$2,613,295 \$11,240 0.33%

|%|%|%|%

\$8 0.08%

\$3 0 08% \$5 0 09% \$8 0.08%

S S S S

38 3% 61 7% 100.0%

\$9,485

\$9,485 \$9,485

Total CASH EQUIVALENTS
Total CASH AND SHORT TERM

OTHER

\$3,632

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Form **8868**

(Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	X
	are filing for an Additional (Not Automatic) 3-Month Ex			form).		
	omplete Part II unless you have already been granted a					
Electron	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	6 months for a corp	oration
	to file Form 990-T), or an additional (not automatic) 3-mo					
	ofile any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pap	•				
	irs gov/efile and click on e-file for Charities & Nonprofits		,		3	•
Pärt l'			bmit original (no copies needed).			
	ation required to file Form 990-T and requesting an autor			plete		
Part I onl	,				•	. 🗆
All other	, corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	JONES FAMILY FOUNDATION			2	6-1603933	
File by the	Number, street, and room or suite no. If a P.O. box, s	oo instruc	tions			
due date for filing your	C/O BESSEMER TRUST, 630 FI					
return See instructions	City, town or post office, state, and ZIP code. For a foliation NEW YORK, NY 10111					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	ion	Return	Application			Return
Applicat	ion	Code	Is For			Code
Is For		† 	<u> </u>			
Form 990		01	Form 1941 A			07
Form 990		02	Form 1041-A			08
Form 990		03	Form 4720			09
Form 990		04	Form 5227		· · · · · · · · · · · · · · · · · · ·	10
	PT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
romi 990	O-T (trust other than above) C/O BESSEMER TI	06 DITCT	Form 8870			12
• Th. b.	ooks are in the care of 630 FIFTH AVE		VORK NV 10111			
	none No. (212) 708-9216	11211	FAX No. ▶			
		o vo tha lie				
	organization does not have an office or place of busines: is for a Group Return, enter the organization's four digit			- :- 6-		, L
		7				
box 🕨				_	ers the extension is	3 IOr.
1 Ire	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exemp	•	to file Form 990-1) extension of time unt		The	
		n organiza	dion return for the organization named a	bove.	The extension	
	or the organization's return for: $\overline{\mathbf{X}}$ calendar year 2010 or					
	tax year beginning		al andian			
	tax year beginning	, an	d ending		- ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on Initial return Fina	al retur	n	
3a If ti	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.	, -	. , ,	3a	\$	208.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	 _		
est	imated tax payments made. Include any pnor year overp	oayment a	llowed as a credit.	3b	\$	<u>500.</u>
с Ва	ance due. Subtract line 3b from line 3a. Include your pa	ayment wil	th this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions	3с	\$	0.
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.
	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (R	
023841 01-03-11					·	ŕ

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this be	ЭХ		X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8	868	
If you are filing for an Automatic 3-Month Extension, complete					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies ne	eeded).	
Type or Name of exempt organization			Emple	oyer identification	number
orint			2	- 1602022	
JONES FAMILY FOUNDATION Number, street, and room or suite no. If a P.O. box, s	oo instruo	tions		5-1603933	
extended Number, street, and room or suite no. If a P.O. box, so due date for C/O BESSEMER TRUST, 630 FIFT					
filing your return See City, town or post office, state, and ZIP code. For a fo		· · · · · · · · · · · · · · · · · · ·			
INSTRUCTIONS NEW YORK, NY 10111	J. J				
					
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			0 4
Application	Return	Application			Return
Is For	Code	Is For		• • • • • • • • • • • • • • • • • • • •	Code
Form 990	01				
Form 990-BL	02	Form 1041-A			- 08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870		15. 0000	12
STOP! Do not complete Part II if you were not already granted C/O BESSEMER TI		natic 3-month extension on a previou	isly tile	3 Form 8868.	
• The books are in the care of ▶ 630 FIFTH AVE		VODE NV 10111			
Telephone No. ► (212) 708 – 9216	IATAM	FAX No. ►			
 If the organization does not have an office or place of business 	s in the Ui				
 If this is for a Group Return, enter the organization's four digit 			 ns is for	the whole group.	check this
box ▶ . If it is for part of the group, check this box ▶					
		BER 15, 2011.			
5 For calendar year 2010, or other tax year beginning		, and ending			<u> </u>
6 If the tax year entered in line 5 is for less than 12 months, o	heck reas	son: Initial return	Final re	eturn	
Change in accounting period					
7 State in detail why you need the extension					
INFORMATION NEEDED TO FILE A (COMPL	ETE AND ACCURATE RE	<u>rurn</u>	IS	
UNAVAILABLE AT THIS TIME.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	1 1		000
nonrefundable credits. See instructions.			8a	\$	208.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,					
tax payments made. Include any prior year overpayment all	lowed as	a credit and any amount paid	<u> </u>	•	EAA
previously with Form 8868.		Ab Abo for a formal bound	8b	\$	500.
c Balance due. Subtract line 8b from line 8a. Include your pa	-	tn this form, if required, by using	.	•	0.
EFTPS (Electronic Federal Tax Payment System). See instru		nd Verification	8c	\$	<u></u>
Under nanalties of persury I declare that I have examined this form includ	lina secomi	nanving schodules and statements, and to th	e hest of	mv knowledge and	helief
it is true, correct, and complete, and that I am authorized to prepare this for	ااان مر مرورااا	Arto + Co	o bost Ul	any knomedyc and	
Signature > Brenna light VP Title >	77	your to	Date	> 8/5///	
	·			Form 8868 (F	Rev. 1-2011)