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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

			The able to use a copy of this			
For c	alen	dar year 2010, or tax year beginning AU(3 1, 2010		JUL 31, 2011	
G C	heck	all that apply: Initial return		ormer public charity	Final return	1
		Amended return	Address change	<u> </u>	Name change	<u>-</u>
Nam	ne of	foundation			A Employer identification	n number
		THE R. MARSHALL & IRI	ENE S. JONES		4 6 4 6 4 5 5 4 6	
		FAMILY FOUNDATION	·-·	 	16-1615542	<u> </u>
Num	ber ar	d street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
		470 COLUMBIA DRIVE		100-E	561-712-97	<u> </u>
City	or to	wn, state, and ZIP code			C If exemption application is p	
		WEST PALM BEACH, FL	33409		D 1. Foreign organizations	s, check here
1 C	_	**	exempt private foundation		Foreign organizations me check here and attach co	omputation test,
L	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	E If private foundation sta	itus was terminated
Fai	r ma	rket value of all assets at end of year 🔰 🛭 Accoun	ting method: X Cash	Accrual	under section 507(b)(1))(A), check here $ ightharpoonup$
(fro	om F	Part II, col. (c), line 16)	Other (specify)		F If the foundation is in a	60-month termination
>	\$		umn (d) must be on cash b	pasis.)	under section 507(b)(1)(B), check here
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
T	1	Contributions, gifts, grants, etc., received	17,500.		N/A	
		Check In the foundation is not required to attach Sch. B				
1	3	Interest on savings and temporary cash investments	2.	2.		STATEMENT 1
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue		Gross sales price for all assets on line 6a			RE	CEIVED
eve		Capital gain net income (from Part IV, line 2)		0.		, (
œ	8	Net short-term capital gain			1118	0 F 2000 '
ĺ	9	Income modifications			3010	E 0 2012
ļ	10a	Gross sales less returns and allowances				
ł	_	Less Cost of goods sold			L OGD	EN. UT
		Gross profit or (loss)				
	11	Other income				
_	12	Total Add lines 1 through 11	17,502.	2.		
\neg	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
İ	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
ğ		Accounting fees STMT 2	465.	0.		0.
Operating and Administrative Expen		Other professional fees				
ě	17	Interest				
rati	18	Taxes				
ist	19	Depreciation and depletion				
Ē	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
Ē	22	Printing and publications				
ig a		Other expenses				
atin		Total operating and administrative				
oer:		expenses. Add lines 13 through 23	465.	0.		0.
ō	25	Contributions, gifts, grants paid	8,500.			8,500.
	i	Total expenses and disbursements.				
	-	Add lines 24 and 25	8,965.	0.	<u> </u>	8,500.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	8,537.			
		Net investment income (if negative, enter -0-)		2.		
		Adjusted net income (if negative, enter -0-)			N/A	
02350		LHA For Panerwork Reduction Act Notice se	e the instructions		G	Form 990-PF (2010)

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2010.05050 THE R. MARSHALL & IRENE S.

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33/7	T 37	ECIDID 3 MTON			

E	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art_	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	18,241.	26,778.	26,778.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
s	A	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges	-		·
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
		Investments - mortgage loans		<u>-</u>	
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe			
			10 041	06 550	06 550
		Total assets (to be completed by all filers)	18,241.	26,778.	26,778.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	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			
		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
<u>la</u>	25	Temporarily restricted			
89	26	Permanently restricted			
ဋ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	18,241.	26,778.	
Net Assets	30	Total net assets or fund balances	18,241.	26,778.	
_					
	31	Total liabilities and net assets/fund balances	18,241.	26,778.	
		III Analysis of Changes in Net Assets or Fund B	Balances		
	arı	The state of the s			
1	Tota	il net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	18,241.
2	Ente	r amount from Part I, line 27a		2	8,537.
3	Othe	er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	26,778.
		reases not included in line 2 (itemize)		5	0.
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		26,778.

023511 12-07-10 16-1615542

Page 2

Part IV Capital Gains a	and Losses for Tax on I	nvestment	Income						
(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.)					low acquired - Purchase - Donation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)	
1a									
b NO	NE								
С				ļ		 			
<u>d</u>				├		-			
_e	to Decrease allowed	1 10	A Ab b	۲		(L) C-		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	t or other basis xpense of sale				in or (loss (f) minus		
<u>a</u>		+							
<u>b</u>		 		-	· · · · · · · · · · · · · · · · · · ·				
c d		 							
e									
	ig gain in column (h) and owned b	y the foundation	on 12/31/69			(I) Gains (C	ol. (h) gain	minus	
	(i) Adjusted basis	T	cess of col. (1)			ol. (k), but n	ot less tha	n -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	_		Losses	(from col. (n)) 	
a					<u> </u>				
<u>b</u>		 							
c d									
		-				-			
<u>e</u>	C It are also and			7					
2 Capital gain net income or (net ca		er in Part I, line i -0- in Part I, line		}	2				
3 Net short-term capital gain or (los		and (6):		5					
If gain, also enter in Part I, line 8,	column (c).								
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor Section 4940(e) fo	r Paducad	Tay on Net	· Inv	estment in	come			
					· ···-		-		
(For optional use by domestic private	e toungations subject to the section	1 4940(a) tax on	net investment ir	ICOM	3.)				
If section 4940(d)(2) applies, leave the	his part blank.								
Was the foundation liable for the sec	tion 4042 tay on the distributable s	amount of any ve	ar in the hace ne	rınd2				Yes X No	
if "Yes," the foundation does not qual			•					100 223 110	
	each column for each year; see ins			es.					
(a)	(b)	_		(c)			Dietril	(d) oution ratio	
Base periód years Calendar year (or tax year beginnii	م مرد گیامی ما معمد باده	listributions	Net value of no		rıtable-use asset	s		rided by col. (c))	
2009		33,825.			26,91	4.		1.256781	
2008		37,547.			26,97			1.391712	
2007		32,445.			40,89			.793393	
2006		27,175.		30,696.					
2005		14,486.			20,37	0.		.711144	
2 Total of line 1, column (d)						2		<u>5.038325</u>	
3 Average distribution ratio for the	5-year base period - divide the tota	al on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in existe	nce if less than 5 years					3		1.007665	
4 Enter the net value of noncharitat	ole-use assets for 2010 from Part)	K, line 5				4		26,430.	
5 Multiply line 4 by line 3						5		26,633.	
								_	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		0.	
7 Add lines 5 and 6						7		26,633.	
	na David VIII. duras d								
8 Enter qualifying distributions from	n Part XII, line 4 n line 7, check the box in Part VI, li	ne 1h and como	lete that nart user	nn a 1	% tay rate	8		8,500.	
See the Part VI instructions.	Time 1, Greek the DOX III Falt VI, II		note that part usil	.ya I					

THE R. MARSHALL & IRENE S. JONES

	990-PF (2010) FAMILY FOUNDATION 16-161 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	5542	otio	Page 4		
		mstru	Ctio	115)		
ıa	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%						
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.		
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		_	0.		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.		
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a					
	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d			0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11					
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes			
	any political campaign?	1a		_X_		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?	1c		X		
d	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. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	X		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a				
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5		X		
3	If "Yes," attach the statement required by General Instruction T	1		A		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
Ü	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?	6	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X			
	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)					
	FL	1 '				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	8b	X			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		_X_		
10		10		Х		

X

N/A

N/A

Yes X No

2b

3b

4a

statement - see instructions.)

during the year?

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?

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 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

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 2010)

had not been removed from leopardy before the first day of the tax year beginning in 2010?

		1		
2 Compensation of five highest-paid employees (other than those	ncluded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
		<u></u>		
		·	 	
	_			
			L	
Total number of other employees paid over \$50,000				(

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	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	
b	Average of monthly cash balances	1b	26,832.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	26,832.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	26,832.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	402.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,430.
6	Minimum investment return. Enter 5% of line 5	6	1,322.
P	art XI 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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,322.
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	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,322.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,322.
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	1,322.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	8,500.
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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8,500.
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	8,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	section

4940(e) reduction of tax in those years.

Page 9

Form 990-PF (2010) Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) 2009 2010 Years prior to 2009 Corpus 1 Distributable amount for 2010 from Part XI, 1,322. line 7 2 Undistributed income, if any, as of the end of 2010 0 a Enter amount for 2009 only **b** Total for prior years: 0 3 Excess distributions carryover, if any, to 2010: 13,485 a From 2005 25,669. **b** From 2006 30,428. c From 2007 36,204. d From 2008 32,479. e From 2009 138,265 f Total of lines 3a through e 4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 0 a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 1,322. d Applied to 2010 distributable amount 7,178. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 145,443 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2009. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2011 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005 13,485. not applied on line 5 or line 7

Form **990-PF** (2010)

Excess distributions carryover to 2011.

25,669.

30,428.

36,204.

32<u>,479</u>

7.178

Subtract lines 7 and 8 from line 6a

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

131,958

00212621

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

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year PUBLIC 2,625. NONE CHRISTIAN BUSINESS CARES GENERAL **FOUNDATION** P.O. BOX 219 PENINSULA, OH 44264 2,000. JUNIOR ACHIEVEMENT OF THE NONE PUBLIC GENERAL PALM BEACHES 6903 VISTA PARKWAY N, #10 W PALM BEACH, FL 33411 PUBLIC 2,875. PALM BEACH ATLANTIC NONE GENERAL UNIVERSITY 901 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401 THE MALTZ JUPITER THEATRE NONE PUBLIC 1,000. GENERAL 1001 E. INDIANTOWN ROAD JUPITER, FL 33477 8,500. **▶** 3a Total b Approved for future payment NONE 0. Total

Form **990-PF** (2010)

023611 12-07-10

FAMILY FOUNDATION

	Unrelated	business income	Evaluate	ed by section 512, 513, or 514	
nter gross amounts unless otherwise indicated.	,	.,	(c) Exclu-		(e)
	(a) Business	(b) Amount	sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Amount	Tunction income
8	_		 		
b					=
c	_				
d			<u> </u>		
e					
f			<u> </u>		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	2.	
Dividends and interest from securities					·
Net rental income or (loss) from real estate:			1 1		
a Debt-financed property					
b Not debt-financed property		-	+		
Net rental income or (loss) from personal			1		
• • •					
property			++		
Other investment income	<u></u>		+ +		
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					
b	_				
C					
d					
e		<u> </u>			
Subtotal. Add columns (b), (d), and (e)		0	<u>. L</u>	2.	
Total. Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations	s.)				
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of E	xempt	Purposes	
ine No. Explain below how each activity for which i	income is reported in	column (e) of Part XVI-			nplishment of
the foundation's exempt purposes (other ti	nan by providing fund	13 for Sucii purposes).			
				······································	
				· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·			
	 				
					
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	- 				
		<u>. </u>	_		
			-		
1					
					

Form	990-PF	(2010
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FAMILY FOUNDATION

Part XVII			sfers To a	and Transactions	and Relati	onships With Non	charitable	•	
1 Did the o			of the followin	g with any other organizati	on described in	section 501/c) of		Yes	No
	•			7, relating to political orga		Section 30 I(c) of		.00	
	from the reporting found				mzations:				
(1) Cash		ation to a noncharita	DIC GACILIPE OIL	ganization of.			1a(1)		х
(2) Othe							1a(2)		X
b Other tra							14(2)		
	s of assets to a noncharita	hle exempt organizat	ion				1b(1)		Х
• •	chases of assets from a no						1b(2)		X
• •	tal of facilities, equipment,	•	gamzanon				1b(3)	_	X
• •	nbursement arrangements						1b(4)		X
` '	ns or loan guarantees						1b(5)		X
• •	ormance of services or me	embership or fundrais	sina solicitatio	ns			1b(6)		X
• •	of facilities, equipment, ma	•	•				1c		X
_				dule. Column (b) should al	lways show the	fair market value of the go	ods, other ass	ets,	
				ed less than fair market val					
column (d) the value of the goods,	other assets, or serv	ices received.			···			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Desc	ription of transfers, transaction	s, and sharing an	angeme	nts
			N/A						
	····					· · · · · · · · · · · · · · · · · · ·			
			,						
	· · · · · · · · · · · · · · · · · · ·				-				
							· · •		
				 					
-							·		
			 .			· <u></u>			
	· · · ·	 						•	
					•				
			_						
2a Is the for	undation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations descrit	oed		,	_,
	n 501(c) of the Code (othe		(3)) or in sect	ion 527?			Yes	LX	No
b If "Yes," (complete the following sch								
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rela	ationship	-	
	N/A				-	-			
						 			
			·						
Ung	der penalties of perjury, I declar	re that I have examined the	nis return, includ	I ing accompanying schedules ar	nd statements an	to the best of my knowledge	and belief, it is tri	ле, согте	ct,
				ased on all information of which					
Here	x June	e me	ハ ノ	1×6/16	2012	TRUSTEE			
	Signatule of officer or tr	ustee		Date		Title			
	Print/Type preparer's n	ame	Preparer's s	gnature	Date	Check If	PTIN		
	THOMAS A.	PENCE,		- 00	JUN 8 2	self- employed			
Paid	JR.		11	D.G-Y.	J		P00141		
Preparer		ER, DONTE	N, LEV	INE ET AL, E	P.A.	Firm's EIN ► 59	-28312	81	
Use Only				77 "000					
	Firm's address ► 50				4.0	n	1 020	000	2
	WE	ST PALM B	EACH,	FL 33401-594	± 0	Phone no. 56	51-832- Form 990		
							LOUIN 230	~ F F (2010)

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

2010

 Employer identification number

FAMILY FOUNDATION

16-1615542

Organization type (chec	ck 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						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions						
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one emplete Parts I and II.						
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 70(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% on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate conf	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-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on 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

Employer identification number

THE R. MARSHALL & IRENE S. JONES FAMILY FOUNDATION

16-1615542

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	R. MARSHALL & IRENE S. JONES 103 VIA PARADISIO PALM BEACH GARDENS, FL 33418	\$17,500.	Person X 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 Omnicash Omnicash (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

of Part II

THE R. MARSHALL & IRENE S. JONES

16-1615542

FAMILY FOUNDATION

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
		\$	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\$	990, 990-EZ, or 990-PF) (2

of Part III Name of organization **Employer identification number** THE R. MARSHALL & IRENE S. JONES 16-1615542 FAMILY FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) > \$ (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	1	
SOURCE				AMOUNT		
VALMARK SECURITIES - NOMINEE					2.	
TOTAL TO FORM 990-PF, PART I,		2.				
			;			
FORM 990-PF ACCOUNTING FEES				STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
TAX PREPARATION FEES	465.	().			
TO FORM 990-PF, PG 1, LN 16B	465.	().		0.	
=						
FORM 990-PF PART XV - LINE 1A STATEMENT 3 LIST OF FOUNDATION MANAGERS						

NAME OF MANAGER

R. MARSHALL JONES IRENE S. JONES

Form 8868

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internal Revenue	e Service Prine a	scharate al	philication for each return.	i		
	filing for an Automatic 3-Month Extension,					▶ X
	filing for an Additional (Not Automatic) 3-Mo plete Part II unless you have already been gra				•	68
				-		
a corporatio 8868 to req Return for	ling (e-file). You can electronically file Form n required to file Form 990-T), or an addition juest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not aut forms liste il Benefit (tomatic) 3-month extension of time ed in Part I or Part II with the excep Contracts, which must be sent to	You can election of Form the IRS in	tronica 8870, paper	ally file Form Information format (see
	tomatic 3-Month Extension of Time. Or					
A corporation Part I only .	n required to file Form 990-T and requesting	an automa	atic 6-month extension - check this b			▶ □
All other cor	porations (including 1120-C filers), partnersh	ups, REMIC	S, and trusts must use Form 7004 to	request an ex	tension	of time
to file incom						
Type or	Name of exempt organization			Employer ide		on number
print	THE R. MARSHALL AND IRENE S			16-16155	42	
File by the	Number, street, and room or suite no If a P O bo	x, see instruc	ctions			
due date for filing your	470 COLUMBIA DRIVE, #100-E					
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions			
instructions	WEST PALM BEACH, FL 33409					
Enter the Re	eturn code for the return that this application	is for (file a	separate application for each return))		0 4
Application		Return	Application	· ·		Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-BL	-	02	Form 1041-A		08	
Form 990-E2	7	03	Form 4720		09	
Form 990-PF	-	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	0.5	Form 6069		11	
	(trust other than above)	06	Form 8870			
Telephone If the orga If this is for the whole a list with the until	e names and EINs of all members the extensist an automatic 3-month (6 months for a cor 03/15, 20_12, to file the organization's return for calendar year 20 or	business in ur digit Gro f it is for pa on is for poration re exempt org	up Exemption Number (GEN) Int of the group, check this box quired to file Form 990-T) extension panization return for the organization O, and ending JULY 31	of time	if the	
3a If this	application is for Form 990-BL, 990-PF, 99	0-T. 4720	or 6069, enter the tentative tax	less any	<u> </u>	
	undable credits See instructions	., ., <u></u>	, in total, sinds and tomative tax	3a	s	0.00
	application is for Form 990-PF, 990-T,	4720 or	6069 enter any refundable cre		-	
	ted tax payments made Include any prior yea			3 b	9	0.00
	e Due. Subtract line 3b from line 3a Include				1-9	0.00
(Electro	onic Federal Tax Payment System) See instru	ctions		3 0		0.00
Caution. If y	ou are going to make an electronic fund v	vithdrawal	with this Form 8868, see Form 84	453-EO and	Form 8	3879-EO for
payment inst	tructions					

=arm 8868 (Ri				·	⊃age 2			
	e filing for an Additional (Not Automatic) 3-M				► X			
Note. Only	complete Part II if you have already been gra	inted an au	itematic 3-month extension on a	previously filed Form 886	8			
• If you are	e filing for an Automatic 3-Month Extension.							
Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original (no copies needed).				
Type or	Name of exempt organization			Employer identification	ภ number			
print	THE R. MARSHALL AND IRENE S	JONES	FAMILY FOUNDATION	16-1615542				
File by the	le by the Number, street, and room or suite no If a P O box, see instructions							
extended due date for	470 COLUMBIA DRIVE, #100-E	470 COLUMBIA DRIVE, #100-E						
filing your	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
return See	WEST PALM BEACH, FL 33409	WEST PALM BEACH, FL 33409						
Enter the R	etum code for the return that this application	is for (file a	a separate application for each reti	лгn)	0 4			
Application		Return	Application		Return			
ls For		Code	Is For		Code			
Form 990		01			1			
Form 990-B	Ĺ	02	Form 1041-A		80			
Form 990-E	Z	03	Form 4720		0.9			
Form 990-P		04	Form 5227		10			
	(sec. 401(a) or 408(a) trust)	0.5	Form 6069		11			
	(trust other than above)	06	Form 8870		12			
	not complete Part II if you were not already	granted ar	automatic 3-month extension of	n a previously filed For	m 8868.			
	s are in the care of ▶ R. MARSHALL JO							
	ne No ▶ 561-712-9799		FAX No ▶					
	anization does not have an office or place of							
	or a Group Return, enter the organization's for				nus is			
	le group, check this box	-	· ·					
	names and EINs of all members the extension							
	est an additional 3-month extension of time ur		15	, 20 12				
	lendar year, or other tax year beginni			ng JULY 31 .	20 11			
	ax year entered in line 5 is for less than 12 m			Final return				
	Change in accounting period							
	n detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO GATH	ER ALL DOCUMENTA	NOITA			
	SSARY TO FILE A COMPLETE AND							
								
		··						
8a If this	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tentative	ax, less any				
nonref	undable credits. See instructions	•		8a \$	0.00			
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable					
	ited tax payments made include any pri							
	nt paid previously with Form 8868		·	8b \$	0.00			
	e Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if required, by					
	onic Federal Tax Payment System). See instru-		•	8c \$	0.00			
			d Verification	11-				
	s of perjury, I declare that I have examined this form, t, and complete, and that I am authorized to prepare this for	including acc		d to the best of my knowled	ige and pelief,			
Signature >	TO A.B.O.		Title ▶ Č	0ate ► 3 - 12	1-12			
	, , , , , , , , , , , , , , , , , , , ,			Form 8868	(Rev. 1-2011)			