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## Form 990-PF

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

OMB No. 1545-0052

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

For calendar year 2013 or tax year beginning , 2013, and ending , 20									
Name of foundation						A	Employer identif	ication number	7
	JANET STONE JONES FOUNDATION  Number and street (or P.O. box number if mail is not delivered to street address)  Room/suite							7	
	Numb	er and street (or P.O. box number if mail is not delivere	d to street address)		Room/suite	· E	Telephone numb	er (see ınstructio	ons)
C/O CHILTON TRUST COMPANY LLC							(43	34) 244-	3366
	1290 E. MAIN STREET - 3RD FLOOR								
_	City o	r town, state or province, country, and ZIP or foreign po	stal code				-		
						0	If exemption application pending, check here	ation is	. ▶□
	STA	MFORD, CT 06902					pending, check here		•
G	Che	eck all that apply: Initial return	Initial return	of a former p	ublic chari	ty	1. Foreign organiza	tions check here	. ▶□
		Final return	Amended re	•		<b>´</b>   <b>`</b>	2. Foreign organiza		
		X Address change	Name chang	e			85% test, check I		. ▶□
Н	Che	eck type of organization: X Section 501	(c)(3) exempt private t	foundation		7_	•		• •
ſ	_	Section 4947(a)(1) nonexempt chantable trust	Other taxable pr		ion		If private foundation under section 507(b)		<b>►</b>
ī			unting method: X C				If the foundation is		
			ther (specify)			'	under section 507(b		
		· · · · · · · · · · · · · · · · · · ·	column (d) must be or	cash basis.)					
		Analysis of Revenue and Expenses (The	(a) Revenue and					(d) Disbur	
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inve		(c)	Adjusted net	for cha	
		may not necessarily equal the amounts in column (a) (see instructions) )	books	incom	-	income purp			oses sis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	461,428.					1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2	if the foundation is not required to			<del> </del> -				
	3	attach Sch. B Interest on savings and temporary cash investments			-				
	4	Dividends and interest from securities							
	5 a						,		
		Net rental income or (loss)	-						
•			4,211.					<b> </b>	
Revenue	b								
Ve	7	assets on line 6a Capital gain net income (from Part IV, line 2).		20	8,828.	-			
Ŗ	7 8	, ,			,,,,,,	- 1	REC	EIVED	, ,
	9	Net short-term capital gain							
		Gross sales less returns					8 107	2 2014	0
		and allowances · · · ·					S NOV	<del>] 3 ZU+1</del>	S
		Less: Cost of goods sold .  Gross profit or (loss) (attach schedule)							<b>⊒≝</b>
	11	Other income (attach schedule) ATCH 1	500.				OGD	EN. UT	
	12	Total. Add lines 1 through 11	466,139.	20	8,828.				
٦	13	Compensation of officers, directors, trustees, etc.	0		<u> </u>				
		<b>6</b> 11 1 1 1							
ŝes	14	Descriptions and analysis benefits							
e	10	Pension plans, employee benefits Legal fees (attach schedule)							
X	IDA	Accounting food (attach ashedda) TMCU 2	3,000.		1,500.				1,500.
ě.	D -	Accounting fees (attach schedule)ATCH 2 .	2,030.						
숥	4.7	Other professional fees (attach schedule)							
Str	1/	Interest	2,800.		<del></del>				
Ξ	18	Taxes (attach schedule) (see instructions)ATCH, 3.						-	
튐	19	Depreciation (attach schedule) and depletion.	<del></del>		<del></del>		· <del></del> · ·		
IA	20	Occupancy	400.					<u> </u>	
and	21	Travel, conferences, and meetings	100.					<del> </del>	
Ē	22	Printing and publications	95.				<del> </del>	-	95.
14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees (attach schedule)  b Accounting fees (attach schedule)ATCH 2  c Other professional fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see instructions)ATCH 3  19 Depreciation (attach schedule) and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  Other expenses (attach schedule) ATCH 4  Total operating and administrative expenses.  Add lines 13 through 23			95.	_			<del></del>		
er	24	Total operating and administrative expenses.	6,295.		1,500.				1,595.
Ö		Add lines 13 through 23	435,100.	ļ	2,300.				$\frac{1,395}{435,100}$ .
	25	Contributions, gifts, grants paid			1,500.				436, 695.
$\dashv$	26	Total expenses and disbursements. Add lines 24 and 25	441,395.	<u></u>	1,300.			1	
	27	Subtract line 26 from line 12 <sup>-</sup>			1			1	
i		Excess of revenue over expenses and disbursements	24,744.	20.	7,328.		<del> </del>	ļ	
- 1	b	Net investment income (if negative, enter -0-)			1,328.			<del> </del>	

c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

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Part II		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year	
		amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing		24,744	24,744.	
	2	Savings and temporary cash investments				
	3	Accounts receivable				
	ĺ	Less allowance for doubtful accounts ▶				
	4	Pledges receivable				
	'	Less. allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	•	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
	<b>'</b>	Less allowance for doubtful accounts				
'n						
Assets	8	Inventories for sale or use		·		
Ş	9	Prepaid expenses and deferred charges	1		<del></del>	
_	l i o a	Investments - U.S. and state government obligations (attach schedule).			_	
		Investments - corporate stock (attach schedule)			-	
	11 C	Investments - corporate bonds (attach schedule)				
	[ ``	and equipment basis				
		(attach schedule)				
	12	Investments - mortgage loans				
	13 14	Investments - other (attach schedule) Land, buildings, and equipment; basis				
	'*	equipment basis				
		equipment basis Less accumulated depreciation (attach schedule)				
	15	Other assets (describe				
		Total assets (to be completed by all filers - see the				
_		instructions. Also, see page 1, item I)	0	24,744	. 24,744.	
	17	Accounts payable and accrued expenses			_	
	18	Grants payable			_	
န္မ	19	Deferred revenue			_	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
=	22	Other liabilities (describe				
					1	
	23	Total liabilities (add lines 17 through 22)	0		<u>o</u>	
		Foundations that follow SFAS 117, check here . ▶				
Ŋ		and complete lines 24 through 26 and lines 30 and 31.				
밁	24	Unrestricted				
Balances		Temporanly restricted				
		Permanently restricted				
릴		Foundations that do not follow SFAS 117, ▶ 🗓			7	
巴		check here and complete lines 27 through 31.				
Net Assets or Fund		Capital stock, trust principal, or current funds	i			
ة		Paid-in or capital surplus, or land, bldg., and equipment fund			7	
SS		Retained earnings, accumulated income, endowment, or other funds		24,744	.1	
7		Total net assets or fund balances (see instructions)	0	24,744		
ž		Total liabilities and net assets/fund balances (see		<u> </u>	7	
- 1		instructions)	o	24,744		
В		Analysis of Changes in Net Assets or Fund				
		Inet assets or fund balances at beginning of year - Part		nust agree with		
١		of-year figure reported on prior year's return)				
2					24,744.	
					27,177.	
				<del></del>	24,744.	
4						
5	Dec.	reases not included in line 2 (itemize) ▶ If net assets or fund balances at end of year (line 4 minus	line 5) . Port II solume /	5 line 30	24,744.	
<u>6</u>	<u>i ota</u>	ii net assets or fund balances at end of year (line 4 minus	une oj - Part II, column (I	o), line 30   6		

Page 3

ŀ		d describe the kind(s) of property sold (	···	(b) How	(c) Date	(d) Date sold
	2-story b	P - Purchase D - Donation	acquired (mo., day, yr.)	(mo., day, yr.)		
18	SEE PART IV SCHE					
_1	<u> </u>					
_						
_						
_5	9	(O. Donnerichen allewed	(a) Cost or other basis	-	/h) Com on (lo	
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
_6					<del>_</del>	
_						
-						
_		showing gain in column (h) and owner	d by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		(k), but not less t Losses (from co	han -0-) or
_						
_ <u>t</u>	)					
		· · · · · · · · · · · · · · · · · · ·				
_	l					
_6	)					
	Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		208,828.
3		or (loss) as defined in sections 12				
		t I, line 8, column (c) (see instr				
		Under Section 4940(e) for Rec	lung d Tay on Not by rectment b	3		0
		private foundations subject to the			>	
w		leave this part blank. the section 4942 tax on the distrib not qualify under section 4940(e).		ase period	d?	Yes X No
		ount in each column for each year;		anv entri	es.	
÷	· (a)	(b)	(c)		(d)	
c	Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col. (b) divided by	
_	2012	379,620.	24,563.			5.454953
_	2011	434,597.	11,505.			7.774620
_	2010	453,542.	30,879.			4.687717
_	2009	220,873.	19,799.		1	1.155765
	2008	295,308.	32,539.	<del></del>		9.075509
	Total of line 1, column (d)			2	8	8.148564
3	_	for the 5-year base period - divide dation has been in existence if less		3	1	7.629713
4	Enter the net value of non	4		36,230.		
5	Multiply line 4 by line 3			5		638,725.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		2,073.
7				7		640,798.
8		8		436,695.		
-	If line 8 is equal to or gree Part VI instructions.	ns from Part XII, line 4	n Part VI, line 1b, and complete t	hat part	using a 1% tax	rate. See the

Pa	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ections	<u>s)</u>
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
14	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		4,1	47.
_	here ▶ ☐ and enter 1% of Part I, line 27b		<del></del>	
_	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
·	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		4,1	47.
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-		4,1	47.
6	Credits/Payments:			
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,959.			
a b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868) 6c 6,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		7,9	59.
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3,8	12.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 3,812. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. $\blacktriangleright$ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> X</u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	27/2	<u> </u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	_		
	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	^	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  NY,	!		
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	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(J)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	- dd	1 10	ı <b>I</b>	Х

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4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . . 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 2013?

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## JANET STONE JONES FOUNDATION

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hig and Contractors (continued)	nly Paid Employees,
und contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If r	one, enter "NONE."
	e of service (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sucorganizations and other beneficianes served, conferences convened, research papers produced, etc.	as the number of Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3	

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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.

For	n 990-PF (2013)	_			Page 9
Pa	art XIII Undistributed Income (see instru	ıctions)			
		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI,	Corpus	rears prior to 2012	2012	2013
	line 7			<del>_</del>	<del>                                     </del>
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
	Total for pnor years: 20 11 ,20 10 ,20 09				
	Excess distributions carryover, if any, to 2013:				
	From 2008				
		:			
	From 2011				
		1 704 012			
	Total of lines 3a through e	1,784,912.			
4	Qualifying distributions for 2013 from Part XII,				
	line 4 ▶ \$ 436,695.				
а	Applied to 2012, but not more than line 2a			<u> </u>	
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2013 distributable amount	124 425			
	Remaining amount distributed out of corpus	436,695.			
5	Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same	-			
6	amount must be shown in column (a).) Enter the net total of each column as indicated below:				;
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,221,607.			
b	Prior years' undistributed income. Subtract				
	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 assessed				
đ	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
е	Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see				
	instructions			<del> </del>	ļ
f	Undistributed income for 2013, Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2014				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				<del>                                       </del>
8	Excess distributions carryover from 2008 not	205 215			1
	applied on line 5 or line 7 (see instructions)	295,215.			<u> </u>
9	Excess distributions carryover to 2014.	1 026 202			1
	Subtract lines 7 and 8 from line 6a	1,926,392.			<del> </del>
	Analysis of line 9				
	Excess from 2009 220, 967 . Excess from 2010 454, 644 .				
	124 166				
	222 622				
	Excess from 2012				
e		1	1		1

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Pa	rt XIV   Private Op	erating Foundations	s (see instructions a	and Part VII-A, quest	ion 9)	NOT APPLICABLE
	If the foundation has	received a ruling or o	letermination letter tha	at it is a private oper		
h	foundation, and the rulin Check box to indicate wh				4942()	(3) or 4942(j)(5)
	Check box to indicate wit	Tax year	private operating round	Prior 3 years	4542()	(3) 01 4942()(3)
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	I or the minimum investment		(5)2512	1 (0,2011	(0) 2010	
	return from Part X for each				}	
	year listed				<del></del>	
D	85% of line 2a					
С	Qualifying distributions from Part					
ч	XII, line 4 for each year listed .  Amounts included in line 2c not			<del>                                     </del>	-	
u	used directly for active conduct				1	
	of exempt activities	·				
е	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					
а	"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 invest- ment return shown in Part X,				ļ	
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than		*			
	gross investment income (interest, dividends, rents,					
	payments on securities					
	ioans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)			Ì		
	(3) Largest amount of sup-					
	port from an exempt organization.					
	(4) Gross investment income					
Pa		ntary Information (	Complete this par	t only if the found	ation had \$5,000	or more in assets
		during the year -s				
1	Information Regarding	•				
а	List any managers of before the close of any	the foundation who h	lave contributed mor	e than 2% of the tota	al contributions receiv	ed by the foundation
	-		_	nore than \$5,000). (S	se section 507 (d)(2).)	
		EWSTER, JANET E			<del> </del>	
p	List any managers of					large portion of the
	ownership of a partner	snip or other entity) of	which the foundation	i nas a 10% or greater	merest.	
	N/A	0 1 11 11 0 11	0'0'		<del></del>	
2	Information Regarding			· · · · · · ·		
	Check here ► X if the	he foundation only i	nakes contributions	to preselected char	table organizations a	nd does not accept
	unsolicited requests for			ants, etc. (see instruc	tions) to individuals o	r organizations under
	other conditions, comp					· · · · · · · · · · · · · · · · · · ·
а	The name, address, a	nd telephone number	or e-mail address of t	the person to whom ap	plications should be add	iressed:
	N/A					
b	The form in which appl	ications should be sub	mitted and information	on and materials they	should include:	
	/5					
	N/A Any submission deadlii	nes:				
C	Mily additional deadill	nos.				
	N/A					
d	Any restrictions or lin	mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kinds of i	nstitutions, or other
	factors:					

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3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for l	ruture Payment	
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year			1	
NEGUL 6		İ		
ATCH 6				
		1		
		1	1	
			į	
			1	
		1		
	+			
		•		
		İ		
Total				435,10
b Approved for future payment			i i	
a Approved for fatare payment				
Total			<u> </u>	

Part XV	I-A Analysis of Income-Produ	cing Acti	vities		<del> </del>	<del></del>	
	s amounts unless otherwise indicated.		ated business income	Excluded b	y section 512, 513, or 514	(e)	
-		(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income	
=	m service revenue					(See instructions.)	
_	<del></del>			<del> </del>			
				╁.		·	
	<del></del>			ļ		<del></del>	
				<del>                                     </del>			
	<del></del>			<del>├</del>			
f				1	<u> </u>		
-	and contracts from government agencies rship dues and assessments						
	on savings and temporary cash investments					··	
	ds and interest from securities		-				
	tal income or (loss) from real estate:						
	t-financed property						
	debt-financed property	-		<del> </del>			
	al income or (loss) from personal property						
	nvestment income			<b>†</b>	-		
	(loss) from sales of assets other than inventory		· · · · · · · · · · · · · · · · · · ·	18	4,211.		
	ome or (loss) from special events				,		
	profit or (loss) from sales of inventory.						
•	evenue: a						
	ATCH 7				500.		
c							
е		,					
12 Subtota	II. Add columns (b), (d), and (e)				4,711.		
13 Total. A	dd line 12, columns (b), (d), and (e)				13	4,711.	
	heet in line 13 instructions to verify calcu			<del></del>			
Part XVI	B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses		
Line No.	Explain below how each activity						
▼	accomplishment of the foundation	n's exemp	t purposes (other than t	by providing	tunas for such purposes	s). (See instructions.)	
N/A	N/A						
	1						
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	I						

Form **990-PF** (2013)

OC	90-PF (2	2012)	TANET	STONE JON	IES FOU	иоттали				13-2988	3287	Pa	ge <b>13</b>
Part	<u>`</u>	Information R					ions and	Relation	ships \				
		Exempt Organ											
1 [	and the	e organization direct		lly engage in	any of th	e followin	a with an	v other ora:	anization	described		Yes	No
· -	n coct	ion 501(c) of the Co	nde (other the	en section 50	11/61/31 0	raanizatior	e) or in e	ection 527	relating (	o political		1,00	
			oue (other the	an section of	ייי (כ)נט) ט	garlization	15) 01 111 50	scaon 327,	relating t	to political			
	-	zations?		A	-:								
		ers from the reportin	-			_							v
		sh									1a(1)		<u> X</u>
(	2) Oth	ner assets	. <b></b>	. <b></b> .							1a(2)	$\vdash$	X
		transactions:											
		les of assets to a no									1b(1)		<u> </u>
(	2) Pu	rchases of assets fro	om a noncha	ritable exemp	t organiza	tion					1b(2)		Х
(	3) Re	ntal of facilities, equi	ipment, or oth	ner assets							1b(3)		X
(-	4) Rei	imbursement arrang	ements								1b(4)		<u> X</u>
		ans or loan guarantee									1b(5)		Х
		formance of service									1b(6)		Х
		g of facilities, equipn									1c		Х
		answer to any of th									the	fair m	arke
		of the goods, other											
		n any transaction or											
(a) Line		(b) Amount involved		of nonchantable				inption of trans					
• •		N/A					N/A					_	
	_	.,,					,						
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		<del></del>											
									_				
									,				
2a Is	the	foundation directly	or indirectly	affiliated wit	h. or rela	ted to, on	e or more	tax-exemp	t organiz	zations			
		ed in section 501(c)									Y	es X	] No
		" complete the follo				V-/V-//							-
		(a) Name of organization		1	b) Type of or	ganızation			(c) Descrip	tion of relations	ship		
				,		<u> </u>							
									· · · · · ·				
		<del></del>											
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	T	10 1						atalamanta as d	la the bast	at my back-d-d-	-	aliaf !	
	Under		are that I have ex fypreparer (other the	am⊪neor tris return an taxpayer)isbase	i, including ac d on all inform	companying si ation of which	preparer has a	ny knowledge	to the best	or my knowled	je anu t	Jenet, It	is true
Sign		4 6 Special	h		lulin		Dore	~ m=0			discus		
lere	<b>//</b>	JAN MOO			19119		7 1915)	31115		•	eparer	7 6	$\neg$
	Sign	nature of officer or trustee		Dal	e		Title			(see instruction	s)? <u>X</u>	Yes	No
				<del></del>				15.		<del> </del>	DT11:		
aid		Print/Type preparer's na	me	Prepare	ro sion ature	///		Date		····	PTIN		_
		PAUL NAPOLEO						10/3//	se se		P003		8
repa			ILTON TRU						Firm's Ell	v ▶ 61-1	6745	00	
Jse C	Only	Firm's address ► 12	90 EAST 1	MAIN STRE	ET //								
	-	I cm	חמסתאמי	ርጥ			069	102	Phone no	203-3	52-4	124	

## Schedule B

(Form 990, 990-EZ,

## **Schedule of Contributors**

OMB No. 1545-0047

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

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

Name of the organization	NO TO TO THE TOTAL OF THE TOTAL	Employer identification number				
JANET STONE JONES FOUN	13-2988287					
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 for	ındation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundary	lion				
	501(c)(3) taxable private foundation					
	rered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	or more (in money or				
Special Rules						
under sections 509(a)	) organization filing Form 990 or 990-EZ that met the 33 1/3 % support t (1) and 170(b)(1)(A)(vi) and received from any one contributor, during th 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of				
during the year, total c	), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charita es, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
more during the year						

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) (2013)

Employer identification number 13-2988287

			13 2300207
Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	BENJAMIN BREWSTER  C/O CHILTON TRUST CO, 1290 E MAIN STREET  STAMFORD, CT 06902	\$421,184.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<sup>2</sup> -	JANET B. YORK  C/O CHILTON TRUST CO, 1290 E MAIN STREET  STAMFORD, CT 06902	\$40,244.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization JANET STONE JONES FOUNDATION

Employer identification number

13-2988287

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is nee	eded.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1_	1,410 SHS AMERIPRISE FINANCIAL INC. COMMON STOCK	\$150,602.	_12/13/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	301 SHS AMERIPRISE FINANCIAL INC. COMMON STOCK	\$32,768.	_12/17/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	209 SHS JOHNSON & JOHNSON COMMON STOCK	\$19,064.	12/18/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	298 SHS JOHNSON & JOHNSON COMMON STOCK	\$27,094.	12/17/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	140 SHS MARSH & MCLENNAN COMMON STOCK	\$6,618.	_12/17/2013
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	60 SHS AMERIPRISE FINANCIAL INC. COMMON STOCK	\$6,532.	_12/17/2013

Name of organization JANET STONE JONES FOUNDATION

Employer identification number 13–2988287

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	that total more than \$1,000 for the property for organizations completing Part III,	=		- · ·
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the Contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of the Use duplicate c	ie year. (Enter this ir	formation once. S	See instructions.) ► \$
(a) No. from		llonar space is need	eu.	
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
<u> </u>				
		(e) Transi	fer of gift	
	Transferee's name, address, a	na ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from			<u> </u>	
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd 7IP + 4	Relatio	nship of transferor to transferee
			- No.dulo	nomp of transcret to transcret
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part !		` '		
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd 7IP + 4	Rolatio	nship of transferor to transferee
	i i ansieree s name, audress, ar	N AIF TH	Relatio	manip of translator to translates

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations

JANET STONE JONES FOUNDATION
FORM 990-PF - PART IV

Kınd of P	roperty	INS AND LO	Desc	ription		00	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
			ADED SECURI			D	VARIOUS	VARIOUS
246 000		PROPERTY TY	PE: SECURIT					
246,889.		38,061.					208,828.	
	200							
TAL GAIN(L	)55)		• • • • • • • • • •	• • • • • • • • • • • •	•••••		208,828.	
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				. •				
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TANET	STONE	TONES	FOUNDATT	OΝ

13-2988287

	_		
ATTACHMENT	1		

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION 2012 GRANT RETURNED

500.

TOTALS \_\_

500.

ATTACHMENT 2

## PART I - ACCOUNTING FEES FORM 990PF,

CHARITABLE <u>PURPOSES</u>	1,500.	1,500.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,500.	1,500.
REVENUE AND EXPENSES PER BOOKS	3,000.	3,000.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 2

## JANET STONE JONES FOUNDATION

13-2988287

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

2012 EXTENSION PAYMENT - IRS

DESCRIPTION

2,800.

TOTALS

2,800.

13-2988287

ATTACHMENT 4

## FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES	PER BOOKS	50.	95.
	DESCRIPTION ADMINISTRATION EXPENSE	YS DEPT OF LA	TOTALS

CHARITABLE PURPOSES 45.	
-------------------------	--

ATTACHMENT 5	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0	0	0	0	0
	COMPENSATION	0	0	0	0	0
ICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT & DIRECTOR 3.00	SECRETARY & DIRECTOR 2.00	VICE PRESIDENT & DIRECTOR 1.00	TREASURER 1.00	GRAND TOTALS
FORM 990PE, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	BENJAMIN BREWSTER C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	JANET B. YORK C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	WHITNEY B. ARMSTRONG C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	ANTOINETTE BREWSTER C/O CHILTON TRUST COMPANY LLC 1290 E. MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	

ATTACHMENT 5

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

JANET STONE JONES FOUNDATION

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FOCUSED ULTRASOUND SURGERY FOUNDATION 1230 CEDARS COURT, SUITE F CHARLOTTESVILLE, VA 22903	NONE PC	MEDICAL AND SCIENTIFIC RESEARCH	3,000.
BOYS 6 GIRLS CLUBS OF CENTRAL VIRGINIA P.O. BOX 707 CHARLOTTESVILLE, VA 22902	NONE PC	YOUTH PROGRAMS	7,000.
CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	NONE PC	ENVIRONMENTAL PROTECTION AND PRESERVATION	2,000.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 1020 CARRINGTON PLACE CHARLOTTESVILLE, VA 22901	NONE PC	MEDICAL AND SCIENTIFIC RESEARCH	500.
WORLD WILDLIFE FUND 1250 24TH ST. NW WASHINGTON, DC 20037	NONE PC	WILDLIFE PRESERVATION AND PROTECTION	20,000.
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND, SUITE 201 TOPSHAM, ME 04086	NONE PC	ENVIRONMENTAL PROTECTION AND PRESERVATION	5,000.

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIFIENT NAME AND ADDRESS	FUUNDATION STATUS OF RECIFIENT	FURFUSE OF GRANT OR CONTRIBUTION	ANODAT
FRIENDS OF ACADIA	NONE	ENVIRONMENTAL PROTECTION AND PRESERVATION	.009
45 COTTAGE STREET	PC		
P.O. BOX 45			
BAR HARBOR, ME 04609-0045			
WVTF PUBLIC RADIO / RADIO IQ	NONE	PUBLIC BROADCASTING	500.
3520 KINGSBURY LANE	76		
ROANOKE, VA 24014			
COLLEGE OF THE ATLANTIC	NONE	EDUCATIONAL AND ACADEMIC PROGRAMS	4,000.
105 EDEN STREET	24		
BAR HARBOR, ME 04609			
THE UNIVERSITY OF THE SOUTH-SEWANEE	NONE	BREWSTER INTERNSHIP FOR ENVIRONMENTAL POLICY	30,000.
735 UNIVERSITY AVENUE	PC		
SEWANEE, TN 37383-1000			
THE MILDERNESS SOCIETY	NONE	ENVIRONMENTAL PROTECTION AND PRESERVATION	1,000.
1615 M STREET NW	PC		
WASHINGTON, DC 20036-3209			
FOUNTAIN HOUSE, INC.	NONE	COMMUNITY MENTAL HEALTH SERVICES	1,000.
425 WEST 47TH STREET	PC		
NEW YORK, NY 10036-2304			

25,000.

AMOUNT

100,000.

JANET STONE JONES FOUNDATION

RECIPIENT NAME AND ADDRESS  SOUTH KENT SCHOOL CORPORATION  40 BULLS BRIDGE ROAD  SOUTH KENT, CT 06785  TRUDEAU INSTITUTE, INC.  154 ALGONQUIN AVENUE  SARANAC LAKE, NY 12983  LOCAL FOOD HUB  P.O. BOX 4647  CHARLOTTESVILLE, VA 22905  LIGHT HOUSE STUDIO INC.  BEATRIX FARRAND SOCIETY  NONE  P.O. BOX 1111   RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  AND  FOUNDATION STATUS OF RECIPIENT  NONE  PC  NONE  PC  NONE  PC  NONE  PC  NONE  PC  NONE  PC	PURPOSE OF GRANT OR CONTRIBUTION  EDUCATIONAL AND ACADEMIC PROGRAMS  MEDICAL AND SCIENTIFIC RESEARCH  HORTICULTURAL PROGRAMS  YOUTH FILM FESTIVAL	
, ME 04660 CADIA TREET		ENVIRONMENTAL PROTECTION AND PRESERVATION

1,000.

1,000.

1,000.

1,750.

FORM 990PF, PART XV = GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PLANNED PARENTHOOD HEALTH SYSTEMS, INC. 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	NONE PC	REPRODUCTIVE HEALTH CARE AND FAMILY PLANNING	2,500.
THE VIRGINIA CONSORT 1658 BRANDYWINE DRIVE CHARLOTTESVILLE, VA 22901	NONE PC	SUPPORT OF PERFORMING ART PROGRAMS	2,500.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE'S PLACE MEMPHIS, TN 38105-1942	NONE PC	MEDICAL AND SCIENTIFIC RESEARCH	1,000.
TUESDAY EVENING CONCERT SERIES INC. 108 FIFTH STREET, S.E., SUITE 208 CHARLOTTESVILLE, VA 22902	NONE PC	SUPPORT OF PERFORMING ART PROGRAMS	500.
THE ANIMAL MEDICAL CENTER 510 EAST 62ND STREET NEW YORK, NY 10065	NONE PC	VETERINARY PROGRAMS AND RESEARCH	25,000.
NATIONAL AUDUBON SOCIETY INC. 225 VARICK STREET, 7TH FLOOR NEW YORK, NY 10014	NONE PC	MILDLIFE PRESERVATION AND PROTECTION	1,000.

V 13-7.1F

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WATERKEEPER ALLIANCE, INC. 17 BATTERY PLACE SUITE 1329 NEW YORK, NY 10004	NONE PC	ENVIRONMENTAL PROTECTION AND PRESERVATION	1,000.
RIVANNA CONSERVATION SOCIETY INC P.O. BOX 1501 CHARLOTTESVILLE, VA 22902	NONE PC	ENVIRONMENTAL PROTECTION AND PRESERVATION	1,000.
LOCAL FOOD HUB P.O. BOX 4647 CHARLOTTESVILLE, VA 22905	NONE PC	HORIICULTURAL PROGRAMS	5,000.
CHARLOTTESVILLE TOMORROM P.O. BOX 1591 CHARLOTTESVILLE, VA 22902	NONE PC	PUBLIC EDUCATIONAL PROGRAMS	2,000.
MONTPELIER FOUNDATION INC P.O. BOX 67 MONTPELIER STATION, VA 22957	NONE PC	HISTORIC PRESERVATION	5,000.
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA P.O. BOX 707 CHARLOTTESVILLE, VA 22902	NONE P.C	YOUTH PROGRAMS	500.

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UTION AMOUNT	OGRAMS 250.		ROTECTION 1,750.			71ON 2,500.			800.			SRAMS 5,000.				ID PRESERVATION 100.				
PURPOSE OF GRANT OR CONTRIBUTION	EDUCATIONAL AND ACADEMIC PROGRAMS		WILDLIFE PRESERVATION AND PROTECTION			SUPPORT OF RELIGIOUS INTITUTION			PUBLIC BROADCASTING			FREE FOOD DISTRIBUTION PROGRAMS				ENVIRONMENTAL PROTECTION AND PRESERVATION				
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	2	NONE	2		NONE	Z.		NONE	PC		NONE	PC			NONE	PC			
RECIPIENT NAME AND ADDRESS	THE CHAPIN SCHOOL LTD	IOU EASI END AVENUE NEW YORK, NY 10028	WILDLIFE CONSERVATION SOCIETY	2300 SOUTHERN BOULEVARD	BRONX, NY 10460	THE PARISH OF ST. MARY AND ST. JUDE	P.O. BOX 105	NORTHEAST HARBOR, ME 04662	WMRA PUBLIC RADIO	983 RESERVOIR STREET	HARRISONBURG, VA 22801	BLUE RIDGE AREA FOOD BANK INC.	P.O. BOX 937	96 LAUREL HILL ROAD	VERONA, VA 24482	AMERICAN FARMLAND TRUST	1150 CONNECTICUT AVENUE, NW	SUITE 600	SCOC OF MOROTAGE	The second secon

JANET STONE JONES FOUNDATION

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FRIENDS OF ACADIA 43 COTTAGE STREET P.O. BOX 45	NONE P.C	ENVIRONMENTAL PROTECTION AND PRESERVATION	10,000.
BAR HARBOR, ME 04609-0045 HOOVED ANIMAL HUMANE SOCIETY 10804 MCCONNELL ROAD WOODSTOCK, IL 60098	NONE P.C	PROTECTION AGAINST ANIMAL CRUELTY	200.
THE FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD, BOX 719 BREWSTER, NY 10509-0719	NONE PC	THERAPEUTIC PROGRAMS FOR CHILDREN	1,000.
UNIVERSITY OF VIRGINIA - WTJU FM RADIO 400 RAY C. HUNT DRIVE P.O. BOX 400807 CHARLOTTESVILLE, VA 22904-4807	NONE PC	COMMUNITY RADIO PROGRAM	800.
MIDDLE EAST CHILDREN'S INSTITUTE 119 WEST 72ND STREET, BOX 279 NEW YORK, NY 10023	NONE P.C	CHILD-CENTERED COMMUNITY DEVELOPMENT PROGRAMS	1,500.
THE AMERICAN KENNEL CLUB MUSEUM OF THE DOG 1721 SOUTH MASON ROAD ST. LOUIS, MO 63131	NONE PC	MUSEUM SUPPORT	500.

FORM 990PF, PART XV -, GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

AMOUNT	AMOUNT	7,000.	35,000.	1,000.	10,000.	250.	. 200
DIRPORE OF GRANT OR CONTETRICTON	FUNEUSE, UT SIGNAL UN CONTREBUILON	SEWANEE ANNUAL FUND/EDUCATIONAL PROGRAMS	BREWSTER INTERNSHIP FOR ENVIRONMENTAL POLICY FUND	SEWANEE CREW TEAM FUND/ATHLETICS	ENVIRONMENTAL PROTECTION AND PRESERVATION	EDUCATIONAL AND ACADEMIC PROGRAMS	THERAPEUTIC HEALING THROUGH ANIMAL CONTACT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	CONTRACTOR STATUS OF NEUTRIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	NEGATAERA, MONIE TAN TAUNGSS	THE UNIVERSITY OF THE SOUTH-SEMANEE 735 UNIVERSITY AVENUE SEMANEE, TN 37383-1000	THE UNIVERSITY OF THE SOUTH-SEMANEE 735 UNIVERSITY AVENUE SEMANEE, TN 37383-1000	THE UNIVERSITY OF THE SOUTH-SEMANEE 735 UNIVERSITY AVENUE SEMANEE, TN 37383-1000	THE PIEDMONT ENVIRONMENTAL COUNCIL, INC. P.O. BOX 460 WARRENTON, VA 20188	TRUSTEES OF PHILLIPS ACADEMY / ANDOVER 180 MAIN STREET ANDOVER, MA 01810-4161	PET PARTNERS 875 124TH AVENUE NE #101 BELLEVUE, WA 98005

1,000.

AMOUNT

1,000.

100.

3,000.

1,000.

1,000.

ATTACHMENT 6 (CONT'D)

JANET STONE JONES FOUNDATION

FORM 980PE, PART XV - GRANTS AND CONTRIBUTIONS PAID	PAID DURING THE YEAR	ATTACHMENT 6
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION
NEW CANAAN COUNTRY SCHOOL INC. 545 PONUS RIDGE NEW CANAAN, CT 06840	NONE PC	EDUCATIONAL AND ACADEMIC PROGRAMS
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521-2038	NONE PC	EDUCATIONAL AND ACADEMIC PROGRAMS / UNRESTRICTED
UNITED STATES EQUESTRIAN TEAM FOUNDATION INC 1040 POTTERSVILLE ROAD P.O. BOX 35 GLADSTONE, NJ 07934-0355	NONE PC	EQUESTRIAN ATHLETIC PROGRAMS
ASH LAWN OPERA FESTIVAL FOUNDATION P.O. BOX 2498 CHARLOTTESVILLE, VA 22902	NONE PC	PERFORMING ARTS PROGRAMS
MOUNT DESERT FESTIVAL OF CHAMBER MUSIC P.O. BOX 87 MOUNT DESERT, ME 04660	NONE PC	PERFORMING ARTS PROGRAMS
OXFORD ACADEMY INC. 1393 BOSTON POST ROAD WESTBROOK, CT 06498	NONE PC	EDUCATIONAL AND ACADEMIC PROGRAMS

AMOUNT	1,000.	1,000.	L,000.	1,000.	1,000.	1,000.
PURPOSE OF GRANT OR CONTRIBUTION	PROGRAMS AGAINST ANIMAL CRUELTY	VOLUNTEER FIRE AND RESCUE PROGRAMS	MANAGEMENT TRAINING AND CAREER DEVELOPMENT PROGRAMS	CANINE VETERINARY RESEARCH AND PROGRAMS	ATHLETIC PROGRAMS FOR THE DISABLED	MEDICAL AND SCIENTIFIC RESEARCH
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	ST HUBERT'S GIRALDA DBA ST HUBERTS ANIMAL WELFARE 575 WOODLAND AVENUE, P.O. BOX 159 MADISON, NJ 07940-0159	SCOTTSVILLE VOLUNTEER RESCUE SQUAD P.O. BOX 550 SCOTTSVILLE, VA 24590	CENTER FOR NONFROFIT EXCELLENCE P.O. BOX 5652 CHARLOTTESVILLE, VA 22905	AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC 8051 ARCO CORPORATE DRIVE, SUITE 300 RALEIGH, NC 27617-3901	SPECIAL OLYMPICS VIRGINIA, INC. 3212 SKIPWITH ROAD, SUITE 100 RICHMOND, VA 23294	MOUNT DESERT ISLAND BIOLOGICAL LABORATORY P.O. BOX 35 SALISBURY COVE. ME 04672-0035

	AMOUNT	1,000.	500.	6,000.	1,750.	. 250.	1,000.
	PURPOSE OF GRANT OR CONTRIBUTION	PRESERVATION OF HISTORIC LANDMARK	COLLECTION AND PRESERVATION OF ARTWORK	SUPPORT OF RELIGIOUS INSTITUTION	COLLECTION AND PRESERVATION OF ARTWORK	EDUCATIONAL AND ACADEMIC PROGRAMS	PUBLIC BROADCASTING PROGRAMS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE P.C	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
	RECIPIENT NAME AND ADDRESS	THE PARAMOUNT THEATER INC. 215 E. MAIN STREET CHARLOTTESVILLE, VA 22902	METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028-0198	ST. LUKE'S EPISCOPAL CHURCH 8009 FORT HUNT ROAD ALEXANDRIA, VA 22308	AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	GARRISON FOREST SCHOOL INC. 300 GARRISON FOREST SCHOOL OWINGS MILLS, MD 21117	WHIJ - COMMONWEALTH PUBLIC BROADCASTING 23 SESAME STREET RICHMOND, VA 23235

# FORM 990PE, PART XV = GRANTS AND CONTRIBUTIONS PAID DURING THE VEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NATIONAL MUSEUM OF WOMEN IN THE ARTS INC.	NONE	COLLECTION AND PRESERVATION OF ARTWORK;	250.
	£	PERFORMING ARTS PROGRAMS	
THE VIRGINIA ROWING ASSOC AT THE UNIV OF VIRGINIA 250 EAST HIGH STREET CHARLOTTESVILLE, VA 22902-5178	NONE PC	ATHLETIC PROGRAMS	1,000.
THOMAS JEFFERSON FOUNDATION INC. P.O. BOX 316 CHARLOTTESVILLE, VA 22902	NONE PC	LANDMARK PRESERVATION	5,000.
	NONE PC	COMMUNITY ORGANIZATION AND EDUCATION	300.
	NONE PC	RESEARCH AND EDUCATION RELATED TO AMERICAN HISTORY AND CONTEMPORARY POLICY	1,000.
MOUNT SINAI DEPT OF EMERGENCY MEDICINE ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	NONE PC	MEDICAL TREATMENT AND SCIENTIFIC RESEARCH	5,000.

JANET STONE JONES FOUNDATION

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	AMOUNT	2,500.	10,000.	700.	1,000.	2,000.	500.
	PURPOSE OF GRANT OR CONTRIBUTION	COLLECTION AND PRESERVATION OF ARTWORK	ENVIRONMENTAL PROTECTION	REHABILITATION SERVICES FOR OFFENDERS	ANIMAL RESCUE AND SUPPORT AGAINST ANIMAL CRUELTY CRUELTY	COUNSELING AND SOCIAL SERVICES FOR WOMEN	NATURE RESOURCE CONSERVATION AND PROTECTION
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE P.C
	RECIPIENT NAME AND ADDRESS	AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 19TH STREET NEW YORK, NY 10024	SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET ROOM/SUITE 14 CHARLOTTESVILLE, VA 22902-5065	MOMEN'S PRISON ASSOCIATION 6 HOME INC 110 SECOND AVENUE NEW YORK, NY 10003	BEST FRIENDS ANIMAL SOCIETY S001 ANGEL CANYON ROAD KANAB, UT 84741	WOMEN'S INITIATIVE 1101 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	SCHOODIC EDUCATION AND RESEARCH CENTER INSTITUTE P.O. BOX 277 WINTER HARBOR, ME 04693

V 13-7.1F

# FORM 990DE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR.

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
WILDLIFE CENTER OF VIRGINIA	NONE	WILDLIFE PRESERVATION AND PROTECTION	.008
P.O. BOX 1557	PC		
ENVIRONMENTAL DEFENSE FUND INCORPORATED	NONE	NATURAL RESOURCE CONSERVATION AND PROTECTION	1,000.
257 PARK AVE S	PC		
NEW YORK, NY 10010			
PIEDMONT COURT APPOINTED SPECIAL ADVOCATES, INC.	NONE	PREVENTION OF CHILD ABUSE	1,000.
818 EAST HIGH STREET	PC		
P.O. BOX 603			
CHARLOTTESVILLE, VA 22902			
NATURE CONSERVANCY, INC.	NONE	ENVIRONMENTAL PROTECTION	25,000.
4245 N. FAIRFAX DRIVE, SUITE 100	S.		
ARLINGTON, VA 22203			
DUCKS UNLIMITED, INC.	NONE	WILDLIFE PRESERVATION AND PROTECTION	500.
ONE WATERFOWL WAY	PC		
MEMPHIS, TN 38120			
PEREGRINE FUND, INC.	NONE	PROTECTION OF ENDANGERED SPECIES/CONDOR	2.000
5668 W FLYING HAWK LANE	2	RESTORATION PROJECT	
BOISE, ID 83709			

AMOUNT	250.	ECTION 1,500.	ANNING 5,000.	RAISING 5,000.	. 500.	LE GIVING 500.
PURPOSE OF GRANT OR CONTRIBUTION	WETLANDS CONSERVATION AND MANAGEMENT	NATURAL RESOURCE CONSERVATION AND PROTECTION	REPRODUCTIVE HEALTH CARE AND FAMILY PLANNING	COMMUNITY HEALTHCARE AND HOSPITAL FUNDRAISING	REHABILITATION SERVICES FOR OFFENDERS	PROMOTION OF VOLUNTEERISM AND CHARITABLE GIVING
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE P.C	NONE P.C	NONE PC	NONE P.C	NONE P.C
RECIPIENT NAME AND ADDRESS	DELTA WATERFOWL FOUNDATION 1305 E. CENTRAL AVENUE BISWARCK, ND 58501	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	PLANNED PARENTHOOD HEALTH SYSTEMS, INC. 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911	WOMEN'S PRISON ASSOCIATION & HOME INC 110 SECOND AVENUE NEW YORK, NY 10003	UNITED WAY OF BERGEN COUNTY/WOMEN UNITED IN PHILAN 6 FOREST AVENUE, SECOND FLOOR

V 13-7.1F

# FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAIN DURING THE VEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOIJNT
TRUDEAU INSTITUTE, INC.	NONE	MEDICAL AND SCIENTIFIC RESEARCH	5,000.
154 ALGONQUIN AVENUE SARANAC LAKE, NY 12983	PC		
FRIENDS OF ACADIA	NONE	ENVIRONMENTAL PROTECTION AND CONSERVATION	5,000.
43 COTTAGE STREET	22		
P.O. BOX 45			
BAR HARBOR, ME 04609			

TOTAL CONTRIBUTIONS PAID

V 13-7.1F

ATTACHMENT 7	RE AMOUNT E
	EXCLUSION
	AMOUNT
	BUSINESS
FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION

TOTALS

2012 GRANT RETURNED

500.

RELATED OR EXEMPT FUNCTION INCOME

13-2988287

6873HN B92X

## SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

Employer identification number

JANET STONE JONES FOUNDATION	13-298828	37				
Note: Form 5227 filers need to complete only F	Parts I and II.					
Part I Short-Term Capital Gains and L	osses - Ass	ets Held One Yea	r or Less			
See instructions for how to figure the amounts the lines below.  This form may be easier to complete if you rou to whole dollars.		(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fi Form(s) 8949, Pa line 2, column	om art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions report 1099-B for which basis was reported to the for which you have no adjustments (see in However, if you choose to report all these on Form 8949, leave this line blank and g	ne IRS and nestructions). transactions to line 1b					
1b Totals for all transactions reported on Fowith Box A checked						
2 Totals for all transactions reported on Fo with Box B checked	rm(s) 8949					
3 Totals for all transactions reported on Fo with Box C checked	m(s) 8949					
4 Short-term capital gain or (loss) from Fo	rms 4684, 62	52, 6781, and 8824			4	
<ul> <li>Net short-term gain or (loss) from partner</li> <li>Short-term capital loss carryover. Enter</li> <li>Carryover Worksheet</li></ul>	Capital Loss	5 6	( )			
7 Net short-term capital gain or (loss). line 17, column (3) on the back Part II Long-Term Capital Gains and L	Combine line	s 1a through 6 in	column (h). Enter	here and on · · · · · ▶	7	
Part II Long-Term Capital Gains and L	osses - Ass	ets Held More Tha	n One Year			
See instructions for how to figure the amounts the lines below.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	om	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you rou to whole dollars.	nd off cents	(sales pnce)	(or other basis)	Form(s) 8949, Pa line 2, column (		combine the result with column (g)
8a Totals for all long-term transactions report 1099-B for which basis was reported to th for which you have no adjustments (see in However, if you choose to report all these on Form 8949, leave this line blank and go	e IRS and structions). transactions					
8b Totals for all transactions reported on Fo with Box D checked		246,889.	38,061.			208,828.
9 Totals for all transactions reported on Fo with Box E checked						
10 Totals for all transactions reported on Fowith Box F checked						
11 Long-term capital gain or (loss) from For	ms 2439, 468	84, 6252, 6781, and	8824		11	
12 Net long-term gain or (loss) from partner	ships, S corp	orations, and other e	states or trusts		12	
13 Capital gain distributions					13	
<ul><li>14 Gain from Form 4797, Part I</li><li>15 Long-term capital loss carryover. Enter Carryover Worksheet</li></ul>	the amount	, if any, from line	14 of the 2012	Capital Loss	14	( )
16 Net long-term capital gain or (loss). Cline 18a, column (3) on the back	ombine lines	8a through 15 in	column (h). Enter	here and on [	16	208,828.

Caution: Read the instructions before completing this part.  17 Net short-term gain or (loss)  3 Net long-term gain or (loss)  4 Total for year  5 Net long-term gain or (loss)  5 Net long-term gain or (loss)  6 Net long-term gain or (loss)  6 Net long-term gain or (loss)  7 Total for year  7 Detail gain or (loss)  8 Net long-term gain or (loss)  8 Net long-term gain or (loss)  8 Total for year  8 Durn-captured section 1250 gain (see line 18 of the wrksht),  18 D	chedule D (Form 1041) 2013	_					Page 2
To Net short-term gain or (loss)  Net tong-term gain or (loss)  Total for year  Universeptured section 1250 gain (see line 18 of the wrish).  188  208,828.  186  208,928.  186  208,928.  186  208,928.  186  208,928.  186  208,928.  186  208,928.  208,928.  186  208,928.  208,928.  208,928.  186  208,928.	Part III Summary	of Parts I and II			(1) Beneficiaries'	(2) Estate's	(2) Total
3 Net long-term gain or (loss):  a Total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for year and a total for a tota	Caution: Re	ead the instructions before co	ompleting this pa	art.	(see instr.)	or trust's	(3) 10(a)
Total for year  b Unrecaptured section 1250 gain (see line 18 of the wrksht.)  c 28% rate gain  c 28% rate gain  c 28% rate gain  c 28% rate gain  dots: if line 18, column (3), as and pare, which the year of Form 1941, line 4 of Form 890.7, Part I, line 4.9, if line 18, column (3), as a not pare, which the year of Form 1941, line 4 of Form 890.7, Part I, line 4.9, if line 18, column (3), as a not pare, which the year of Form 1941, line 4 of Form 890.7, Part I, line 4.9, if line 18, column (3), as a not pare, which the year of Form 1941, line 4 of Form 890.7, Part I, line 4.9, if line 4.9, if line 4.9, column (3), as a not pare, which the year of Form 1941, line 4 of Form 890.7, Part I, line 4.9, if line 4.9, if line 4.9, column (3), as a not pare, which has a second line 19, column (3) or b 3.000.  of The loss on line 19, column (3) or b 3.000.  of The loss on line 19, column (3) or b 3.000.  of The loss on line 19, column (3) or b 3.000.  of The loss on line 19, column (3) or b 3.000.  of The loss on line 19, column (3) or b 4.000.  The loss of the loss on line 19, column (3) or b 4.000.  The loss of the loss on line 19, column (4) or b 4.000.  The loss of the loss on li	7 Net short-term gain	n or (loss)		17			
b Unrecaptured section 1250 gain (see line 18 of the wrkshi.)  c 28% rate gain or (loss). Combine lines 17 and 18a	8 Net long-term gain	or (loss):				-	
b Unrecaptured section 1250 gain (see line 18 of the wrksht), 18b 2 208, 828.  2 87 total net gain or (loss). Combine lines 17 and 18a 18b 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 18b 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 2 208, 828.  3 Total net gain or (loss). Combine lines 17 and 18a 2 208, 828.  3 Total net gain or (loss). Combine lines 18 and 18 2 208, 828.  3 Total net gain or (loss). Combine lines 18 and 18 2 208, 828.  3 Total net gain or (loss). Combine line lines 18 and 18 2 208, 828.  3 Total net gain or (loss). Combine line lines 18 and 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a Total for year			18a			208,828.
93 Total net gain or (toss). Combine lines 17 and 18a				18b			
93 Total net gain or (toss). Combine lines 17 and 18a	•	<u> </u>		18c			
tote: if time 19, column (3), is a net gain, enter the gain on Form 1041, line 4 for Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), ser a net loss, complete Part IV and be not complete Part IV in the 19 to column (3), is a net loss, complete Part IV and the Capital Loss Camyover Worksheet, a necessary.  Capital Loss Limitation  The loss on line 19, column (3) is a so, 3,000 if Form 1041, line 4, if a trust), the smaller of:  20 (20 (20 trust) in the loss on line 19, column (3) is a more than \$3,000 if Form 1041, line 2 (2) (are form 990-T, line 34), is a loss, complete the Capital Society of the loss on line 19, column (3) is a more than \$3,000 or if Form 1041, line 2 (2) (are form 990-T, line 34), is a loss, complete the Capital Society of the loss on line 19, column (3) is a more than \$3,000 or if Form 1041, line 2 (2) (are form 1041,	9 Total net gain or (k	oss). Combine lines 17 and 18a		19	—		208,828.
Description Capital Loss Limitation  0 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 if Form 1041, lage 1, line 22 (or Form 990-T, line 34), is a bas, complete the Capital Scale Capital Caline Rates  orm 1041 filters. Complete this part only if both lines 18 and 19 in column (2) are gains, or an amount is entered in Part I or Part II and authors. Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Either line 18b, col. (2) or line 18c, col. (2) is more than zero.  authors. Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Either line 18b, col. (2) or line 18c, col. (2) is more than zero.  orm 990-T trusts. Complete this part only if both lines 18 and 19 are gains, or qualified dividends are included in income in Part Form 990-T, and Form 990-T, line 34, is more than zero.  orm 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part Form 990-T, and Form 990-T, line 34, is more than zero.  1 Enter taxable income from Form 1041, line 20 (or Form 990-T, line 34), is more than zero.  2 Enter the smaller of line 18a or 19 in column (2) but not less than zero.  3 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends from line 43 of therwise, enter -0.  2 Enter the smaller of the amount on line 21 or Ses, enter -0.  3 Enter the estate's or trust's filling Form 990-T), line 24. If zero or less, enter -0.  4 Enter the smaller of the amount on line 21 or Ses, enter -0.  5 Enter the smaller of film a 25 or Ses, enter -0.  5 Enter the smaller of ime 24. If zero or less, enter -0.  5 Enter the smaller of line 30 from line 33. If zero or less, enter -0.  6 Subtract line 29 from line 20. If zero or less, enter -0.  7 Enter the smaller of line 30 from line 35.  7 M	ote: If line 19, column (	3), is a net gain, enter the gain on	Form 1041, line 4	(or Fon	m 990-T, Part I, line	4a). If lines 18a a	nd 19, column (2), are net
Centre here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:  The loss on line 19, column (3) or b \$3,000  (ote: If the loss on line 19, column (3) or b \$3,000  (ote: If the loss on line 19, column (3) is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capita loss caryover Worksheet in the instructions to figure your capital loss caryover.  Part V Tax Computation Using Maximum Capital Gains Rates  orm 1041, filers, Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and enter is an entry on Form 1041, line 2b(2), and Form 1041, line 12b(2), and Form 1041, line 2b(2), and Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.  Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.  South Torm 1041, line 2b(1), and Form 4952, line 4g are more than zero.  I enter tax complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part Form 990-T, and Form 990-T, line 34, is more than zero.  South Torm 1041, line 2b(2) (2) or line 18c, col. (2) is more than zero.  South Torm 1041, line 2b(2) (2) or line 18c, col. (2) is more than zero.  South Torm 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (crenter the qualified dividends from Form 1041, line 2b(2) (		o not complete Part IV If line 19,	column (3), is a n	iet loss,	complete Part IV an	d the Capital Los	s Carryover Worksneet, as
0 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part, line 4c, if a trust), the smaller of:  20 (1)  10 The loss on line 19, column (3) as more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the scanning recommendation to flique your capital loss compover.  20 TV Tax Computation Using Maximum Capital Gains Rates  10 Tax Computation Using Maximum Capital Gains Rates  10 Tax Computation Using Maximum Capital Gains Rates  11 Tax Computation Using Maximum Capital Gains Rates  12 Turner of Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.  13 aution: Skip this part and complete the Schedule 0 Tax Worksheet in the instructions it:  14 Either line 18b, col. (2) or line 18c, col. (2) is more than zero.  15 Enter line 18b, col. (2) or line 18c, col. (2) is more than zero.  16 Enter taxable income from 90-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions either line 18b, col. (2) or line 18c, col. (2) is more than zero.  17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34), 22 line the smaller of line 18a or 19 in column (2) but not less than zero.  18 Enter the estate's or trust's qualified dividends from Form 1041, line 22 (or enter the qualified dividends included in income in Part I of Form 990-T), 23 line 18b, col. (2) or line 18b, col. (2) or line 24. If zero or less, enter -0.  19 Enter the smaller of the amount on line 21 or \$2,450.  20 Subtract line 26 from line 21. If zero or less, enter -0.  21 Enter the smaller of the amount on line 27 or line 28.  22 Enter the smaller of line 28. If zero or less, enter -0.  23 Enter the smaller of the amount on line 21 or \$1,950.  24 Add lines 27 and 30.  25 Enter the smaller of the amount on line 21 or \$1,950.  26 Enter the smaller of line 28. If zero or less, enter -0.  27 Enter the smaller of line 28 or line 35.  28 Enter the smaller of line 28 or line 35.  29 Enter the smaller of line 28 or line 35.  20 Subtra		ss Limitation			<del></del>	-	
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Schedule D (Form 1041) 2013

Name(s) shown on return. (Name and SSN or taxpayer identification no not required if shown on other side )

Social security number or taxpayer identification number

JANET STONE JONES FOUNDATION

13-2988287

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
  - (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if if you enter an enter a co See the sep	Gain or (loss). Subtract column (e) from column (d) and		
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
PUBLICLY-TRADED								
SECURITIES	VARIOUS	VARIOUS	246,889.	38,061.			208,828	
<del></del>		 	-					
						•		
	-							
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			246,889.	38,061.			208,828.	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

(Rev. January 2014)

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	Service Information about Fo	យោ. "ទន្ទរ au	id its instructions is at ww	w.irs.gov/fon	n8868.	l l	
• If you are filing for an Automatic 3-Month Extension, comr/ e only Part I and check this box							
	filing for an Additional (Not Automatic) 3-Monti-			page 2 of this	form)		
	plete Part II unless you have already been grante					368	
				•			
Electronic fil	ling (e-file). You can electronically file Form 8868	if you need	a 3-month automatic extens	sion of time to	file (6 moi	nths for	
a corporation	required to file Form 990-T), or an additional (not	automatic) :	3-month extension of time. Y	ou can electro	onically file	e Form	
8868 to reque	est an extension of time to file any of the forms list	ed in Part I d	or Part II with the exception	of Form 8870.	Informati	on	
	ansfers Associated With Certain Personal Benefit						
	For more details on the electronic filing of this form					rofits	
Part I	Automatic 3-Month Extension of Tin	ne. Only s	submit original (no con	ies needed	1	<u> </u>	
	required to file Form 990-T and requesting an aut						_
Part I only	required to like Form 550-1 and requesting arrada	Ollidae e-lik	ond extension — Gleck uns	box and comp	EIG		□
	anding find diag 4420 O Floor bands and and and and			· · · · · · · · · · · · · · · · · · ·		- 6 47	<b>-</b> 🗀
-	orations (including 1120-C filers), partnerships, RE	Wilcs, and	trusts must use Form 7004 t	to request an e	extension	of time	•
to file income	tax returns.						
				<u>er filer's iden</u>			
Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or						IN) or	
print							
	JANET STONE JONES FOUND	ATION		<u>13-2988</u>	8287		
File by the	Number, street, and room or suite no. If a P.O. b	ox, see inst	ructions.	Social secur	ity numbe	Pr (SSN)	
due date for	c/o SILVERCREST, 614 E.	HIGH	ST.		•		
filing your	City, town or post office, state, and ZIP code. Fo						
return, See instructions.		22902	_		•		
				`			
Enter the Ret	um code for the return that this application is for (fi	le a separat	te application for each returr	1)			04
Application	······································	Return	Application				Return
			•				1 .
Is For	5 000 55	Code	Is For				Code
	r Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-B		02	Form 1041-A				08
Form 4720 (	(individual)	03	Form 4720 (other than inc	lividual)			09
Form 990-P	F	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				12
	SILVERCREST ASSET MA	NAGEME	NT GROUP	•			
	614 E. HIGH ST.						
• The books a	are in the care of CHARLOTTESVILLE					VA 229	02
THE DOORS E	ite in the care of P	•••••			• • • • • • • • • • • • • • • • • • • •		Ÿ
Teleshana	No.▶ 434-977-4420	EAV No.	. ▶ 434-977-394	Λ			
		FAX NU	9-10-1	**			<b>►</b> □
• If the orga	nization does not have an office or place of busine	ss in the Ur	nted States, check this box			•••••	🏲 🗀
	r a Group Return, enter the organization's four dig	_	•	If this i	S		
_	group, check this box $\dots  ightharpoonup igsqcup$ . If it is for part of		check this box	and attach			
a list with the r	names and EINs of all members the extension is for	DF	·				
1 I request	t an automatic 3-month (6 months for a corporation	n required to	file Form 990-T) extension	of time			
until 08	3/15/14 , to file the exempt organization ret	urn for the o	rganization named above. 7	The extension	is		
for the o	rganization's return for:						
▶ XX d	calendar year 2013 or						
			-				
▶ □ •	ax year beginning, and ending						
ال ال	ax year beginning , and ending ,			!4			
	year entered in line 1 is for less than 12 months,	cneck reaso	ont_ Initial return	nal return			
	ange in accounting period		<del></del>				
	plication is for Forms 990-BL, 990-PF, 990-T, 472	D, or 6069, o	enter the tentative tax, less a	any	j		
nonrefun	idable credits. See instructions.			<u>-</u>	3a \$	<u>.</u>	7,959
b If this ap	plication is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	y refundable credits and		1		
	d tax payments made. Include any prior year over			İ	зь \$		1,959
	due. Subtract line 3b from line 3a. Include your p			ina			
	Electronic Federal Tax Payment System). See ins	-			3c \$		6,000
			Form 8868, see Form 8453 FO a	and Form 8870 F		ent instruction	
	ution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.						

Form 8868 (Re	v. 1-2014)		·		Page 2
<ul> <li>If you are</li> </ul>	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complete only Part I	I and check this box	▶ X
Note. Only o	complete Part II if you have already been gra	nted an au	tomatic 3-month extension	on a previously filed Form 886	8.
• If you are	filing for an Automatic 3-Month Extension,	complete d	only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	inal (no copies needed).	
		-	E	nter filer's identifying number, se	e instructions
	Name of exempt organization or other filer, see in	structions.		Employer identification number (	EIN) or
Type or					
print	JANET STONE JONES FOUNDATION			13-2988287	
	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
File by the due date for	C/O CHILTON TRUST COMPANY, 129	O E. MA	IN ST - 3RD FLOOR		
filing your retum, See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
instructions.	STAMFORD, CT 06902				
Enter the Re	turn code for the return that this application	is for (file a	separate application for ea	nch return)	. 04
Application		Return	Application	· · · · · · · · · · · · · · · · · · ·	Return
ls For		Code	Is For		Code
Form 990 o	r Form 990-EZ	01			NAME OF THE PARTY
Form 990-B		02	Form 1041-A		08
Form 4720		03	Form 4720 (other than in	dividual)	09
Form 990-Pi	-	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				12	
	ot complete Part II if you were not already	granted an	automatic 3-month exten	sion on a previously filed For	m 8868.
The books	s are in the care of CHILTON TRUST CO	MPANY.	1290 E. MATN ST	RD FLOOR STAMFORD.	CT 06902
Telephone	No. ▶ 203 352-4000	F	ax No. ▶ 203 352-		
•	nization does not have an office or place of t	—. Dusiness in	the United States, check th	is box	▶□
	r a Group Return, enter the organization's fou				his is
	group, check this box ▶ 🔲 . If				tach a
list with the n	ames and EINs of all members the extension	is for.			
4 I reques	st an additional 3-month extension of time un	ıtil	1	1/17 , 20 14 .	
5 For cale	endar year <u>2013</u> , or other tax year beginning	ng	, 20, and	d ending,	20
	x year entered in line 5 is for less than 12 monange in accounting period	onths, chec	k reason: Initial ret	urn Final return	
	detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO V	ERIFY INFORMATION	
	O PREPARE A COMPLETE AND ACCUR				
-					···
8a If this a	application is for Forms 990-BL, 990-PF, 99	90-T. 4720	or 6069, enter the tent	ative tax less any	<del></del>
	ndable credits. See instructions.	,	• • • • • • • • • • • • • • • • • • • •	8a \$	7,959.
	application is for Forms 990-PF, 990-T,	4720. or	6069, enter any refund		
	ed tax payments made. Include any price				
	paid previously with Form 8868.	, , , , , ,		8b \$	7,959.
	Due. Subtract line 8b from line 8a. Include	your payme	ent with this form, if require		<del></del>
	nic Federal Tax Payment System). See instruc		•	8c \$	0
	Signature and Verifica		t be completed for Pa		
Under penaltie	s of perjury, I declare that I have examined th	is form, inc	luding accompanying schedu		e best of my
anowieuge and	belief, it is true, correct, and complete, and that I a	ani authurize	a to prepare this form.	<b>-</b> 4	, ,
Signature >	11/11/10/1		Title ► CfA	Date ► 8/-	2/14
				Form 886\$	(Rev. 1-2014)