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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u> </u>	-OI, LIK	le 2014 calendar year, or tax year beginning	, 2014, 4	and ending		, 20					
В	Check if app	C Name of organization			D Employer Identific						
_	Addres	JONES DAY FOUNDATION			34-157045	55					
-	change	Doing business as	\ I 6		F 7-1						
-	Name	Number and street (or P O box if mail is not delivered to street addre	ss) R	Room/suite	E Telephone number						
_	Initial r				(216) 586-	7028					
-	Final re	nated	e			0 444 045					
<u> </u>	Amend return	CHEVELAND, OIL 44114			G Gross receipts \$	 					
	Applica pendin	ing Halife and address of principal cities.			H(a) Is this a group ret subordinates?						
		1420 PEACHTREE ST. NE # 800 ATLANTA	A, GA 303	09	H(b) Are all subordinates						
<u></u>		rempt status	4947(a)(1) or	527		st (see instructions)					
<u>J</u>	Websit	te: ▶ N/A			H(c) Group exemption						
K		of organization X Corporation Trust Association Other	<u> </u>	L Year of for	mation 1987 M State	e of legal domicile OH					
Р	art l	Summary									
	1 1	Briefly describe the organization's mission or most significant activities	s TO MAKI	E CONTRIE	BUTIONS TO SEI	ECTED					
9		CHARITABLE ORGANIZATIONS.									
Governance											
ver	2	Check this box ▶ ☐ if the organization discontinued its operatio	ns or disposed	of more than 2	25% of its net assets						
ဖိ	3	Number of voting members of the governing body (Part VI, line 1a)			3	9.					
Activities &	4	Number of independent voting members of the governing body (Part				9.					
ij	5	Total number of individuals employed in calendar year 2014 (Part V,	line 2a)		5	0					
Ę	6				6	15.					
Š	7a	Total unrelated business revenue from Part VIII, column (C), line 12				0					
		Net unrelated business taxable income from Form 990-T, line 34				0					
					Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)			1,643,431.	2,410,000.					
une u	9	Program service revenue (Part VIII, line 2g) AUG.	A 2025		0	0					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20.5 m		10,755.	4,317.					
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116			-44.	0					
		Total revenue - add lines 8 through 11 (must equal Part-VIII, column			1,654,142.	2,414,317.					
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			3,546,034.	2,155,795.					
		Benefits paid to or for members (Part IX, column (A), line 4)	C								
	4.5		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								
Expenses	162		C	0							
9	liva	Total fundraising expenses (Part IX, column (D), line 25)	nal fundraising fees (Part IX, column (A), line 11e)								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,512.	1,888.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), lines			3,548,546.						
1		·			-1,894,404.						
<u> </u>		Revenue less expenses Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·		eginning of Current Year						
Net Assets or	20	Total coasts (Part V. line 16)		-	2,938,685.	3,195,319.					
1886	20	Total assets (Part X, line 16)		⊢	2,350,000						
et.	21	Total liabilities (Part X, line 26)		· · · · · · ├─	2,938,685.	1					
		Net assets or fund balances Subtract line 21 from line 20 Signature Block		 		3/133/313.					
	art II	<u> </u>	nanying schedul	ee and statemen	ite and to the heet of my	knowledge and helief it is					
tn	ie, corre	nalties of perjury, I declare that I have examined this retum, including accomect, and complete. Declaration of preparer (other than officer) is based on all inf	ormation of whic	h preparer has a	ny knowledge	Knowledge and beller, it is					
Si	gn	Paul a shate				7-15					
	ere	Signature of officer	mp ma com	ED	Date						
• • • •		PAUL A. GRATER	TREASUR	KEK							
		Type or print name and title		Dete		DTIN					
Pa	id	Print/Type preparer's name Preparer's signature		Date	Check if	PTIN					
	eparer		self-employed	<u> </u>							
	e Only	Firm's name			Firm's EIN						
Firm's address ▶ Phone no											
_	<u> </u>	IRS discuss this return with the preparer shown above? (see instruction	ns)	· · · · · · · · · · · · · · · · · · ·	 	Yes X No					
Fo	r Pape	erwork Reduction Act Notice, see the separate instructions.		(I)	d	Form 990 (2014)					

JONES DAY FOUNDATION

_	n 990 (2014) Page 2
Pa	Irt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission ATTACHMENT 1
	ATTACHEMI I
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
42	(Code) (Expenses \$ 350,000. including grants of \$ 350,000.) (Revenue \$)
~a	WE CONTRIBUTED TO THE YWCA OF METROPOLITAN DALLAS TO HELP SUPPORT
	THE CAMPAIGN TO OPEN THE WOMENS' CENTER AT EBBY'S PLACE.
46	(Code) (Expenses \$ 250,000. including grants of \$ 250,000.) (Revenue \$)
41	(Code)(Expenses \$250,000. including grants of \$250,000.)(Revenue \$) WE CONTRIBUTED TO LEGAL SERVICES CORPORATION'S GENERAL FUND FOR
	THEIR 40TH ANNIVERSARY CAMPAIGN FOR JUSTICE.
_	(Code) (Expenses \$ 200,000. including grants of \$ 200,000.) (Revenue \$)
40	(Code)(Expenses \$200,000. including grants of \$200,000.)(Revenue \$) WE CONTRIBUTED TO ROOM TO READ TO SUPPORT THEIR GIRLS' EDUCATION
	PROGRAM AND EXPAND LITERACY PROGRAM IN INDIA.
	Thousand the British British Thousand the British
_	1 Other program convece (Deports in Schedule O.)
40	Other program services (Describe in Schedule O) (Expenses \$ 1,355,795. including grants of \$ 1,355,795.)(Revenue \$)
4	(Expenses \$ 1,355,795. including grants of \$ 1,355,795.) (Revenue \$) ■ Total program service expenses ► 2,155,795.
**	Total program service expenses > 2,133,733.

Part	Checklist of Required Schedules		1	
	•		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	ł	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				х
-	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		j	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			i
	complete Schedule D, Part VI	11a		X
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			ĺ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			ĺ
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
-				

If the organization report more than \$5,000 of grants or other assistance to any domestic organization or mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 22 23 24a	X	X X
mestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22	х	_
If the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on rt IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	_
rt IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	23		_
If the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the ganization's current and former officers, directors, trustees, key employees, and highest compensated aployees? If "Yes," complete Schedule J	23		_
ganization's current and former officers, directors, trustees, key employees, and highest compensated aployees? If "Yes," complete Schedule J			X
Inployees? If "Yes," complete Schedule J			x
the organization have a tax-exempt bond issue with an outstanding principal amount of more than 00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b rough 24d and complete Schedule K. If "No," go to line 25a			X
00,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b rough 24d and complete Schedule K. If "No," go to line 25a	24a		1
d the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24a		l
the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24a		l
d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?			Х
defease any tax-exempt bonds?	24b		<u> </u>
· · · · · · · · · · · · · · · · · · ·			ĺ
	24c		
d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Insaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	l		1
ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
"Yes," complete Schedule L, Part I	25b		Х
d the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
rrent or former officers, directors, trustees, key employees, highest compensated employees, or			
squalified persons? If "Yes," complete Schedule L, Part II	26		Х
d the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	
bstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
ntity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
as the organization a party to a business transaction with one of the following parties (see Schedule L,			Ì
art IV instructions for applicable filing thresholds, conditions, and exceptions)			ĺ
current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l		
chedule L, Part IV	28b		X
n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
d the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
onservation contributions? If "Yes," complete Schedule M	30		X
d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
art I	31		X
d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ł
omplete Schedule N, Part II	32		X
d the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
ections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		
· IV, and Part V, line 1	34		X
d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
"Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
ontrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>L</u> _
ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
elated organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
d the organization conduct more than 5% of its activities through an entity that is not a related organization			
nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		[
art VI	1 27	1	
d/t V/	37		X
id the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		x	
a" diri sid bit a richt na aid dorid aid or die ele	r, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 / res," complete Schedule L, Part I. the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any rent or former officers, directors, trustees, key employees, highest compensated employees, or qualified persons? If "Yes," complete Schedule L, Part II. I the organization provide a grant or other assistance to an officer, director, trustee, key employee, obtaintial contributor or employee thereof, a grant selection committee member, or to a 35% controlled ity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Is the organization a party to a business transaction with one of the following parties (see Schedule L, to IV instructions for applicable filing thresholds, conditions, and exceptions) Furrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Interior of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. In the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. If the organization receive contributions of art, historical treasures, or other similar assets, or qualified inservation contributions? If "Yes," complete Schedule N, at the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, at the organization will of the organization own 100% of an entity disregarded as separate from the organization under Regulations of the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. If the organization have a controlled entity within the meaning of section 512(b)(13)? The organization have a controlled entity within the meaning of section 512(b)(13)? The organization have a controlled entity within the meaning of section 512(b)(13)? The organization have a controlled entity within the meaning of sectio	r, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 256 // res, "complete Schedule L, Part I	r, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // Yes, "complete Schedule L, Part I

Form :	990 (2014)		F	age 5
Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
	· Check if Schedule O contains a response or note to any line in this Part V	· · · ·	• • •	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			х
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		'	
_	(FBAR)	5a		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	00		
ьа	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	r i		
u	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ.
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	middlett toos and suprial contributions more and any many many many many many many many			1
	or one property in the contract of the contrac			ļ
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of "Yes," enter the amount of tax-exempt interest received or accrued during the year	150		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Part VI

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	. Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		<u> </u>	14
Ject	ion A. Coverning Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	-+		
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	:		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
/ a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
o	the year by the following			
а	The governing body?	8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	<u> </u>		_
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue) .)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
b				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b				
_	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
-	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed -OH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	•	· •	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		
154	PAUL A. GRATER 901 LAKESIDE AVE. CLEVELAND, OH 44114 216-586-7028			

0,,,,,	 <u>/</u>										· g - ·
Part VI	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	 Independent Co	ontr	actors								

Check if Schedule O contains a response or note to any line in this Part VII.........

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor	any related	orga	nıza	-	-	npens	sate	d any current offic	er, director, or trus	tee
(A) Name and Title	(B). Average	(do r	not cl	(C Pos heck	ition	than o	ne	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation from	amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)LIZANNE THOMAS	1.00									
PRESIDENT/TRUSTEE	† - -	Х		Х		ļ		c	0	(
(2)MARY ELLEN POWERS	.50									
VICE PRESIDENT/TRUSTEE	_	Х		Х				[c	0	(
(3)ROBERT L. THOMSON	.50									
TRUSTEE		Х						j c	0	(
(4)GREGORY M. SHUMAKER	.50									
TRUSTEE		Х		į				C	0	(
(5)LUIS RIESGO	.50]								
TRUSTEE		Х						C	0	
(6)MARCO LOMBARDI	.50	j								
TRUSTEE		Х	_	L				(0	
(7)CHRISTOPHER LOVRIEN	.50								_	
TRUSTEE		X		<u> </u>	L			(0	(
(8)JOHN R. PHILLIPS	.50	ļ						_		
TRUSTEE		Х	_	<u> </u>		ļ	<u> </u>	(0	
(9)PETER J. WANG	.50	٠								
TRUSTEE	0.00	X	-	-			┢	(0	
(10)PAUL A. GRATER TREASURER	2.00			x				(0	
(11)ELENA KAPLAN	4.00									
SECRETARY		<u> </u>		Х) 0	
(12)										
(13)										
(14)										

JSA

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Name and title	(B) Average hours per week (list any	box,	unles	s pe	ition more	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	hours for related organizations below dotted line)	lndividual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızat (W-2/1099-		compensation from the organization and related organizations
									<u>.</u>		
											<u>.</u>
									!		
		-									
				_	_						
		-									
4h Cub 4-4-1		<u></u>					Ļ	()	0	0
1b Sub-total	ection A	 	• •	· ·	• •		>)	0	0
2 Total number of individuals (including but not reportable compensation from the organization)				ed a	bov	e) wh	о ге	eceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the organization and related organizations grandvidual	ule J for su sum of re eater thar	portat	livid ole (50,0	com 0007	 nper ? <i>Ii</i>	satio f "Yes	 n a s,"	nd other compen	sation from ile J for	the such	Yes No X X X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 X
Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business ad	dress							(B) Description of s	ervices	C	(C) Compensation
NONE							Ţ				
NONE							+				
							+	-			
Total number of independent contractors (in more than \$100,000 in compensation from the state of the sta				nıte	d t	o tho	se i	listed above) who	received	7.70	

		Check if Schedule O contains a r	esponse	e or note to an				<u> </u>
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	4					
Gra To L	b	Membership dues	1b					
ž, ž	C	Fundraising events	1c					
<u> </u>	d	Related organizations	1d					ļ -
Sir.	е	Government grants (contributions)	1e					
utio ler	f	All other contributions, gifts, grants,						
<u> </u>		and similar amounts not included above .	1f	2,410,000.				
e e	g	Noncash contributions included in lines 1a-1f	\$					
	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	▶	2,410,000.			
Service Revenue			<u></u>	Business Code		· · · · · · · · · · · · · · · · · · ·		
e e	2a					****		
Ϋ́ I	b							
<u>Ş</u>	c							
Ser	d							
Program	- e							
g	f	All other program service revenue						
- F	g	Total. Add lines 2a-2f		▶	0			
	3	Investment income (including of						
	J	and other similar amounts). ATTACH	MENT	2	4,317.			4,317.
	4	Income from investment of tax-exempt			0		-	
	4 5	Royalties	•		0			
	٠	(i) Re		(II) Personal				
			-	(.,, , o. o				
	6a	Gross rents	<u> </u>					
	þ	Less rental expenses			ļ			
l	C	Rental income or (loss) L						
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Secu	rities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		· <u>-</u>				
	С	Gain or (loss)					· · · · · · · · · · · · · · · · · · ·	
	d	Net gain or (loss)		.	0			
Pe	8a	Gross income from fundraising						
an I		events (not including \$.					
ev		of contributions reported on line 1c)						
ď		See Part IV, line 18	a L					
Other Revenue	ь	Less direct expenses	ь					
=	С	Net income or (loss) from fundraising (🕨	0			
	9a	Gross income from gaming activities						
		See Part IV, line 19						
	ь	Less direct expenses]	
	c	Net income or (loss) from gaming act			0			
	10a	Gross sales of inventory, less						
		returns and allowances						
	ь	Less cost of goods sold					ŀ	
		Net income or (loss) from sales of inver	ntorv	>	0			
	Ť	Miscellaneous Revenue	- 1	Business Code				
	44			-				
	11a					 -		
	b							
	С							
	d	All other revenue			0			
	12 e	Total Add lines 11a-11d	• • • •	🟲	2.414.317		 	A 317

JONES DAY FOUNDATION

Form 990 (2014) JONES DAY Part IX Statement of Functional Expenses

Part X Statement of Functional Expenses										
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6h. 7h	(A)	(B)	(C)	(D)						

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	1,905,795.	1,905,795.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	250,000.	250,000.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees).				
а	Management	0			
	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	9			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	9		·	
19		0			
20	Interest	0	-		
21	Payments to affiliates	0			 -
22	Depreciation, depletion, and amortization	0			<u> </u>
23	Insurance	<u> </u>			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
•	FILING FEE	200.		200.	
	BANK FEES	1,688.		1,688.	
,	·				
d					
_	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,157,683.	2,155,795.	1,888.	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)	O			
JSA					5 000 (0044)

4E1052 1 000

		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	Q 1	2 102 648
2	Savings and temporary cash investments	2,867,008. 2	3,123,642
3	Pledges and grants receivable, net	<u> </u>	
4	Accounts receivable, net	94	
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees		
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	<u> </u>	
6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers		
	and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary		
χ, l	organizations (see instructions) Complete Part II of Schedule L	Q 6	
7 8 8	Notes and loans receivable, net	0 7	
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges	Q 9	
10 a	Land, buildings, and equipment cost or		
	other basis Complete Part VI of Schedule D		
1	Less accumulated depreciation	910c	
11	Investments - publicly traded securities	^Q 11	
12	Investments - other securities See Part IV, line 11	0 12	
13	Investments - program-related See Part IV, line 11	^Q 13	
14	Intangible assets	9 14	ł
15	Other assets See Part IV, line 11	71,677.15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,938,685. 16	3,195,319
17	Accounts payable and accrued expenses	0 17	_
18	Grants payable	^Q 18	
19	Deferred revenue	^Q 19	
20	Tax-exempt bond liabilities	0 20	
ဖ္မ 21	Escrow or custodial account liability Complete Part IV of Schedule D	0 21	
≣ 22	Loans and other payables to current and former officers, directors,		
21 22 22 22 22 22 22 22 22 22 22 22 22 2	trustees, key employees, highest compensated employees, and		
_	disqualified persons Complete Part II of Schedule L	0 22	
23	Secured mortgages and notes payable to unrelated third parties	0 23	
24	Unsecured notes and loans payable to unrelated third parties	0 24	
25	Other liabilities (including federal income tax, payables to related third		
İ	parties, and other liabilities not included on lines 17-24) Complete Part X		
-	of Schedule D	0 25	
26	Total liabilities. Add lines 17 through 25	^Q 26	
	Organizations that follow SFAS 117 (ASC 958), check here ► X and		
89	complete lines 27 through 29, and lines 33 and 34.		
등 27	Unrestricted net assets	2,922,867. 27	3,183,332
g 28	Temporarily restricted net assets	15,818. 28	11,987
일 29	Permanently restricted net assets	Q 29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here		
Net Assets or Fund Balances 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	complete lines 30 through 34.		
န္ 30	Capital stock or trust principal, or current funds	30	
S 31	Paid-in or capital surplus, or land, building, or equipment fund	31	<u> </u>
4 32	Retained earnings, endowment, accumulated income, or other funds	32	
	Total net assets or fund balances	2,938,685.33	
34	Total liabilities and net assets/fund balances	2,938,685. 34	3,195,319

Form 99	0 (2014)				Pa	ge 12
Part						
	. Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	14,3	317.
2.	Total expenses (must equal Part IX, column (A), line 25)	2				683.
3	Revenue less expenses Subtract line 2 from line 1	3		2	56,	634.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	38,	685.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,1	95,	319.
Part	XII Financial Statements and Reporting		· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n in			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	pile	dor			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b		Х
~	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	sight			1
•	of the audit, review, or compilation of its financial statements and selection of an independent acc		_	2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	Apia				
3-2	As a result of a federal award, was the organization required to undergo an audit or audits as se	t for	h in			1
Ja	the Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JONES DAY FOUNDATION

Employer Identification number

•••		5					31	1970199
_	rt I	Reason for Public Cha			•		!	
The	orga	anization is not a private four			-	-	•	
1	Щ	A church, convention of chu			ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section						
3		A hospital or a cooperative	•	•				
4		A medical research organiz	ation operated in o	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and sta						
5		An organization operated for section 170(b)(1)(A)(iv). (C		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(h\(1\(Δ\(ν\	
7	X	An organization that norma						om the general nublic
•		described in section 170(b)	•		pport iit	oni a go	verninental unit of ite	in the general public
8		A community trust describe			Part II \			
9		An organization that norma	·			ort from	contributions member	ershin fees, and aross
•		receipts from activities rela	•					
		support from gross invest	·					
		acquired by the organization					·	taxy from baomeocco
10		An organization organized a						
11	1	An organization organized a	•	•				rv out the numoses of
• •		one or more publicly suppo	•	•				
		the box in lines 11a through	=					
а		Type I A supporting orga						
		the supported organizatio	-		_		-	
		organization. You must co			noot a m	iajointy o	Tale directors of trus	ices of the supporting
b	Г	Type II A supporting organization.	-		nnection	with ite	supported organization	on(s) by having
	_	control or management o						
		organization(s) You must			tile sain	C PC/301	is that control of man	ago the supported
С	Г	Type III functionally integ	-		ated in c	onnectio	n with, and functional	ly integrated with
·	_	its supported organization						ny intogratou with,
d	Γ	Type III non-functionally		-				ted organization(s)
	_	that is not functionally inte	-		-			- · · · · · · · · · · · · · · · · · · ·
		requirement (see instructi	-	-	-			
е	Γ	Check this box if the orga	•	= -				I. Type III
	_	functionally integrated, or						., . , , , ,
f	Er	iter the number of supported	• •					
g		ovide the following information	-	orted organization(s)				
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			1	(described on lines 1-9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)
				(see instructions))	""	inerit r	mstructions)	mstructions)
					Yes	No		
/A\								
(A)								
(B)								
(C)					ļ			
(D)								
/F\					<u> </u>			
(E)						<u></u>		
.]	}		1		

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support	o to quamy an		•••	;•;•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,885.	4,014,443.	4,013,665.	1,643,431.	2,410,000.	12,085,424.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	3,885.	4,014,443.	4,013,665.	1,643,431.	2,410,000.	12,085,424.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4						12,085,424.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	3,885.	4,014,443.	4,013,665.	1,643,431.	2,410,000.	12,085,424.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,333.	16,666.	13,898.	8,999.	4,317.	60,213.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10					10	12,145,637.
12	Gross receipts from related activities, etc. (s					12	504(-)(0)
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						•
14	Public support percentage for 2014 (li					14	99.50%
15	Public support percentage from 2013					15	99.31%
16a	331/3% support test - 2014. If the c	•					
	this box and stop here. The organizati 331/3% support test - 2013. If the organization	•					• •
D	check this box and stop here . The org	=					1 1
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part VI how the organization meets	the "facts-and-o	circumstances" t	est. The organi	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the org	anization meet	s the "facts-and	d-circumstances	" test, check t	his box and st	op here.
	Explain in Part VI how the organization				_		1
18	Private foundation. If the organization	did not check	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	•
	instructions			<u></u>			··· - <u> </u>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	<u></u>	_ -			<u> </u>	,	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf]				
5	The value of services or facilities						
	furnished by a governmental unit to the		,				
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3		<u> </u>				
	received from other than disqualified			!		[
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		 			L	
	tion B. Total Support	(=) 2040	(b) 2011	(=) 2012	(4) 2042	(2) 2044	(D. Total
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	•					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business					ì	
	activities not included in line 10b,				,		
	whether or not the business is regularly carried on]	
12	Other income Do not include gain or						
	loss from the sale of capital assets	i					
	(Explain in Part VI)	1					
13	Total support. (Add lines 9, 10c, 11,						
•	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax vear	is a section 501	(c)(3)
	organization, check this box and stop here	_			•		
Sec	tion C. Computation of Public Sup						• • •
15	Public support percentage for 2014 (line 8			mn (f))		15	%
16	Public support percentage from 2013 Sche					· · · · · · · · · · · · · · · · · · ·	<u> </u>
	tion D. Computation of Investmen					<u>,</u>	
17	Investment income percentage for 2014 (li			I3 column (f)\		17	%
18	Investment income percentage from 2013						
туа	33 1/3 % support tests - 2014. If the or	-					
-	17 is not more than 331/3 %, check th		-			• •	
b	331/3% support tests - 2013. If the orga						_
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization	did not check	a box on line	<u>14, 19</u> a, or 19b	o, check this be	ox and see instr	uctions 🕨

Part IV Supporting Organizations

. (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations	,		•
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	:	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	<u> </u>	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

JONES DAY FOUNDATION

Schedul	e A (Form 990 or 990-EZ) 2014		F	age 5
Part	V Supporting Organizations (continued)		· ·	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ı
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	:	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
		2	Yes	No
2	Activities Test Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a_		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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Schedule A (Form 990 or 990-EZ) 2014

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com-		•	structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	•	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		-
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions)	y-ıntegra	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2014

Part '		Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d		-		
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			
				· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPLEMENTAL INFORMATION #1

FORM 990, SCHEDULE A, PART II, LINE 5

UNDER IRS REGULATION SECTION 1.703-1(A)(2)(IV) THE AMOUNTS CONTRIBUTED BY

JONES DAY, A PARTNERSHIP, HAVE BEEN ALLOCATED TO EACH PARTNER IN THE

PARTNERSHIP. NONE OF THE PARTNERS AGGREGATE SHARE OF THE CONTRIBUTIONS

EXCEEDS 2% OF THE AMOUNT SHOWN ON LINE 11, COLUMN (F) OF SCHEDULE A (FORM

990) PART II.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

X Yes

34-1570455 JONES DAY FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

grants or assistance?

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING		250,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				10-1	
(8)					
(9)					
10)					
11)					
12)					
13)					
14)					
(15)					
(16)					
(17)					
3a Sub-total b Total from continuation sheets to Part I					250,000
c Totals (add lines 3a and 3b)					250,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014 Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) method of valuation (book, FMV, appraisal, other)
(1)		EUROPE/ICELAND/GREENLAND	SEE PART V	200,000.	LJG			
(2)		EUROPE/ICELAND/GREENLAND	SEE PART V	50,000.	LES			
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)							•	
(10)								
(11)								
(12)								
(13)				:				
(14)								
(15)								
(16)								
2 Enter total number of reci	Enter total number of recipient organizations listed above that	ve that are recognized as charities by the foreign country, recognized as tax-exempt	tharities by the	foreign country, rec	ognized as tax	-exempt		2.

Enter total number of other organizations or entities. က

Schedule F (Form 990) 2014

34-1570455

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.	Illonal space is needed.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							!
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)						:	
(17)						-	
(18)		•					
						Sche	Schedule F (Form 990) 2014

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Part	V	Foreign Forms		
1 .	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	the d	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	qual <i>Infoi</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing of (see Instructions for Form 8621)	Yes	X No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain ign Partnerships (see Instructions for Form 8865)	Yes	X No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE F

THE FOUNDATION APPROVES GRANTS LOCATED OUTSIDE THE U.S. ON A REQUEST BY REQUEST BASIS OR, IN THE CASE OF DISASTER RELIEF, AS DETERMINED BY THE TRUSTEES. THE FOUNDATION CONFIRMS THE CHARITABLE PURPOSE OF THE GRANT AND REQUIRES THE DONEE TO CERTIFY THE FUNDS WILL BE USED IN COMPLIANCE WITH ALL APPLICABLE LAWS AND TO PROVIDE PERIODIC REPORTS.

SCHEDULE F

THE SILVER STAR APPEAL - SUPPORT FOR DIABETES TESTING AND AWARENESS IN THE UNITED KINGDOM

SCHEDULE F

AFRICAN PRISONS PROJECT - SUPPORT FOR THE CONSTRUCTION AND FURNISHING OF A LIBRARY FOR CHILDREN IN THE LANG'ATA PRISON IN KENYA

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes"

► Attach to Form

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~i	
to Form 990, Part IV, line 21 or 22.	
V, line	
Part I	
m 990,	
to For	990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 34-1570455

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Grants and Assistance Part I

JONES DAY FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization

ŝ X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CLEVELAND CLINIC FOUNDATION							
85 EUCLID AVENUE CLEVELAND, OH 44195	34-071485	501(C)(3)	100,000.				SEE PART IV
(2) THE CLEVELAND METROPOLITAN BAR FOUNDATION							
1301 EAST 9TH STREET CLEVELAND, OH 44114	34-1671726	501 (C) (3)	25,000.				SEE PART IV
(3) PUBLIC INTEREST LAW INSTITUTE							
333 SEVENTH AVENUE NEW YORK, NY 10001	20-5087783	501(C)(3)	25,000.				SEE PART IV
(4) LAWYERS WITHOUT BORDERS INC.							
750 MAIN STREET HARTFORD, CT 06103	06-1574889	501(C)(3)	40,000.				SEE PART IV
(5) INTERNATIONAL SENIOR LAWYERS PROJECT							
31 WEST 52ND STREET NEW YORK, NY 10019-6131	52-2241212	501 (C) (3)	25,000.				SEE PART IV
(6) LEGAL SERVICES CORPORATION							
3333 K STREET WASHINGTON, DC 20007	52-1039060	501(C)(3)	250,000.				SEE PART IV
(7) FRIENDS OF THE PUBLIC-PRIVATE PARTNERSHIP F							
3609 38TH STREET WASHINGTON, DC 20016	80-0575303	501(C)(3)	10,000.				SEE PART IV
(8) FAMILIES OF FREESCALE EMPLOYEES DONATIONS							
6501 WILLIAM CANNON DR. AUSTIN, TX 78735			25,000.				SEE PART IV
(9) THE CLEVELAND ORCHESTRA							
11001 EUCLID AVENUE CLEVELAND, OH 44106	34-0714468	501(C)(3)	150,000.				SEE PART IV
(10) ROOM TO READ							
111 SUTTER STREET SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	200,000.				SEE PART IV
(11) ST. MARTIN DEPORRES HIGH SCHOOL							
6111 LAUSCHE AVENUE CLEVELAND, OH 44103	52-2401852	501 (C) (3)	30,000.				SEE PART IV
(12) THE INTERNATIONAL RULE OF LAW PROJECT, INC.							
1000 N. WEST STREET WILMINGTON, DE 19801	37-1655004	501(C)(3)	166,964.				SEE PART IV
2 Enter total number of section 501(c)(3) and government org	d governmen	t organizations l	anizations listed in the line 1 table	able	•	•	
3 Enter total number of other organizations listed in the line 1	isted in the lir	e 1 table				•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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2014

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

JONES DAY FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part I

Employer identification number	34-1570455

8		990,
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUILDON, INC.							
800 LONG RIDGE ROAD STAMFORD, CT 06902	22-3128648	501 (C) (3)	75,000.				SEE PART IV
(2) YWCA OF METROPOLITAN DALLAS							
4144 N. CENTRAL EXPRESSWAY DALLAS, TX 75204	75-0800699	501 (C) (3)	350,000.				SEE PART IV
(3) CITIZENS SCHOOLS							
308 CONGRESS STREET BOSTON, MA 02210	04-3259160	501(C)(3)	200,000.				SEE PART IV
(4) GLOBAL HERITAGE FUND							
631 EMERSON STREET PALO ALTO, CA 94301	20-5009512	501 (C) (3)	50,000.				SEE PART IV
(5) THE ASIAN PROJECT, INC.							
2000 MASSACHUSETTS AVENUE, NW	45-5303190	501(C)(3)	90,000.				SEE PART IV
(6) LEGAL AID SOCIETY OF THE DISTRICT OF COLUMB							
1331 H STREET, NW WASHINGTON, DC 20005	53-0196600	501(C)(3)	.000,06				SEE PART IV
(7)							
(8)							
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3 Enter total number of other organizations listed in the line 1	sted in the lin	organizations i e 1 table	ganizations iisted in the line i table table.				1.
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 96	1				Sch	Schedule I (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

4E1288 1 000 76331G 703K 8/17/2015

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2014) Part III

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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SUPPLEMENTAL INFORMATION #1

GRANTEES ARE REQUIRED TO PROVIDE REPORTS OF HOW FUNDS ARE USED.

SUPPLEMENTAL INFORMATION #2

CLEVELAND CLINIC FOUNDATION - SUPPORT FOR THE VELOSANO BIKE TO CURE WHICH

FUNDS RESEARCH IN ERADICATING CANCER

THE CLEVELAND METROPOLITAN BAR FOUNDATION - GENERAL SUPPORT

PUBLIC INTEREST LAW INSTITUTE - GENERAL SUPPORT

Schedule I (Form 990) (2014)

34-1570455

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

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LAWYERS WITHOUT BORDERS INC. - GRANT TO SUPPORT THE KENYA AND LIBERIA

PROJECTS

INTERNATIONAL SENIOR LAWYERS PROJECT - GENERAL SUPPORT

LEGAL SERVICES CORPORATION - GENERAL SUPPORT

FRIENDS OF THE PUBLIC-PRIVATE PARTNERSHIP FOR JUSTICE REFORM IN

AFGHANISTAN - SUPPORT FOR 2 AFGHAN LAWYERS TO PURSUE LLM DEGREES AND THE

Schedule I (Form 990) (2014)

PAGE 29

34-1570455

Schedule | (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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FAMILIES OF FREESCALE EMPLOYEES - PROVIDE SUPPORT FOR THE IMPACTED

FUNDING OF AN INTERN WORKING IN AN ANTI-CORRUPTION UNTIT AT A BANK

FAMILIES OF FREESCALE EMPLOYEES WHO WERE ON BOARD MALAYSIAN AIRLINES

FLIGHT MH370

THE CLEVELAND ORCHESTRA - SUPPORT FOR THE SOUND FOR CENTENNIAL CAMPAIGN

ROOM TO READ - SUPPORT FOR THE GIRLS' EDUCATION PROGRAM AND EXPAND

LITERACY PROGRAM IN INDIA

Schedule I (Form 990) (2014)

PAGE 30

34-1570455 Page 2

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part III

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ST. MARTIN DE PORRES HIGH SCHOOL - SUPPORT FOR THE CAPITAL CAMPAIGN TO

BUILD A NEW SCHOOL IN CLEVELAND

THE INTERNATIONAL RULE OF LAW PROJECT, INC. - SUPPORT FOR THE GLOBAL

PROMOTION FOR THE RULE OF LAW AT THE BRITISH INSTITUTE FOR INTERNATIONAL

COMPARATIVE LAW

- SUPPORT TO FUND PROGRAMS IN SCHOOLS IN NEW YORK AND BUILDON, INC.

CONNECTICUT

Schedule I (Form 990) (2014)

JONES DAY FOUNDATION

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(d) Amount of (e) Method of valuation (book, non-cash assistance FMV, appraisal, other)							
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	(b) Number of recipients							
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SUPPORT FOR THE CAMPAIGN TO OPEN THE YWCA OF METROPOLITAN DALLAS -

WOMENS' CENTER AT EBBY'S PLACE

CITIZENS SCHOOLS - SUPPORT FOR THE NATIONAL SCIENCE, TECHNOLOGY,

ENGINEERING, AND MATH EDUCATION INITIATIVE

GLOBAL HERITAGE FUND - FUNDING TO HIRE GENERAL COUNSEL FOR THE YANGON

HERITAGE TRUST

Schedule I (Form 990) (2014)

34-1570455

Schedule I (Form 990) (2014)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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THE ASIAN PROJECT, INC. - SUPPORT TO FUND THE FELLOWSHIP TRAINING

PROGRAM

LEGAL AID SOCIETY OF THE DISTRICT OF COLUMBIA - SUPPORT FOR THE SOCIAL

SECURITY AND HOUSING REPRESENTATION FOR LOW-INCOME CITIZENS

PAGE 33

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

JONES DAY FOUNDATION

Employer identification number 34-1570455

FORM 990, PART III, LINE 4D

GRANTS TO OTHER ORGANIZATIONS

FORM 990, PART VI, LINE 8B

THE ORGANIZATION DOES NOT HAVE COMMITTEES.

FORM 990, PART VI, LINE 9

LIZANNE THOMAS

1420 PEACHTREE STREET, NE SUITE 800

ATLANTA, GA 30309

MARY ELLEN POWERS

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

ROBERT L. THOMSON

EDINBURGH TOWER, 29TH FLOOR, THE LANDMARK, 15 QUEEN'S RD CENTRAL

HONG KONG

GREGORY M. SHUMAKER

51 LOUISIANA AVE. NW

WASHINGTON, DC 20001

LUIS RIESGO

Name of the organization JONES DAY FOUNDATION **Employer identification number** 34-1570455

EDIFÌCIO PLAZA IGUATEMI

AVENIDA BRIGADEIRO FARIA LIMA, 2277, 5, JARDIM PAULISTANO

SAO PAULO, SAO PAULO BRAZIL CEP 01452-000

MARCO LOMBARDI

VIA TURATI 16-18, 2ND FLOOR

20121 MILAN, ITALY

CHRISTOPHER LOVRIEN

555 SOUTH FLOWER STREET

50TH FLOOR

LOS ANGELES, CA 90071

JOHN R. PHILLIPS

21 TUDOR STREET

LONDON EC4Y ODJ, UNITED KINGDOM

PETER J. WANG

4TH FLOOR

27 ZHONGSHAN DONG YI ROAD

SHANGHAI 200002, CHINA

ELENA KAPLAN

1420 PEACHTREE STREET, N.E.

SUITE 800

Name of the organization

JONES DAY FOUNDATION

Employer identification number 34-1570455

ATLANTA, GA 30309

FORM 990, PART VI, LINE 11B

FORM 990 IS REVIEWED BY EACH MEMBER OF THE BOARD PRIOR TO BEING FILED

WITH THE IRS.

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF

TRUSTEES OF THE FOUNDATION. CONFLICTS OF INTEREST ARE REQUIRED TO BE

DISCLOSED AND MEMBERS WHO HAVE A CONFLICT ARE NOT PERMITTED TO VOTE ON

THE MATTER OR PARTICIPATE IN DECISION MAKING OF THE GRANT OTHER THAN BY

PROVIDING INFORMATION REQUESTED BY THE DISINTERESTED DECISION MAKERS.

FORM 990, PART VI, LINE 19

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN FURTHERANCE OF THE PURPOSES SET FORTH IN OUR ARTICLES OF

INCORPORATION, WE ENGAGE IN GRANT-MAKING AROUND THE WORLD, INCLUDING

THE COMMUNITIES IN WHICH WE LIVE AND WORK. OUR PHILANTHROPY IS

DIRECTED TO ORGANIZATIONS THAT:

- PROMOTE THE RULE OF LAW, INCLUDING THE ADVANCEMENT OF CIVIL AND HUMAN RIGHTS,
- FOSTER INNOVATION IN ACADEMICS, MEDICINE AND THE ARTS,
- IMPROVE LIVING CONDITIONS AND ECONOMIC OPPORTUNITIES FOR PEOPLE IN IMPOVERISHED SETTINGS (PARTICULARLY CHILDREN AND WOMEN), AND
- PROVIDE SUPPORT AND COMFORT TO PEOPLE SUFFERING FROM NATURAL AND

Name of the organization JONES DAY FOUNDATION Employer Identification number

34-1570455

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OTHER DISASTERS.

FORM 990, PART VIII - INVESTMENT INCOM	E		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INTEREST	4,31	.7.		4,317.
TOTALS	4,31	.7.	<u> </u>	4,317.

Jones Day Foundation EIN 34-1570455 2014 Schedule of Attachments

Form 8868, Application for Extension of Time To File an Exempt Organization Return

Schedule A (Form 990) Organization Exempt Under Section 501(c)(3)

Schedule F (Form 990) Statement of Activities Outside the United States

Schedule I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Schedule O (Form 990) Supplemental Information to Form 990

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you	are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-N complete Part II unless you have already been	onth Exten	sion, complete only Part II (on page 2	of this	form).	
a corpo 8868 to Return	nic filing (e-file). You can electronically file Forn ration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Person tions). For more details on the electronic filing of	nal (not auto forms listed al Benefit (omatic) 3-month extension of time. You of in Part I or Part II with the exception contracts, which must be sent to the	can ele of Fort IRS in	ectronical n 8870, I paper f	ly file Form Information ormat (see
Part	Automatic 3-Month Extension of Time	e. Only sul	omit original (no copies needed).			
	pration required to file Form 990-T and requirely					
	r corporations (including 1120-C filers), partners come tax returns.	hips, REMIC	Cs, and trusts must use Form 7004 to re	quest a	an extens	ion of time
			Enter filer's identifyi			
Type or	Name of exempt organization or other filer, see	instructions.	Employer identification	n numb	er (EIN) or	•
print	JONES DAY FOUNDATION			15704		
File by the	Number, street, and room or suite no. If a P.O.	box, see instr	uctions. Social security number	er (SSN)	
due date						
return. Se	e Oity, town or post office, state, and 211 code. I	or a foreign a	ddress, see instructions.			
	e Return code for the return that this application	is for (file a	separate application for each return) .			0 1
Applic Is For	ation	Return	Application Is For			Return Code
	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	The state of the s	02	Form 1041-A			08
	720 (Individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
Telep	none No. 216-586-7028 proganization does not have an office or place of us for a Group Return, enter the organization's for	business in	ax No. ► 216-586-7810 the United States, check this box			
for the	whole group, check this box \ldots $ hicksim$ $ hicksim$	f it is for par	t of the group, check this box	▶ [and att	ach
	th the names and EINs of all members the exten					
1	request an automatic 3-month (6 months for a cuntil AUGUST 17 , 20 15 , to file the extended to the organization's return for: Calendar year 20 14 or				. The exte	nsion is
	► ☐ tax year beginning f the tax year entered in line 1 is for less than 12	, 20	, and ending		, 20	···
_	Change in accounting period					
	f this application is for Forms 990-BL, 990-PF, 9	90-T, 4720,	or 6069, enter the tentative tax, less any	T -		~······
	nonrefundable credits. See instructions.	. ,	•		\$	0
	f this application is for Forms 990-PF, 990-T				[<u>_</u>
_	estimated tax payments made. Include any prior				\$	0
	Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System)			3c	\$	0
Caution	. If you are going to make an electronic funds withdray	val (direct deb	oit) with this Form 8868, see Form 8453-EO ar	d Form	8879-EO	for payment