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Form **990-PF****Return of Private Foundation**

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

OMB No 1545-0052

2014Department of the Treasury
Internal Revenue Service

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Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning

, 2014, and ending

, 20

| | | |
|---|---|--|
| Name of foundation THE JONES TRUST | | A Employer identification number 71-0718507 |
| Number and street (or P O box number if mail is not delivered to street address) 922 E EMMA AVE | | B Telephone number (see instructions) (479) 756-8090 |
| Room/suite | | |
| City or town, state or province, country, and ZIP or foreign postal code SPRINGDALE, AR 72764 | | C If exemption application is pending check here <input type="checkbox"/> |
| G Check all that apply | Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> | D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 65,400,223. | J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| 1 | Contributions, gifts, grants, etc., received (attach schedule) | 718,153. | | | |
| 2 | Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| 3 | Interest on savings and temporary cash investments | 275. | 275. | 275. | ATCH 1 |
| 4 | Dividends and interest from securities | 558,117. | 565,956. | 565,956. | ATCH 2 |
| 5a | Gross rents | 1,903,901. | | 1,903,901. | |
| b | Net rental income or (loss) | 1,903,901. | | | |
| 6a | Net gain or (loss) from sale of assets not on line 10 | 6,628,616. | | | |
| b | Gross sales price for all assets on line 6a | 26,698,919. | | | |
| 7 | Capital gain net income (from Part IV, line 2) | | 6,629,402. | | |
| 8 | Net short-term capital gain | | | 28,219. | |
| 9 | Income modifications | | | | |
| 10a | Gross sales less returns and allowances | | | | |
| b | Less: Cost of goods sold | | | | |
| c | Gross profit or (loss) (attach schedule) | | | | |
| 11 | Other income (attach schedule) ATCH. 3 | 28,058. | | 28,058. | |
| 12 | Total. Add lines 1 through 11 | 9,837,120. | 7,195,633. | 2,526,409. | |
| 13 | Compensation of officers, directors, trustees, etc. | 126,561. | | 126,561. | |
| 14 | Other employee salaries and wages | 458,130. | | 166,141. | 294,926. |
| 15 | Pension plans, employee benefits | 46,953. | | 12,852. | 34,101. |
| 16a | Legal fees (attach schedule) ATCH. 4 | 3,440. | 125. | 3,315. | |
| b | Accounting fees (attach schedule) | 28,267. | | 28,675. | |
| c | Other professional fees (attach schedule) | 143,531. | 81,132. | | 62,399. |
| 17 | Interest | 99,259. | | | 99,259. |
| 18 | Taxes (attach schedule) (see instructions) | 153,196. | 3,875. | 9,570. | 19,213. |
| 19 | Depreciation (attach schedule) and depletion | | | 1,534,162. | |
| 20 | Occupancy | 811,683. | | 6,342. | 804,595. |
| 21 | Travel, conferences, and meetings | | | | |
| 22 | Printing and publications | | | | |
| 23 | Other expenses (attach schedule) ATCH. 7 | 285,753. | | 16,283. | 269,312. |
| 24 | Total operating and administrative expenses | 4,491,280. | 85,132. | 1,903,901. | 1,583,805. |
| | Add lines 13 through 23 | 3,330,941. | | | 3,330,941. |
| 25 | Contributions, gifts, grants paid | 7,822,221. | 85,132. | 1,903,901. | 4,914,746. |
| 26 | Total expenses and disbursements Add lines 24 and 25 | | | | |
| 27 | Subtract line 26 from line 12 | | | | |
| a | Excess of revenue over expenses and disbursements | 2,014,899. | | | |
| b | Net investment income (if negative, enter -0-) | | 7,110,501. | | |
| c | Adjusted net income (if negative, enter -0-) | | | 622,508. | |

JSA For Paperwork Reduction Act Notice, see instructions.

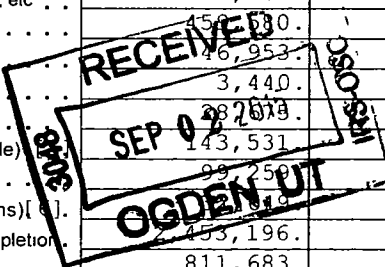
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Operating and Administrative Expenses6/18
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| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|-----------------------------|--|---|--|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 | Cash - non-interest-bearing | 1,649,170. | 510,287. | 510,287. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ 120,510. | | | |
| | | Less allowance for doubtful accounts ▶ | 257,349. | 120,510. | 120,510. |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | 1,000,000. | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges ATCH 8 | 5,569. | 5,542. | 5,542. |
| | 10a | Investments - U S and state government obligations (attach schedule) | | | |
| | b | Investments - corporate stock (attach schedule) | 19,265,209. | 25,086,339. | 25,086,339. |
| | c | Investments - corporate bonds (attach schedule) | | | |
| | Liabilities | 11 | Investments - land, buildings, and equipment basis ▶ | | |
| | | Less accumulated depreciation ▶ (attach schedule) | | | |
| 12 | | Investments - mortgage loans | | | |
| 13 | | Investments - other (attach schedule) ATCH 9 | 3,900,000. | | |
| 14 | | Land, buildings, and equipment basis ▶ 68,966,207. | | | |
| | | Less accumulated depreciation ▶ (attach schedule) | 38,912,314. | 39,675,195. | 39,675,195. |
| 15 | | Other assets (describe ▶ ATCH 10) | 2,350. | 2,350. | 2,350. |
| 16 | | Total assets (to be completed by all filers - see the instructions Also, see page 1, item I) | 64,991,961. | 65,400,223. | 65,400,223. |
| 17 | | Accounts payable and accrued expenses | 151,457. | 211,605. | |
| 18 | | Grants payable | | | |
| Net Assets or Fund Balances | 19 | Deferred revenue | 8,516. | 11,216. | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | 2,719,411. | 2,433,087. | |
| | 22 | Other liabilities (describe ▶ ATCH 11) | 524,981. | | |
| | 23 | Total liabilities (add lines 17 through 22) | 3,404,365. | 2,655,908. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. | | | | |
| | 24 | Unrestricted | 34,779,079. | 37,649,715. | |
| | 25 | Temporarily restricted | 6,489,124. | 7,175,202. | |
| | 26 | Permanently restricted | 20,319,393. | 17,919,398. | |
| | Foundations that do not follow SFAS 117, . . . ▶ <input type="checkbox"/> check here and complete lines 27 through 31. | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | |
| | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 | Total net assets or fund balances (see instructions) | 61,587,596. | 62,744,315. | |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 64,991,961. | 65,400,223. | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|-------------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 61,587,596. |
| 2 | Enter amount from Part I, line 27a | 2 | 2,014,899. |
| 3 | Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 63,602,495. |
| 5 | Decreases not included in line 2 (itemize) ▶ ATCH 12 | 5 | 858,180. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 62,744,315. |

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Part IV Capital Gains and Losses for Tax on Investment Income(a) List and describe the kind(s) of property sold (e.g., real estate,
2-story brick warehouse, or common stock, 200 shs. MLC Co.)(b) How
acquired
P - Purchase
D - Donation(c) Date
acquired
(mo., day, yr.)(d) Date sold
(mo., day, yr.)**1a** SEE PART IV SCHEDULE**b****c****d****e**

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
|-----------------------|--|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

a**b****c****d****e**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|------------------------|--------------------------------------|---|--|
| a | | | |
| b | | | |
| c | | | |
| d | | | |
| e | | | |

a**b****c****d****e**

| | | | |
|---|---|----------|------------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 6,629,402. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 | | 3 | 28,219. |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |
| 2009 | | | |

| | | |
|--|----------|--|
| 2 Total of line 1, column (d) | 2 | |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | |
| 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 | 4 | |
| 5 Multiply line 4 by line 3 | 5 | |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | |
| 7 Add lines 5 and 6 | 7 | |
| 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions | 8 | |

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|--|----|-----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter <u>05/19/2010</u> (attach copy of letter if necessary - see instructions) | 1 | N/A |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | |
| 3 | Add lines 1 and 2 | 3 | 0 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 0 |
| 6 | Credits/Payments | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 | 6a | |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 0 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 0 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 11 | |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$ | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities | | X |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T | | X |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | X | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> AR, <input type="checkbox"/> _____ | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | X | |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV | X | |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses <input type="checkbox"/> ATCH. 13 | X | |

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Part VII-A Statements Regarding Activities (continued)

| | | | | |
|----|---|----|-----|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions). | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u> | 13 | X | |
| 14 | The books are in care of <u>ZELDA PARSON</u> Telephone no <u>(479) 756-8090</u> Located at <u>922 E EMMA AVE SPRINGDALE, AR</u> ZIP+4 <u>72764</u> | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. <u>15</u> | | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country <u></u> | 16 | Yes | No X |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|---|-----|----|
| 1a During the year did the foundation (either directly or indirectly) | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (6) Agree to pay money or property to a government official? (Exception: Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> | 1b | X |
| Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? <input type="checkbox"/> | 1c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <u></u> | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) <input type="checkbox"/> | 2b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u></u> | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014) <input type="checkbox"/> | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? | 4b | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No
Organizations relying on a current notice regarding disaster assistance check here ☐ **5b** X

c If the answer is "Yes" to question 5a(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870 **6b** X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| ATCH 14 | | 126,561. | 11,095. | 0 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000. ☐ 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| ATCH 15 | | 3,047,032. |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|------------|
| 1 PROVIDE RECREATIONAL AND EDUCATIONAL FACILITIES FOR CITIZENS OF NORTHWEST ARKANSAS. | 4,914,746. |
| 2 | |
| 3 | |
| 4 | |

Part IX-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1 NONE | |
| 2 | |
| All other program-related investments. See instructions. | |
| 3 NONE | |
| Total. Add lines 1 through 3 | |

Form 990-PF (2014)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|--|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 27,178,644. |
| b | Average of monthly cash balances | 1b | 982,754. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 28,161,398. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 28,161,398. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 422,421. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 27,738,977. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,386,949. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

| | | | |
|----|--|----|--|
| 1 | Minimum investment return from Part X, line 6 | 1 | |
| 2a | Tax on investment income for 2014 from Part VI, line 5 | 2a | |
| b | Income tax for 2014 (This does not include the tax from Part VI) | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|--|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 4,914,746. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 4,914,746. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 4,914,746. |

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
|---|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2014 | | | | |
| a Enter amount for 2013 only | | | | |
| b Total for prior years 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | |
| a From 2009 | | | | |
| b From 2010 | | | | |
| c From 2011 | | | | |
| d From 2012 | | | | |
| e From 2013 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ _____ | | | | |
| a Applied to 2013, but not more than line 2a . . . | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions). | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2014 distributable amount | | | | |
| e Remaining amount distributed out of corpus . . . | | | | |
| 5 Excess distributions carryover applied to 2014 . (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . | | | | |
| 9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2010 . . . | | | | |
| b Excess from 2011 . . . | | | | |
| c Excess from 2012 . . . | | | | |
| d Excess from 2013 . . . | | | | |
| e Excess from 2014 . . . | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling 05/19/2010

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) ☒ 4942(j)(3) or ☐ 4942(j)(5)

| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year | Prior 3 years | | | (e) Total |
|--|-------------|---------------|-------------|-------------|--------------|
| | (a) 2014 | (b) 2013 | (c) 2012 | (d) 2011 | |
| b 85% of line 2a | 622,508. | | 100,255. | | 722,763. |
| c Qualifying distributions from Part XII, line 4 for each year listed | 529,132. | | 85,217. | | 614,349. |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | 4,914,746. | 1,921,170. | 283,623. | 3,708,399. | 10,827,938. |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| | 4,914,746. | 1,921,170. | 283,623. | 3,708,399. | 10,827,938. |
| 3 Complete 3a, b or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | 65,400,223. | 70,248,280. | 68,763,385. | 65,883,982. | 270,295,870. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 39,675,195. | 37,279,795. | 40,479,725. | 40,675,578. | 158,110,293. |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X line 6 for each year listed | 924,633. | 854,261. | 66,837. | 824,839. | 2,670,570. |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest dividends, rents payments on securities loans (section 512(a)(5)) or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|------------|
| a Paid during the year ATCH 16 | | | | |
| Total | | | ▶ 3a | 3,330,941. |
| b Approved for future payment | | | | |
| Total | | | ▶ 3b | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| 1 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f _____ | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 275. | |
| 4 Dividends and interest from securities | | | 14 | 558,117. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | 16 | 1,195,193. | |
| b Not debt-financed property | | | 16 | 708,708. | |
| 6 Net rental income or (loss) from personal property . | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 6,628,616. | |
| 9 Net income or (loss) from special events . . . | | | | | |
| 10 Gross profit or (loss) from sales of inventory . . | | | | | |
| 11 Other revenue a _____ | | | | | |
| b ATCH 17 _____ | | | | 28,058. | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | | 9,118,967. | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 9,118,967. |

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | | |
|--|---|-------|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |


[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


Signature of officer or trustee

8/28/15

▶ CFC

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name

J M LUNDY

Prepared by signature

Prepared Signature

ST, STE A

| | |
|------|--|
| Date | |
|------|--|

06/30/2015

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| PTIN | |
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self-employed

P00842085

Firm's name ► BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 809 S 52ND ST, STE A
ROGERS, AR

72758

Phone no 479.845.0270

Form **990-PF** (2014)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2014

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

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

Name of the organization

THE JONES TRUST

Employer identification number

71-0718507

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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PAGE 18

Name of organization **THE JONES TRUST**Employer identification number
71-0718507**Part I** Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | NWA COUNCIL 4100 CORPORATE CENTER DR, STE 205 SPRINGDALE, AR 72762 | \$ 8,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 2 | WINTHROP ROCKEFELLER FOUNDATION 225 E MARKHAM ST, STE 200 LITTLE ROCK, AR 72201 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 3 | BIG HEART PET BRAND PO BOX 80 PITTSBURGH, PA 15230-0080 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 4 | WAL-MART STORES, INC. 702 SW 8TH STREET BENTONVILLE, AR 72712 | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 5 | HARVEY & BERNICE JONES CHARITABLE TRUST 922 E EMMA AVE SPRINGDALE, AR 72764 | \$ 5,403. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 6 | HARVEY & BERNICE JONES CHARITABLE TRUST 922 E EMMA AVE SPRINGDALE, AR 72764 | \$ 651,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions) |

Employer identification number

71-0718507

Part II

[illegible]

Name of organization THE JONES TRUST

Employer identification number

71-0718507

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--------------------|---|-------------------------|--|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | ----- ----- ----- | ----- ----- ----- | |

ATTACHMENT 1FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> |
|---------------------------|---|--------------------------------------|------------------------------------|
| INTEREST INCOME - SAVINGS | 275. | 275. | 275. |
| TOTAL | <u>275.</u> | <u>275.</u> | <u>275.</u> |

ATTACHMENT 2FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> |
|------------------------------|---|--------------------------------------|------------------------------------|
| INTEREST INCOME - SECURITIES | 109,077. | 119,540. | 119,540. |
| DIVIDEND INCOME - SECURITIES | 449,040. | 446,416. | 446,416. |
| TOTAL | <u>558,117.</u> | <u>565,956.</u> | <u>565,956.</u> |

ATTACHMENT 3FORM 990PF, PART I - OTHER INCOME

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME |
|----------------------|---|-----------------------------|---------------------------|
| VENDING | 8,426. | | 8,426. |
| PRINT SHOPT | 5,372. | | 5,372. |
| SALES TAX REBATE | 1,372. | | 1,372. |
| POSTAGE METER REFUND | 2,100. | | 2,100. |
| SCRAP METAL SALES | 10,713. | | 10,713. |
| MISCELLANEOUS | 75. | | 75. |
| TOTALS | 28,058. | | 28,058. |

ATTACHMENT 4FORM 990PF, PART I - LEGAL FEES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| LEGAL FEES | 3,440. | | | |
| TOTALS | <u>3,440.</u> | | | |

ATTACHMENT 5FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|-------------------------|---|--------------------------------------|--------------------------------|
| INVESTMENT FEES | 81,132. | 81,132. | |
| OTHER PROFESSIONAL FEES | 62,399. | | 62,399. |
| TOTALS | <u>143,531.</u> | <u>81,132.</u> | <u>62,399.</u> |

ATTACHMENT 6FORM 990PF, PART I - TAXES

| <u>DESCRIPTION</u> | <u>REVENUE AND EXPENSES PER BOOKS</u> | <u>NET INVESTMENT INCOME</u> | <u>ADJUSTED NET INCOME</u> | <u>CHARITABLE PURPOSES</u> |
|--------------------|---|--------------------------------------|------------------------------------|--------------------------------|
| PAYROLL TAXES | 28,774. | | 9,570. | 19,213. |
| FOREIGN TAXES | 3,875. | 3,875. | | |
| TOTALS | <u>32,649.</u> | <u>3,875.</u> | <u>9,570.</u> | <u>19,213.</u> |

ATTACHMENT 7FORM 990PF, PART I - OTHER EXPENSES

| DESCRIPTION | REVENUE AND EXPENSES PER BOOKS | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|-----------------------|---|---------------------------|------------------------|
| OFFICE SUPPLIES | 58,205. | 1,980. | 56,370. |
| INSURANCE | 22,850. | 5,993. | 16,857. |
| OUTSIDE SERVICES | 35,145. | 568. | 34,203. |
| REPAIRS & MAINTENANCE | 152,263. | | 152,263. |
| TRAINING & EDUCATION | 5,420. | 4,636. | 911. |
| BANK FEES | 1,092. | 413. | 640. |
| ADVERTISING | 551. | | 551. |
| MISCELLANEOUS | 10,227. | 2,693. | 7,517. |
| TOTALS | <u>285,753.</u> | <u>16,283.</u> | <u>269,312.</u> |

ATTACHMENT 8FORM 990PF, PART II - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------|---------------------------------|------------------------------|-----------------------|
| PREPAID EXPENSES | 3,675. | 3,701. | 3,701. |
| PREPAID INSURANCE | 1,894. | 1,841. | 1,841. |
| TOTALS | <u>5,569.</u> | <u>5,542.</u> | <u>5,542.</u> |

ATTACHMENT 9FORM 990PF, PART II - OTHER INVESTMENTS

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------------|---------------------------------|------------------------------|-----------------------|
| JONES INVESTMENT COMPANY | 3,900,000. | | |
| TOTALS | <u>3,900,000.</u> | | |

ATTACHMENT 10FORM 990PF, PART II - OTHER ASSETS

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> | <u>ENDING FMV</u> |
|--------------------|---------------------------------|------------------------------|-----------------------|
| TRADEMARKS | 2,350. | 2,350. | 2,350. |
| TOTALS | <u>2,350.</u> | <u>2,350.</u> | <u>2,350.</u> |

ATTACHMENT 11FORM 990PF, PART II - OTHER LIABILITIES

| <u>DESCRIPTION</u> | <u>BEGINNING BOOK VALUE</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|---------------------------------|------------------------------|
| I/C - JIC | 524,981. | |
| TOTALS | <u>524,981.</u> | |

ATTACHMENT 12FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

UNREALIZED GAINS/LOSSES

858,180.

TOTAL

858,180.

THE JONES TRUST

71-0718507

FORM 990PF, PART VII-A, LINE 10 - NEW SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 13

NAME AND ADDRESS

HARVEY & BERNICE JONES CHARITABLE TRUST
922 E EMMA AVE
SPRINGDALE, AR 72764

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 14

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|---|---|---------------------|--|--|
| SUSAN BARRETT 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| DR. JOEL CARVER 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| BETSY PHILLIPS 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| RUSSELL TOOLEY 922 E EMMA AVE SPRINGDALE, AR 72764 | CHAIRMAN 1.00 | 0 | 0 | 0 |
| MIKE LUTTRELL 922 E EMMA AVE SPRINGDALE, AR 72764 | SECRETARY/TREASURER 1.00 | 0 | 0 | 0 |
| BUDDY WRAY 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |

THE JONES TRUST

71-0718507

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 14 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|--|---|---------------------|--|--|
| ARCHIE SCHAEFFER 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| ADAM ARROYOS 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| JIM BREACH 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| ROBYN BRESHEARS 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| CHARLES GEORGE 922 E EMMA AVE SPRINGDALE, AR 72764 | DIRECTOR 1.00 | 0 | 0 | 0 |
| ED CLIFFORD 922 E EMMA AVE SPRINGDALE, AR 72764 | PRESIDENT/CEO 40.00 | 0 | 0 | 0 |

THE JONES TRUST

71-0718507

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 14 (CONT'D)

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u> | <u>COMPENSATION</u> | <u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u> | <u>EXPENSE ACCT AND OTHER ALLOWANCES</u> |
|--|---|---------------------|--|--|
| MIKE GILBERT 922 E EMMA AVE SPRINGDALE, AR 72764 | COO 40.00 | 126,561. | 11,095. | 0 |
| GRAND TOTALS | | <u>126,561.</u> | <u>11,095.</u> | <u>0</u> |

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 15

| <u>NAME AND ADDRESS</u> | <u>TYPE OF SERVICE</u> | <u>COMPENSATION</u> |
|---|------------------------|---------------------|
| CLEAR ENERGY, INC. PO BOX 9118 FAYETTEVILLE, AR 72703 HVAC REPAIRS | HVAC REPAIRS | 2,317,416. |
| SOUTHWESTERN ELECTRIC POWER COMPANY 3905 E FARM RD 94 SPRINGFIELD, MO 65803 ELECTRIC UTILITY | ELECTRIC UTILITY | 415,724. |
| CONTINUUM RETAIL ENERGY SERVICES LLC 1323 EAST 71ST STREET, SUITE 300 TULSA, OK 74136 NATURAL GAS SUPPLIER | NATURAL GAS SUPPLIER | 181,762. |
| C&C SERVICES LLC PO BOX 3153 FAYETTEVILLE, AR 72702 CLEANING SERVICE | CLEANING SERVICE | 132,130. |
| TOTAL COMPENSATION | | <u>3,047,032.</u> |

THE JONES TRUST

71-0718507

FORM 990-BE, PART VII - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 16

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|--|--------------------------------------|------------|
| | | | | |
| THE JONES CENTER FOR FAMILIES, INC 922 E EMMA AVE SPRINGDALE, AR 72764 | PC | | PROVIDE FUNDING FOR THE JONES CENTER | 3,330,941. |
| TOTAL CONTRIBUTIONS PAID | | | | 3,330,941. |

THE JONES TRUST

71-0718507

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 17

| DESCRIPTION | BUSINESS CODE | AMOUNT | EXCLUSION CODE | RELATED OR EXEMPT FUNCTION INCOME | |
|----------------------|------------------|--------|-------------------|--------------------------------------|--|
| | | | | AMOUNT | |
| VENDING | | | 03 | 8,426. | |
| PRINT SHOP | | | 03 | 5,372. | |
| SALES TAX REBATE | | | 01 | 1,372. | |
| POSTAGE METER REFUND | | | 03 | 2,100. | |
| SCRAP METAL SALES | | | 01 | 10,713. | |
| MISCELLANEOUS | | | 01 | 75. | |
| TOTALS | | | | <u>28,058.</u> | |

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.

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

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

OMB No 1545-0092

2014

Name of estate or trust

THE JONES TRUST

Employer identification number

71-0718507

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 1,396,275. | 1,366,535. | -220. | 29,520. |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | 109,147. | 110,448. | | -1,301. |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet | | | | 6 () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶ | | | | 7 28,219. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below

This form may be easier to complete if you round off cents to whole dollars

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 1,905,407. | 1,269,934. | -4,252. | 631,221. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 2,440,160. | 2,146,877. | -279,250. | 14,033. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | 20,137,045. | 14,891,493. | | 5,245,552. |
| 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | 11 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | 12 |
| 13 Capital gain distributions | | | | 13 710,377. |
| 14 Gain from Form 4797, Part I. | | | | 14 508. |
| 15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet | | | | 15 () |
| 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶ | | | | 16 6,601,691. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2014

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PAGE 41

| Part III Summary of Parts I and II | | (1) Beneficiaries' (see instr) | (2) Estate's or trust's | (3) Total |
|---|--|------------------------------------|----------------------------|------------|
| Caution: Read the instructions before completing this part | | | | |
| 17 | Net short-term gain or (loss) | 17 | | 28,219. |
| 18 | Net long-term gain or (loss): | | | |
| a | Total for year | 18a | | 6,601,691. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrkst) | 18b | | |
| c | 28% rate gain | 18c | | |
| 19 | Total net gain or (loss). Combine lines 17 and 18a. ▶ | 19 | | 6,629,910. |

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| Part IV Capital Loss Limitation | |
|--|---|
| 20 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 19, column (3) or b \$3,000 20 () |

Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

| Part V Tax Computation Using Maximum Capital Gains Rates | |
|---|--|
| Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if • Either line 18b, col (2) or line 18c, col (2) is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero | |
| Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero | |

| | | | | |
|-----------|--|-----------|--|--|
| 21 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). | 21 | | |
| 22 | Enter the smaller of line 18a or 19 in column (2) but not less than zero 22 | | | |
| 23 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 23 | | | |
| 24 | Add lines 22 and 23 24 | | | |
| 25 | If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- . . . ▶ 25 | | | |
| 26 | Subtract line 25 from line 24. If zero or less, enter -0- 26 | | | |
| 27 | Subtract line 26 from line 21. If zero or less, enter -0- 27 | | | |
| 28 | Enter the smaller of the amount on line 21 or \$2,500 28 | | | |
| 29 | Enter the smaller of the amount on line 27 or line 28 29 | | | |
| 30 | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶ 30 | | | |
| 31 | Enter the smaller of line 21 or line 26 31 | | | |
| 32 | Subtract line 30 from line 26 32 | | | |
| 33 | Enter the smaller of line 21 or \$12,150 33 | | | |
| 34 | Add lines 27 and 30 34 | | | |
| 35 | Subtract line 34 from line 33. If zero or less, enter -0- 35 | | | |
| 36 | Enter the smaller of line 32 or line 35 36 | | | |
| 37 | Multiply line 36 by 15% ▶ 37 | | | |
| 38 | Enter the amount from line 31 38 | | | |
| 39 | Add lines 30 and 36 39 | | | |
| 40 | Subtract line 39 from line 38. If zero or less, enter -0- 40 | | | |
| 41 | Multiply line 40 by 20% ▶ 41 | | | |
| 42 | Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 42 | | | |
| 43 | Add lines 37, 41, and 42 43 | | | |
| 44 | Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) 44 | | | |
| 45 | Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶ 45 | | | |

Schedule D (Form 1041) 2014

Form **8949**Department of the Treasury
Internal Revenue Service**Sales and Other Dispositions of Capital Assets**► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2014Attachment
Sequence No **12A**

Name(s) shown on return

THE JONES TRUST

Social security number or taxpayer identification number

71-0718507

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed (Mo, day, yr) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---------------------------------------|--|--|---|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ARVEST #1493 ST COVER | VARIOUS | 12/31/2014 | 1,106,463. | 1,087,106. | | | 19,357. |
| | ARVEST #9819 ST COVER | VARIOUS | 12/31/2014 | 289,812. | 279,429. | D | -220. | 10,163. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). | | | | 1,396,275. | 1366535. | | -220. | 29,520. |

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

For Paperwork Reduction Act Notice, see your tax return instructions.

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Form **8949** (2014)

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No 1545-0074

2014Attachment
Sequence No **12A**Department of the Treasury
Internal Revenue Service► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

THE JONES TRUST

Social security number or taxpayer identification number

71-0718507

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☒ (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed (Mo, day, yr) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions | Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions | | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|---|---------------------------------------|--|--|---|--|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ARVEST #1493 ST NONCOVERED | 10/29/2013 | 10/17/2014 | 3,796. | 2,984. | | | 812. |
| | ARVEST #9819 ST NONCOVERED | VARIOUS | 12/31/2014 | 105,351. | 107,464. | | | -2,113. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)► | | | | 109,147. | 110,448. | | | -1,301. |

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

For Paperwork Reduction Act Notice, see your tax return instructions

Form **8949** (2014)

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

Social security number or taxpayer identification number

THE JONES TRUST

71-0718507

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

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

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

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

| 1 | (a) Description of property (Example 100 sh XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|---|--|---|--|--|---|--|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ARVEST #1493 LT COVERE | VARIOUS | 12/31/2014 | 991,746. | 746,425. | | | 245,321. |
| | ARVEST #9819 LT COVERE | VARIOUS | 12/31/2014 | 702,666. | 523,509. | B | -4,252. | 174,905. |
| | TIAA-CREF #4501 | VARIOUS | 6/8/2014 | 210,995. | | | | 210,995. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ► | | | | 1,905,407. | 1269934. | | -4,252. | 631,221. |

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

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

Social security number or taxpayer identification number

THE JONES TRUST

71-0718507

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

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

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

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☒ (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

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

| 1 | (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed (Mo., day, yr.) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|---|---|--|--|---|--|--------------------------------|--|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ARVEST #1493 LT NONCOVERED | VARIOUS | 12/31/2014 | 650,126. | 637,558. | B | -3,948. | 8,620. |
| | ARVEST #9819 LT NONCOVERED | VARIOUS | 12/31/2014 | 1,790,034. | 1509319. | B | -275,302. | 5,413. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 2,440,160. | 2146877. | | -279,250. | 14,033. |

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

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

Social security number or taxpayer identification number

THE JONES TRUST

71-0718507

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

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

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

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

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

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

| 1 | (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold or disposed (Mo, day, yr) | (d) Proceeds (sales price) (see instructions) | (e) Cost or other basis. See the Note below and see Column (e) in the separate instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions. | | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g). |
|--|---|---------------------------------------|--|--|--|--|--------------------------------|---|
| | | | | | | (f) Code(s) from instructions | (g) Amount of adjustment | |
| | ARVEST #1493 OTHER GAINS | VARIOUS | 1/31/2014 | 17. | 8. | | | 9. |
| | TIAA-CREF #2301 | VARIOUS | 12/31/2014 | 14061484. | 10201873. | | | 3,859,611. |
| | TIAA-CREF #2303 | VARIOUS | 12/31/2014 | 2,639,920. | 2,627,862. | | | 12,058. |
| | JONES INVESTMENT COMPANY | 11/1/2006 | 2/28/2014 | 3,435,624. | 2,061,750. | | | 1,373,874. |
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| 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | | 20137045. | 14891493. | | | 5245552. |

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

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

THE JONES TRUST

71-0718507

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

922 E EMMA AVE

City, town or post office, state, and ZIP code For a foreign address, see instructions

SPRINGDALE, AR 72764

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of

Telephone No. FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2014 or
- ☐ tax year beginning , 20 , and ending , 20 .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|---|-------|---|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | 0 |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | 0 |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 1-2014)

JSA

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PAGE 1

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. ☒ X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|---|---|---|
| Type or print File by the due date for filing your return. See instructions. | Enter filer's identifying number, see instructions | |
| | Name of exempt organization or other filer, see instructions | Employer identification number (EIN) or |
| | THE JONES TRUST | 71-0718507 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 922 E EMMA AVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | SPRINGDALE, AR 72764 | |

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 4

| Application Is For | Return Code | Application Is For | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► ZELDA PARSON, 922 E EMMA AVE SPRINGDALE, AR 72764
Telephone No ► 479 756-8090 Fax No ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 11/15, 2015.
- 5 For calendar year 2014, or other tax year beginning , 20 , and ending , 20 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

| | | |
|--|-------|---|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | 0 |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ | 0 |

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Dawn M Tipton Title ► CPA Date ► 8/14/15

Form 8868 (Rev 1-2014)

The Jones Trust
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/14

| Asset No | Asset Description | Date Acquired | Method | Life | Sold? | Cost | Accum Depr 01/01/14 | Current Depreciation | Accum Depr 12/31/14 |
|---|-------------------------------------|---------------|---------|-------|-------|--------------|---------------------|----------------------|---------------------|
| 1610-00 Fixed Assets Land | | | | | | | | | |
| 0108 | Land-Block 43 Lot 2 Lynch's Prain | 01/01/90 | ST LINE | 00/00 | N | 92,991 79 | 0 00 | 0 00 | 0 00 |
| 0109 | Land-Block 45 Lot 1 Founders Par | 01/01/90 | ST LINE | 00/00 | N | 92,991 79 | 0 00 | 0 00 | 0 00 |
| 01 | Land-Sprngdale | 11/30/07 | LAND | 00/00 | N | 688,517 00 | 0 00 | 0 00 | 0 00 |
| 02 | Land-CFN in Rogers | 11/30/07 | LAND | 00/00 | N | 2,800,000 00 | 0 00 | 0 00 | 0 00 |
| Total for (Fixed Assets Land) | | | | | | 3,674,500 58 | 0 00 | 0 00 | 0 00 |
| 1620-51 Fixed Assets Buildings Buildings-JTL | | | | | | | | | |
| 08 | JTL - Shops Building | 12/13/96 | ST LINE | 30/00 | N | 5,671,719 00 | 3,224,095 48 | 189,057 28 | 3,413,152 76 |
| 09 | JTL - Truck Wash Office | 12/01/09 | ST LINE | 20/00 | N | 11,063 00 | 2,259 58 | 553 15 | 2,812 73 |
| 014 | JTL - Air Control | 01/01/10 | ST LINE | 20/00 | N | 9,169 00 | 1,833 80 | 458 45 | 2,292 25 |
| 012 | JTL - Community Clinic & EOA | 03/01/10 | ST LINE | 20/00 | N | 20,500 00 | 3,929 17 | 1,025 00 | 4,954 17 |
| 011 | JTL - Boiler | 07/01/10 | ST LINE | 20/00 | N | 15,752 00 | 2,756 60 | 787 60 | 3,544 20 |
| 010 | JTL - Demolition & Library | 10/01/10 | ST LINE | 20/00 | N | 71,331 00 | 11,591 28 | 3,566 55 | 15,157 83 |
| 013 | JTL - Common Area Remodel | 10/01/10 | ST LINE | 20/00 | N | 43,226 00 | 7,024 23 | 2,161 30 | 9,185 53 |
| 089 | JTL - Print Shop Renovations | 01/01/13 | ST LINE | 13/11 | N | 2,762 00 | 198 47 | 198 47 | 396 94 |
| 097 | JTL - A/C Project | 07/31/13 | ST LINE | 13/05 | N | 97,488 02 | 3,633 09 | 7,266.19 | 10,899 28 |
| Total for (Fixed Assets Buildings Buildings-JTL) | | | | | | 5,943,010 02 | 3,257,321 70 | 205,073 99 | 3,462,395 69 |
| 1620-52 Fixed Assets Buildings Buildings-Ed Bldg | | | | | | | | | |
| 015 | Ed Bldg (610 E Emma) | 09/19/11 | ST LINE | 20/00 | N | 2,416,408 00 | 301,189 17 | 120,820 40 | 422,009 57 |
| 016 | Ed Bldg - New Roof | 09/19/11 | ST LINE | 20/00 | N | 166,000 00 | 18,675 00 | 8,300 00 | 26,975 00 |
| 098 | Ed Bldg - A/C Project | 07/31/13 | ST LINE | 18/02 | N | 231,790 47 | 6,379 56 | 12,759 11 | 19,138 67 |
| 091 | Ed Bldg - Roof | 08/23/13 | ST LINE | 18/01 | N | 34,300 00 | 790 32 | 1,896 77 | 2,687 09 |
| 092 | Ed Bldg - Stucco and Waterproofi | 09/06/13 | ST LINE | 18/00 | N | 33,317 00 | 616 98 | 1,850 94 | 2,467 92 |
| 093 | Ed Bldg - Window Soffits | 09/06/13 | ST LINE | 18/00 | N | 7,089 00 | 131 28 | 393 83 | 525 11 |
| 094 | Ed Bldg - Parking Lot Paving (Wat | 12/18/13 | ST LINE | 17/09 | N | 3,800 00 | 17 84 | 214 08 | 231 92 |
| 095 | Ed Bldg - Handicap Ramp | 12/18/13 | ST LINE | 17/09 | N | 2,925 00 | 13 73 | 164 79 | 178 52 |
| 0113 | Ed Bldg - Restroom Renovations | 02/01/14 | ST LINE | 17/07 | N | 8,748 99 | 0 00 | 456 11 | 456 11 |
| 0127 | Ed Bldg - HVAC Condensers | 07/10/14 | ST LINE | 17/02 | N | 7,494 29 | 0 00 | 218 28 | 218 28 |
| Total for (Fixed Assets Buildings Buildings-Ed Bldg) | | | | | | 2,911,872 75 | 327,813 88 | 147,074 31 | 474,888 19 |
| 1620-53 Fixed Assets Buildings Buildings-CFN | | | | | | | | | |
| 017 | CFN - Rogers Building | 11/30/08 | ST LINE | 30/00 | N | 4,368,000 00 | 736,341 32 | 145,599 99 | 881,941 31 |
| 019 | CFN - HVAC Renovations | 11/30/09 | ST LINE | 20/00 | N | 2,739,334 00 | 573,412 30 | 136,966 70 | 710,379 00 |
| 018 | CFN - Lighting Retrofit | 12/01/09 | ST LINE | 20/00 | N | 250,320 00 | 52,418 00 | 12,516 00 | 64,934 00 |
| 020 | CFN - Fire Sprinkler Upgrades | 12/01/09 | ST LINE | 20/00 | N | 414,885 00 | 86,879 34 | 20,744 25 | 107,623 59 |
| 021 | CFN - Fire Alarm Upgrades | 12/01/09 | ST LINE | 20/00 | N | 164,065 00 | 34,343 10 | 8,203 25 | 42,546 35 |
| 022 | CFN - Roofing Repairs & Replace | 12/01/09 | ST LINE | 20/00 | N | 334,320 00 | 69,982 00 | 16,716 00 | 86,698 00 |
| 023 | CFN - Electrical Panel Replacemer | 12/01/09 | ST LINE | 20/00 | N | 25,200 00 | 5,275 00 | 1,260 00 | 6,535 00 |
| 024 | CFN - Fire Stair Upgrades | 12/01/09 | ST LINE | 20/00 | N | 23,100 00 | 4,835 25 | 1,155 00 | 5,990 25 |
| 025 | CFN - ADA Modifications | 12/01/09 | ST LINE | 20/00 | N | 93,878 00 | 19,658 46 | 4,693 90 | 24,352 36 |
| 026 | CFN - Elevator Upgrades & Moder | 12/01/09 | ST LINE | 20/00 | N | 244,314 00 | 51,141 38 | 12,215 70 | 63,357 08 |
| 027 | CFN - New Finishes at Common A | 12/01/09 | ST LINE | 20/00 | N | 69,216 00 | 14,489 00 | 3,460 80 | 17,949 80 |
| 028 | CFN - Building Signage | 12/01/09 | ST LINE | 20/00 | N | 33,600 00 | 7,033 00 | 1,680 00 | 8,713 00 |
| 029 | CFN - Building Security | 12/01/09 | ST LINE | 20/00 | N | 48,468 00 | 10,145 75 | 2,423 40 | 12,569 15 |
| 030 | CFN - Window Replacement | 12/01/09 | ST LINE | 20/00 | N | 13,440 00 | 2,813 00 | 672 00 | 3,485 00 |
| 031 | CFN - Parking Lot Sealing & Strippi | 12/01/09 | ST LINE | 20/00 | N | 21,420 00 | 4,484 25 | 1,071 00 | 5,555 25 |

The Jones Trust
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/14

| Asset No | Asset Description | Date Acquired | Method | Life | Sold? | Cost | Accum Depr 01/01/14 | Current Depreciation | Accum Depr 12/31/14 |
|---|-------------------------------------|---------------|---------|-------|-------|---------------|---------------------|----------------------|---------------------|
| 1620-53 Fixed Assets Buildings Buildings-CFN | | | | | | | | | |
| 032 | CFN - Jones Trust Office, Lobby | 12/01/09 | ST LINE | 20/00 | N | 100,730 00 | 20,565 71 | 5,036 50 | 25,602 21 |
| 033 | CFN - Contruction Completion | 06/01/11 | ST LINE | 20/00 | N | 16,731 00 | 2,161 09 | 836 55 | 2,997 64 |
| 034 | CFN - Rain Garden | 06/01/11 | ST LINE | 05/00 | N | 26,837 00 | 13,865 78 | 5,367 40 | 19,233.18 |
| 067 | CFN - Heat Pump in BCHP | 06/01/12 | ST LINE | 26/06 | N | 5,855 17 | 349 83 | 220 95 | 570 78 |
| 079 | CFN - Elevator Cab - Interior 1 | 11/29/12 | ST LINE | 26/01 | N | 11,716 96 | 524 07 | 449 21 | 973.28 |
| 080 | CFN - Elevator Cab - Interior #2 | 11/29/12 | ST LINE | 26/01 | N | 11,716 96 | 524 07 | 449 21 | 973.28 |
| 085 | CFN - Pavement Repairs/New Are | 03/01/13 | ST LINE | 25/08 | N | 9,500 00 | 308 44 | 370 13 | 678 57 |
| 0102 | CFN-1113 Poplar-Roof and Front | 11/01/13 | ST LINE | 25/02 | N | 7,100 00 | 47 02 | 282 12 | 329 14 |
| 0122 | CFN - Chain Link Fencing - overn | 01/15/14 | ST LINE | 15/00 | N | 6,474 31 | 0 00 | 431 62 | 431 62 |
| 0112 | CFN - Turbine Pump for Chillers | 03/21/14 | ST LINE | 24/08 | N | 7,676 86 | 0 00 | 259 35 | 259 35 |
| 0131 | CFN - Fire Pump Controller | 10/27/14 | ST LINE | 24/01 | N | 9,522 54 | 0 00 | 98 85 | 98 85 |
| Total for (Fixed Assets Buildings Buildings-CFN) | | | | | | 9,057,420 80 | 1,711,597 16 | 383,179 88 | 2,094,777 04 |
| 1620-54 Fixed Assets Buildings Buildings-JCF | | | | | | | | | |
| 03 | JCF - Building | 03/11/01 | ST LINE | 30/00 | N | 38,847,153 00 | 17,884,431 17 | 1,294,904 97 | 19,179,336 14 |
| 06 | JCF - Fire Panels | 05/01/10 | ST LINE | 20/00 | N | 13,305 00 | 2,439 25 | 665 25 | 3,104 50 |
| 07 | JCF - Lighting Retrofit | 06/01/10 | ST LINE | 20/00 | N | 472,715 00 | 84,694 78 | 23,635 75 | 108,330 53 |
| 04 | JCF - Energy Audit | 06/10/10 | ST LINE | 20/00 | N | 10,765 00 | 1,929 21 | 538 25 | 2,467 46 |
| 05 | JCF - Water Lines | 06/10/10 | ST LINE | 20/00 | N | 15,175 00 | 2,718 86 | 758 75 | 3,477 61 |
| 068 | JCF - Cooling Tower | 08/01/12 | ST LINE | 18/07 | N | 87,964 77 | 6,705 83 | 4,733 53 | 11,439 36 |
| 078 | JCF - Seals on Chiller #1 | 10/23/12 | ST LINE | 18/03 | N | 13,286 99 | 910 06 | 728 05 | 1,638 11 |
| 086 | JCF - Outside Painting | 03/01/13 | ST LINE | 18/00 | N | 15,625 00 | 723 38 | 868 06 | 1,591 44 |
| 087 | JCF - Fitness Room Renovations | 06/01/13 | ST LINE | 17/09 | N | 12,163 91 | 399 75 | 685 29 | 1,085 04 |
| 090 | JCF - Chiller Purge Units | 06/01/13 | ST LINE | 17/09 | N | 12,710 15 | 417 70 | 716 06 | 1,133 76 |
| 099 | JCF - Restroom Remodel | 11/01/13 | ST LINE | 17/04 | N | 11,182 00 | 107 52 | 645 12 | 752 64 |
| 0100 | JCF - Concrete Pad for Storage Tr | 12/13/13 | ST LINE | 17/03 | N | 3,800 00 | 18 36 | 220 29 | 238 65 |
| 0111 | JCF - Storage Closets | 02/13/14 | ST LINE | 17/01 | N | 2,764 00 | 0 00 | 148 31 | 148 31 |
| 0120 | JCF - Ceiling Tiles | 02/13/14 | ST LINE | 17/01 | N | 6,924 00 | 0 00 | 371 53 | 371 53 |
| 0119 | JCF - Cooling Tower Heating Elem | 03/01/14 | ST LINE | 17/00 | N | 3,306 88 | 0 00 | 162 10 | 162 10 |
| 0123 | JCF - Concrete pad for bicycle ar | 05/30/14 | ST LINE | 16/10 | N | 2,975 00 | 0 00 | 117 82 | 117 82 |
| 0129 | JCF - Wood Fence on West Side | 07/08/14 | ST LINE | 10/00 | N | 4,990 00 | 0 00 | 249 50 | 249 50 |
| 0130 | JCF - Cooling Towers Project | 10/01/14 | ST LINE | 16/05 | N | 79,000 00 | 0 00 | 1,203 05 | 1,203 05 |
| 0134 | JCF - HVAC Building Controls | 10/01/14 | ST LINE | 16/05 | N | 1,031,824 34 | 0 00 | 15,713 06 | 15,713 06 |
| 0135 | JCF -HVAC Convert Steam Boiler t | 10/01/14 | ST LINE | 16/05 | N | 1,017,346 31 | 0 00 | 15,492 59 | 15,492 59 |
| 0136 | JCF - HVAC Chiller Upgrades | 10/01/14 | ST LINE | 16/05 | N | 209,165 40 | 0 00 | 3,185 26 | 3,185 26 |
| 0132 | JCF - Flooring in Ice Rink | 10/14/14 | ST LINE | 10/00 | N | 18,887 35 | 0 00 | 472 18 | 472 18 |
| Total for (Fixed Assets Buildings Buildings-JCF) | | | | | | 41,893,029 10 | 17,985,495 87 | 1,366,214 77 | 19,351,710 64 |
| 1620-59 Fixed Assets Buildings Bldg -308 Park, Springdale | | | | | | | | | |
| 056 | 308 Park St , Springdale, AR Builid | 01/01/75 | ST LINE | 30/00 | N | 249,580 00 | 249,580 00 | 0 00 | 249,580 00 |
| Total for (Fixed Assets Buildings Bldg -308 Park, Springdale) | | | | | | 249,580 00 | 249,580 00 | 0 00 | 249,580 00 |
| 1620-60 Fixed Assets Buildings Buildings-1194 W Walnut | | | | | | | | | |
| 055 | 1194 W Walnut (CFN) Building | 02/01/11 | ST LINE | 05/00 | N | 397,500 00 | 231,875 00 | 79,500 00 | 311,375 00 |
| Total for (Fixed Assets Buildings:Buildings-1194 W Walnut) | | | | | | 397,500 00 | 231,875 00 | 79,500 00 | 311,375 00 |
| 1620-61 Fixed Assets Buildings 800 Founders Park Dr Spring | | | | | | | | | |
| 0137 | Bldg-800 Founders Park Dr , Sprn | 09/25/14 | ST LINE | 30/00 | N | 651,000 00 | 0 00 | 7,233 33 | 7,233 33 |

The Jones Trust
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/14

| Asset No | Asset Description | Date Acquired | Method | Life | Sold? | Cost | Accum Depr 01/01/14 | Current Depreciation | Accum Depr 12/31/14 |
|--|--|---------------|---------|-------|-------|--------------|---------------------|----------------------|---------------------|
| 1620-61 Fixed Assets Buildings 800 Founders Park Dr Spring | | | | | | | | | |
| | Total for (Fixed Assets Buildings 800 Founders Park Dr Spring) | | | | | 651,000 00 | 0 00 | 7,233 33 | 7,233 33 |
| 1620-62 Fixed Assets Buildings Buildings-House 303 W Grov | | | | | | | | | |
| 0110 | House-303 W Grove | 01/01/50 | ST LINE | 00/00 | N | 38,543 43 | 38,543 43 | 0 00 | 38,543 43 |
| | Total for (Fixed Assets Buildings Buildings-House 303 W Grov) | | | | | 38,543 43 | 38,543 43 | 0 00 | 38,543 43 |
| 1623-TI Fixed Assets Buildings CFN - T/I | | | | | | | | | |
| 036 | CFN-TI - Youth Bridge | 06/01/09 | ST LINE | 10/00 | N | 72,675 00 | 33,309 37 | 7,267 50 | 40,576 87 |
| 040 | CFN-TI - Sources | 06/01/09 | ST LINE | 05/00 | N | 3,170 00 | 2,905 83 | 264 17 | 3,170 00 |
| 037 | CFN-TI - NWACC Kitchen | 08/01/09 | ST LINE | 05/00 | N | 130,000 00 | 114,833 34 | 15,166 66 | 130,000 00 |
| 038 | CFN-TI - Community Clinic | 08/01/09 | ST LINE | 10/00 | N | 652,012 00 | 287,971 96 | 65,201 20 | 353,173 16 |
| 041 | CFN-TI - Mercy Home Health | 08/01/09 | ST LINE | 05/00 | N | 45,170 00 | 39,900 16 | 5,269 84 | 45,170 00 |
| 042 | CFN-TI - Mercy Medical Supply | 08/01/09 | ST LINE | 05/00 | N | 66,725 00 | 58,940 41 | 7,784 59 | 66,725 00 |
| 045 | CFN-TI - Saving Grace | 09/01/09 | ST LINE | 10/00 | N | 16,000 00 | 6,933 33 | 1,600 00 | 8,533 33 |
| 049 | CFN-TI - Arkansas Support Netwo | 10/01/09 | ST LINE | 05/00 | N | 44,950 00 | 38,207 50 | 6,742 50 | 44,950 00 |
| 046 | CFN-TI - Individual Offices | 12/01/09 | ST LINE | 05/00 | N | 12,830 00 | 10,477 83 | 2,352 17 | 12,830 00 |
| 047 | CFN-TI - Common Area Breakroom | 12/01/09 | ST LINE | 05/00 | N | 3,500 00 | 2,858 33 | 641 67 | 3,500 00 |
| 048 | CFN-TI - Friends House - UCP | 12/01/09 | ST LINE | 05/00 | N | 3,600 00 | 2,940 00 | 660 00 | 3,600 00 |
| 050 | CFN-TI - Third Floor Wing | 12/01/09 | ST LINE | 05/00 | N | 22,700 00 | 18,538 33 | 4,161 67 | 22,700 00 |
| 051 | CFN-TI - Conference Rooms & Cla | 12/01/09 | ST LINE | 05/00 | N | 14,530 00 | 11,866 17 | 2,663 83 | 14,530 00 |
| 035 | CFN-TI - Benton County Women's | 05/01/10 | ST LINE | 09/00 | N | 209,595 00 | 85,390 54 | 23,288 33 | 108,678 87 |
| 044 | CFN-TI - Experience Works | 07/01/10 | ST LINE | 01/00 | N | 2,270 00 | 2,270 00 | 0 00 | 2,270 00 |
| 052 | CFN-TI - NWACC Adult Ed | 07/01/10 | ST LINE | 05/00 | N | 146,590 00 | 102,613 00 | 29,318 00 | 131,931 00 |
| 053 | CFN-TI - NWACC Adult Ed | 12/01/10 | ST LINE | 04/04 | N | 12,062 00 | 8,582 58 | 2,783 54 | 11,366 12 |
| 054 | CFN-TI - Amercian Cancer Society | 02/01/11 | ST LINE | 05/00 | N | 37,500 00 | 21,875 00 | 7,500 00 | 29,375 00 |
| 070 | CFN-TI - Community Clinic Leaseh | 07/01/12 | ST LINE | 07/01 | N | 18,109 77 | 3,835 01 | 2,556 67 | 6,391 68 |
| 071 | CFN-TI - Dayspring Tenant Improv | 08/01/12 | ST LINE | 02/10 | N | 73,193 82 | 36,596 91 | 25,833 11 | 62,430 02 |
| 082 | CFN-TI - Electrical at Community C | 08/01/12 | ST LINE | 10/00 | N | 4,339 44 | 614 75 | 433 94 | 1,048 69 |
| 069 | CFN-TI - ALS Tenant Leasehold Im | 09/01/12 | ST LINE | 04/07 | N | 16,178 55 | 4,706 50 | 3,529 87 | 8,236 37 |
| 0101 | CFN-TI - Community Clinic | 01/01/13 | ST LINE | 06/07 | N | 2,006 00 | 304 71 | 304 71 | 609 42 |
| 0106 | CFN TI - NWAWS Shower Valves(| 02/18/13 | ST LINE | 06/02 | N | 10,088 80 | 1,499 69 | 1,636 02 | 3,135 71 |
| 0107 | CFN-TI - Water Mains for Conversi | 05/14/13 | ST LINE | 05/00 | N | 6,940 00 | 925 33 | 1,388 00 | 2,313 33 |
| 0103 | CFN TI - 1113 W Poplar K Hendric | 11/01/13 | ST LINE | 02/11 | N | 1,779 92 | 101 71 | 610 26 | 711 97 |
| 0121 | CFN-TI - Art Studio in Basement T/ | 02/14/14 | ST LINE | 07/00 | N | 8,081 27 | 0 00 | 1,058 26 | 1,058 26 |
| 0128 | CFN-TI - Shower Stalls at NWAWS | 07/01/14 | ST LINE | 04/10 | N | 2,503 17 | 0 00 | 258 95 | 258 95 |
| 0133 | CFN - Remodel Saving Grace Rest | 10/09/14 | ST LINE | 04/11 | N | 3,231 00 | 0 00 | 164 29 | 164 29 |
| | Total for (Fixed Assets Buildings CFN - T/I) | | | | | 1,642,330 74 | 898,998 29 | 220,439 75 | 1,119,438 04 |
| 1640-00 Fixed Assets Park & Rec Equipment | | | | | | | | | |
| 096 | CFN - Webb Park Playground | 10/21/13 | ST LINE | 15/00 | N | 258,153 17 | 4,302 55 | 17,210 21 | 21,512 76 |
| 0138 | CFN-Treadmill 515-T Cybex Cardic | 01/01/14 | ST LINE | 04/04 | N | 2,246 62 | 0 00 | 518 45 | 518 45 |
| 0114 | CFN-Webb Park - Chain Link Divid | 01/08/14 | ST LINE | 15/00 | N | 4,000 00 | 0 00 | 266 67 | 266 67 |
| 0115 | CFN-Webb Park - Bicycle Rack | 02/14/14 | ST LINE | 05/00 | N | 306 41 | 0 00 | 56 18 | 56 18 |
| 0116 | CFN-Webb - Trash Receptacle w/ | 02/14/14 | ST LINE | 05/00 | N | 589 52 | 0 00 | 108 08 | 108 08 |
| 0117 | CFN-Webb - 6' Cedar Silhouette Be | 02/14/14 | ST LINE | 05/00 | N | 727 67 | 0 00 | 133 41 | 133 41 |
| 0118 | CFN-Webb - 6' Cedar Silhouette Be | 02/14/14 | ST LINE | 05/00 | N | 727 67 | 0 00 | 133 41 | 133 41 |
| 0124 | CFN-Webb Park Sign | 06/12/14 | ST LINE | 05/00 | N | 5,147 88 | 0 00 | 600 59 | 600 59 |

The Jones Trust
Depreciation Schedule by G/L Account Number
For the 12 Months Ended 12/31/14

| Asset No | Asset Description | Date Acquired | Method | Life | Sold? | Cost | Accum Depr 01/01/14 | Current Depreciation | Accum Depr 12/31/14 |
|---|---------------------------------|---------------|---------|-------|-------|---------------|---------------------|----------------------|---------------------|
| 1640-00 Fixed Assets Park & Rec Equipment | | | | | | | | | |
| 0125 | CFN-Webb Park Landscape, Desi | 06/30/14 | ST LINE | 14/03 | N | 7,079 23 | 0 00 | 289 79 | 289 79 |
| 0126 | CFN-Webb Park Slide | 07/01/14 | ST LINE | 14/02 | N | 1,629 58 | 0 00 | 57 51 | 57 51 |
| Total for (Fixed Assets Park & Rec Equipment) | | | | | | 280,607 75 | 4,302 55 | 19,374 30 | 23,676 85 |
| 1650-00 Fixed Assets Office Equipment | | | | | | | | | |
| 057 | Office Equipment | 01/01/00 | ST LINE | 05/00 | N | 384,274 00 | 384,274 00 | 0 00 | 384,274 00 |
| Total for (Fixed Assets Office Equipment) | | | | | | 384,274 00 | 384,274 00 | 0 00 | 384,274 00 |
| 1655-00 Fixed Assets Fixed Assets-Capital Leases | | | | | | | | | |
| 081 | Bizhub Copiers | 04/01/12 | ST LINE | 05/00 | N | 39,289 00 | 13,751 15 | 7,857 80 | 21,608 95 |
| Total for (Fixed Assets Fixed Assets-Capital Leases) | | | | | | 39,289 00 | 13,751 15 | 7,857 80 | 21,608 95 |
| 1660-00 Fixed Assets Furniture & Fixtures | | | | | | | | | |
| 062 | JTL - Furniture & Fixtures | 01/01/00 | ST LINE | 07/00 | N | 98,310 00 | 98,310 00 | 0 00 | 98,310 00 |
| 059 | JCF - Furniture & Fixtures | 06/01/05 | ST LINE | 07/00 | N | 1,261,959 97 | 1,261,959 97 | 0 00 | 1,261,959 97 |
| 060 | JCF - Furniture & Fixtures | 11/30/06 | ST LINE | 07/00 | N | 39,016 00 | 38,817 18 | 0 00 | 38,817 18 |
| 061 | JCF - Ice Rink & Pool Covers | 11/30/09 | ST LINE | 07/00 | N | 87,757 03 | 51,191 61 | 12,536 72 | 63,728 33 |
| 084 | JTL - Cabinetry for Print Shop | 04/15/13 | ST LINE | 07/00 | N | 6,500 00 | 696 43 | 928 57 | 1,625 00 |
| 088 | JTL - SSS Panther 28T Autoscrub | 05/01/13 | ST LINE | 07/00 | N | 6,040 10 | 575 25 | 862 87 | 1,438 12 |
| Total for (Fixed Assets Furniture & Fixtures) | | | | | | 1,499,583 10 | 1,451,550 44 | 14,328 16 | 1,465,878 60 |
| 1670-00 Fixed Assets Computer Hardware | | | | | | | | | |
| 064 | Computers & Software | 01/01/05 | ST LINE | 05/00 | N | 222,777 00 | 222,777 00 | 0 00 | 222,777 00 |
| 066 | JTL - Computer Hardware & Soft | 01/01/05 | ST LINE | 05/00 | N | 20,842 00 | 20,842 00 | 0 00 | 20,842 00 |
| 065 | Phone System & Internet Equipme | 08/30/10 | ST LINE | 05/00 | N | 9,710 00 | 6,473 33 | 1,942 00 | 8,415 33 |
| 0104 | Dell Optiplex w/20" Monitor | 06/01/13 | ST LINE | 05/00 | N | 500 00 | 58 33 | 100 00 | 158 33 |
| Total for (Fixed Assets Computer Hardware) | | | | | | 253,829 00 | 250,150 66 | 2,042 00 | 252,192 66 |
| 1690-00 Fixed Assets Vehicles | | | | | | | | | |
| 076 | 1994 Chevrolet Pick Up | 01/01/94 | ST LINE | 05/00 | N | 16,800 00 | 16,800 00 | 0 00 | 16,800 00 |
| 074 | 2003 Kawasaki Off Road Mule | 01/01/03 | ST LINE | 05/00 | N | 6,085 00 | 6,085 00 | 0 00 | 6,085 00 |
| 075 | 2003 Kawasaki Off Road Mule KA | 01/01/03 | ST LINE | 05/00 | N | 9,384 00 | 9,384 00 | 0 00 | 9,384 00 |
| 0105 | JT - Electric Sizzor Lift | 09/01/13 | ST LINE | 05/00 | N | 4,390 00 | 292 67 | 878 00 | 1,170 67 |
| Total for (Fixed Assets Vehicles) | | | | | | 36,659 00 | 32,561 67 | 878 00 | 33,439 67 |
| Client Subtotal Before Sales | | | | | | 68,953,029 27 | 26,837,815 80 | 2,453,196 29 | 29,291,012 09 |
| Less Assets Sold | | | | | | 0 00 | | | 0 00 |
| Total | | | | | | 68,953,029 27 | 26,837,815 80 | 2,453,196 29 | 29,291,012 09 |

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | | P or D | Date acquired | Date sold |
|--|---------------------------------------|--|--------------------------|--------------------------------|------------------------------------|--------------|-----------------------|------------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| | | TOTAL CAPITAL GAIN DISTRIBUTIONS | | | | | 710,377. | |
| 1,106,463. | | ARVEST #1493 ST COVERED 1,087,106. | | | | | VARIOUS 19,357. | 12/31/2014 |
| 3,796. | | ARVEST #1493 ST NONCOVERED 2,984. | | | | | 10/29/2013 812. | 10/17/2014 |
| 991,746. | | ARVEST #1493 LT COVERED 746,425. | | | | | VARIOUS 245,321. | 12/31/2014 |
| 650,126. | | ARVEST #1493 LT NONCOVERED 637,558. | | | | | VARIOUS 8,620. | 12/31/2014 |
| 17. | | ARVEST #1493 OTHER GAINS 8. | | | | | VARIOUS 9. | 1/31/2014 |
| 289,812. | | ARVEST #9819 ST COVERED 279,429. | | | | | VARIOUS 10,163. | 12/31/2014 |
| 105,351. | | ARVEST #9819 ST NONCOVERED 107,464. | | | | | VARIOUS -2,113. | 12/31/2014 |
| 702,666. | | ARVEST #9819 LT COVERED 523,509. | | | | | VARIOUS 174,905. | 12/31/2014 |
| 1,790,034. | | ARVEST #9819 LT NONCOVERED 1,509,319. | | | | | VARIOUS 5,413. | 12/31/2014 |
| 14061484. | | TIAA-CREF #2301 10201873. | | | | | VARIOUS 3,859,611. | 12/31/2014 |
| 2,639,920. | | TIAA-CREF #2303 2,627,862. | | | | | VARIOUS 12,058. | 12/31/2014 |
| 210,995. | | TIAA-CREF #4501 | | | | | VARIOUS 210,995. | 6/8/2014 |

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | | P or D | Date acquired | Date sold |
|--|---------------------------------------|---|--------------------------|--------------------------------|------------------------------------|--------------|-----------------------------|-----------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| 3,435,624. | | JONES INVESTMENT COMPANY PROPERTY TYPE: SECURITIES 2,061,750. | | | | D | 11/1/2006 1,373,874. | 2/28/2014 |
| TOTAL GAIN (LOSS) | | | | | | | <u>6,629,402.</u> | |