

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93491280004025

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public

For	cale	ndar year 2014, or tax year beginning 06-	01-2014	, and ending	05-31-2015				
		Indation		A Employer i	dentification numb	er			
СН	ARLES	H JONES FAMILY FOUNDATION		58-1678452	58-1678452				
Num	ber and	street (or P O box number if mail is not delivered to street address	i) Room/suite	B Telephone n	umber (see instruction	ns)			
РО	BOX 73	345		(478) 471-252	20				
City	or town	, state or province, country, and ZIP or foreign postal code		C If exemption	n application is pendin	a. check here ▶ □			
		31209		2 II skemptie	арричаны по репан	g, eneck nere p			
c c h	20010	II that apply Initial return Initial return of a	former public charity			. —			
G Cr	іеск а	Il that apply Initial return Initial return of a	former public charity	1	organizations, check h	+b = 000/			
		Address change Name change			organizations meeting ock here and attach co				
		pe of organization Section 501(c)(3) exempt priva		under section	oundation status was t on 507(b)(1)(A), chec				
S	ection	4947(a)(1) nonexempt charitable trust Other taxa		n	. , , , , ,				
		ret value of all assets at end from Part II, col. (c), Other (specify)	I Cash I Accr		lation is in a 60-mont on 507(b)(1)(B), chec				
		from Part II, col. (c),	be on cash basis.)	4,,46, 556	o oo, (2)(1)(2), oe.				
Pa	rt 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	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes			
	1	instructions)) Contributions, gifts, grants, etc , received (attach				(cash basis only)			
	-	schedule)	841,900						
	2	Check ► ☐ If the foundation is not required to attach	041,900						
		Sch B							
	3	Interest on savings and temporary cash investments	125,015	125,015					
	4	Dividends and interest from securities	44,043	44,043					
	5a	Gross rents	97,913	97,913					
	ь	Net rental income or (loss)6,082							
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	657,174						
	ь	Gross sales price for all assets on line 6 a 19,501,716							
œ	7	Capital gain net income (from Part IV, line 2)		657,174	1				
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other Income (attach schedule)							
	12	Total. Add lines 1 through 11	1,766,045	924,145					
	13	Compensation of officers, directors, trustees, etc	40,000	40,000					
	14	Other employee salaries and wages							
Ř.	15	Pension plans, employee benefits							
Expenses	16a	Legal fees (attach schedule)							
Ë		Accounting fees (attach schedule)	99.767	99 262					
	17	Other professional fees (attach schedule)	88,262	88,262	+				
rati	18		% 8,265	8,265					
Administrative	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion	95 44,473	44,473					
Ē	20	Occupancy		·					
Ad	21	Travel, conferences, and meetings							
and	22	Printing and publications							
<u>.</u>	23	Other expenses (attach schedule)	47,358	47,358					
atin	24	Total operating and administrative expenses.							
Operating		Add lines 13 through 23	228,367	228,367		0			
Ö	25	Contributions, gifts, grants paid	616,550			616,550			
	26	Total expenses and disbursements. Add lines 24 and 25	844,917	228,367		616,550			
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	921,128						
	ь	Net investment income (if negative, enter -0 -)		695,778					
	c	Adjusted net income (If negative, enter -0 -)				1			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	992,117	5,063,293	
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less allowance for doubtful accounts 🟲			
	4	Pledges receivable -			
	•	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	0	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 1,786,580			
	,	Less allowance for doubtful accounts	1,786,580	1,786,580	1,786,580
		Inventories for sale or use	1,700,300	1,700,500	1,700,300
sets		F		7,080	7,080
w I	9	Prepaid expenses and deferred charges		7,080	7,080
⋖		Investments—U S and state government obligations (attach schedule)	8,110,398	65 1 4.071.542	6,472,337
		Investments—corporate stock (attach schedule)	6,110,396	4,971,543	6,472,337
		Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis - 3,176,130	2.476.420	% 2.476.420	4 745 000
		Less accumulated depreciation (attach schedule)	3,176,130	3,176,130	1,715,000
	12	Investments—mortgage loans			
		Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 242,419	400.055	65 7	
		Less accumulated depreciation (attach schedule) ► 137,837	122,855	104,582	104,582
	15	Other assets (describe •)			
	16	Total assets (to be completed by all filers—see the	44.400.000	45.400.000	45 440 070
		Instructions Also, see page 1, Item I)	14,188,080	15,109,208	15,148,872
	17	Accounts payable and accrued expenses			
ņ	18	Grants payable			
abilities	19	Deferred revenue			
ō	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ا</u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0	
ķ		Foundations that follow SFAS 117, check here			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
lar.	24	Unrestricted	14,188,080	15,109,208	
8	25	Temporarily restricted			
Fund	26	Permanently restricted			
丑		Foundations that do not follow SFAS 117, check here			
ŏ		and complete lines 27 through 31.			
£	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	14,188,080	15,109,208	
	31	Total liabilities and net assets/fund balances (see instructions)	14,188,080	15,109,208	
Pa	rt II	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 aç	gree	
		, , , , , , , , , , , , , , , , , , , ,			14,188,080
2		Enter amount from Part I, line 27a			921,128
3		Other increases not included in line 2 (itemize)		_ 3	
4		Add lines 1, 2, and 3			15,109,208
5		Decreases not included in line 2 (itemize)		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lı	ne 30 . 6	15,109,208

1 a b c d e	STERNE AGEE RAYMOND JAMES AMB					(mo , day, yr)
c d			1a STERNE AGEE			
d	АМВ	b RAYMOND JAMES			2014-01-01	2014-12-31
		c AMB			2014-01-01	2014-12-31
е						
(e) Gross sales price	(f) Depreciation allower (or allowable)	1	t or other basis opense of sale		or (loss)) mınus (g)
а	1,772,	,134		1,338,23	9	433,895
ь	13,270,	,036		13,220,32	7	49,709
С	4,459,	,546		4,285,97	6	173,570
d						
е						
Со	mplete only for assets sho	owing gain in column (h) and owne	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gaın mınus
(i)	FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 177 7		col (k), but not less than -0-) or Losses (from col (h))	
a						433,895
b						49,709
С						173,570
d						
е						
2	Capital gain net income		If gain, also enter If (loss), enter -0-		2	657,174
3	Net short-term capital g	gaın or (loss) as defined in sectio	ns 1222(5) and (6)		
	If gain, also enter in Par in Part I, line 8	rt I, line 8, column (c) (see instru	ctions) If(loss), e	nter -0 -	3	223,279
Part '	V Oualification Un	der Section 4940(e) for R	educed Tax or	Net Investme	nt Income	
		vate foundations subject to the se				
(1 01 0 0 0	ional ase by domestic priv	vate foundations subject to the se	cetion 13 10(a) tax	on nee mvesemene	medilie /	
Ifsection	on 4940(d)(2) applies, lea	ve this part blank				
		section 4942 tax on the distributa qualify under section 4940(e) Do			eriod?	Γ Yes Γ No
1 Ent	ter the appropriate amount	t ın each column for each year, se	ee instructions bef	ore making any ent	ries	
	(a) period years Calendar or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets	(d) Distribution (col (b) divided	
	2013	613,471		12,321,451		0 049789

(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	613,471	12,321,451		0 049789
	2012	582,753	11,782,366		0 049460
	2011	620,236	11,944,080		0 051928
	2010	610,633	12,520,670		0 048770
	2009	564,550	12,107,193		0 046629
2	Total of line 1, colum	nn (d)		2	0 246576
3 4	the number of years	ratio for the 5-year base period—div the foundation has been in existence f noncharitable-use assets for 2014	e ıf less than 5 years	3	0 04931 13,590,10
5			,		670,190
_			40 (5)		,
6			7b)		6,958
7	Add lines 5 and 6.			7	677,154
8	Enter qualifying disti	Enter qualifying distributions from Part XII, line 4		8	616,550
	If line 8 is equal to o the Part VI instruction	•	in Part VI, line 1b, and complete tha	at part	using a 1% tax rate See

	990-PF (2014) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	w.ctio		age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instance Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A"	ructio	115)	
1a	on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see ; instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1	3,916
	here ► 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-)			
3	Add lines 1 and 2		1	3,916
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 5		1	3,916
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 7,080			
b	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			7,080
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 If Form 2220 is attached. 8			2
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		ı	5,838
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 Refunded 11			
	TOUTING THE Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
1a	It participate or intervene in any political campaign?	1a	163	No
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			110
b	for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
2	on foundation managers 🕨 \$	٦		NI-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
2	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or)	Ì	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
-	►GA			
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	o.	V-	
^	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
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	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	<u> </u>		
	and addresses.	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ▶DWIGHT C JONES Telephone no ▶(478	741-	2520	
	Located at ▶PO BOX 7345 MACON GA ZIP+4 ▶31209			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			▶ ┌
	and enter the amount of tax-exempt interest received or accrued during the year	• •		- ,
	- · · · · · · · · · · · · · · · · · · ·			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	I		
	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? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(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			
L	after termination of government service, if terminating within 90 days) Yes V 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	46		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
С	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?	1c		
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))			
а	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?			
	If "Yes," list the years > 20, 20, 20			
h	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)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
Č	► 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	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		No

Pa	rt VII-B	Statements Rega	rdin	g Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	1)	
5a	During th	e year dıd the foundatıor	pay	orıncurany amoun	t to						
	(1) Carry	on propaganda, or other	wise	attempt to influence	e leg	ıslatıon (section 49	45(e	(a)) [?]	√ No		
	(2) Influe	nce the outcome of any	speci	fic public election (see	section 4955), or to	car	ry			
	on, di	rectly or indirectly, any	oter	registration drive?.				T Yes F	√ No		
	(3) Provid	de a grant to an individua	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes रि	√ No		
	(4) Provid	de a grant to an organıza	tion c	ther than a charita	ble,	etc , organization de	scrib	ped			
	ın sec	tion 4945(d)(4)(A)? (se	e ins	tructions)				T Yes 🗟	√ No		
	(5) Provid	de for any purpose other	than	religious, charitable	e, sc	ientific, literary, or					
	educa	itional purposes, or for t	ne pre	evention of cruelty t	o ch	ıldren or anımals?.		Yes 🖟	√ No		
ь	If any ans	swerıs "Yes" to 5a(1)–(5), die	d any of the transac	tion	s fail to qualify unde	r the	exceptions described in	ı		
	Regulatio	ns section 53 4945 or i	nacu	ırrent notıce regard	ing c	lisaster assistance	(see	instructions)?		5b	
	O rganızat	tions relying on a curren	notic	ce regarding disast	eras	ssistance check her	e		-		
С	If the ans	wer is "Yes" to question	5a(4), does the foundat	ion c	laım exemption fron	n the				
		•	-			· · · · · · · · · · · · · · · · · · ·		 Yes	- _{No}		
		nttach the statement requi									
6a		undation, during the yea					prer	niums on			
		al benefit contract?							- _{No}		
ь								benefit contract?		6b	No
		o 6b, file Form 8870.	, , , ,	, , ,	,	,,					
7a		ne during the tax year, w	as th	e foundation a party	v to a	nrohibited tax shel	ter ti	ransaction? TYes (- No		
								the transaction?		7b	
	11 9 0 5 , 010							n Managers, Highly			lovees
Pa	rt VIII	and Contractors	. •	icers, Directors	<i>-,</i>	ustees, i ounat		n nanagers, mgmy	. u.u	р	ioyees,
1	List all off	icers, directors, trustees	, fou	ndation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation	1	(d) Contributions to	(e) E	xpens	e account,
	(a) Nai	me and address		nours per week voted to position	(1	If not paid, enter -0-)	1	mployee benefit plans I deferred compensation			wances
500	Δ dditional	Data Table	uc	voted to position		<u> </u>	ana	deterred compensation			
	714416101141	Data Fabic									
							-				
_2	Compensat	tion of five highest-paid	empl	oyees (other than	thos	e included on line 1–	-see	instructions). If none, e	nter "N	ONE."	
	. NI			(b) Title, and aver-	age			(d) Contributions to	(-) [
(a		l address of each employ nore than \$50,000	ee	hours per week		(c) Compensation	n	employee benefit plans and deferred			e account, wances
	para	ποτο επαπ φ σ σ /σ σ σ		devoted to positi	on			compensation	"		Manicoo
иои	IE										
			-								
								<u> </u>	-		
									<u> </u>		
								<u> </u>			
Tota	I number of	f other employees paid o	ver\$	50,000							

Form 990-PF (2014)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, H	ighly Paid Employees,
3 Five highest-paid independent contractors for professional services	s (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	S	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include it		er of Expenses
organizations and other beneficiaries served, conferences convened, research papers pro	oduced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation durin	g the tax year on lines 1 and 2	A mount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 6.992.996 1h 3.185.222 1c 3.618.839 1d 13.797.057 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 13.797.057 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 206.956 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 13.590.101 5 679.505 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 679.505 1 Tax on investment income for 2014 from Part VI, line 5. 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 13.916 3 3 665.589 4 4 5 5 665.589 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 665.589 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 616.550 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 616,550 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 616,550 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

P	art XIII Undistributed Income (see inst	ructions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				665,589
2	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			566,843	
ь	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2014				
а	From 2009	1			
b	From 2010				
c	From 2011				
d	From 2012				
е	From 2013				
f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part				
	XII, line 4 🕨 \$616,550				
а	Applied to 2013, but not more than line 2a			566,843	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2014 distributable amount				49,707
е	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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	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				
е	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				615,882
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)				
a	Excess distributions carryover to 2015.				
9	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2010				
	Excess from 2011				
c	Excess from 2012				
d	Excess from 2013	_			
е	Excess from 2014				

_	Private Operating Foun	(000 !!		1111111111111	/	
	If the foundation has received a ruling or defoundation, and the ruling is effective for 20					
	Check box to indicate whether the organiza				n F 4942(1)(3)	or 「 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	JII 4942(J)(3) (T 4942(J)(5)
_	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for each	(a) 2014	(6) 2013	(0) 2012	(u) 2011	
h	year listed					
	Qualifying distributions from Part XII,					
	line 4 for each year listed					
	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly					
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
(Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying					
_	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities 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	- (0	 			
e L	t XV Supplementary Informatio assets at any time during t			tne organization	on naa \$5,000	or more in
	Information Regarding Foundation Manage	•	mon uchomony			
a	List any managers of the foundation who ha	ve contributed mo				dation
	before the close of any tax year (but only if	they have contrib	uted more than \$5	,000) (See section	507(d)(2))	
b	List any managers of the foundation who ow	n 10% or more of	the stock of a corp	oration (or an equa	ly large portion of t	he
	ownership of a partnership or other entity)				, , ,	
	Information Dogowling Contribution Cross	Cift Loon Schol	rehim etc Dresse			
	Information Regarding Contribution, Grant					
	Check here requests for funds If the foundation					
	other conditions, complete items 2a, b, c, a		grants, etc. (see in	istructions) to marv	duals of organization	ons under
а	The name, address, and telephone number	or e-mail address	of the person to w	hom applications sh	ould be addressed	
	DWIGHT C JONES					
	PO BOX 7345					
	MACON,GA 31209					
	(478) 741-2520			ala Alana al III de la Companya de l	. 4 .	
_		upmitted and infor	mation and materia	ais they should inclu	ıae	
b	The form in which applications should be s	EOD 415 4115		•		
	WRITTEN REQUEST INDICATING NEED	FOR AID AND AS				
	* *	FOR AID AND AS		·		
С	WRITTEN REQUEST INDICATING NEED		SSISTANCE			

Part XV Supplementary Inform	nation (continued)			
3 Grants and Contributions Paid		proved for F	uture Payment	1
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Additional Data Table				
	<u> </u>	<u></u>		616,55
b Approved for future payment				
			lb. 2L	

Form 990-1						Page 12
	-A Analysis of Income-Produci			T		
Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section		(e) Related or exempt function income
_	n service revenue	Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)
·						
g Fees	and contracts from government agencies					
3 Interes	rship dues and assessments			14	125,015	
	nds and interest from securities			14	44,043	
	ntal income or (loss) from real estate					
	financed property ebt-financed property			16	6,082	
	ntal income or (loss) from personal ty					
7 Other i	nvestment income					
	r (loss) from sales of assets other than ory			18	657,174	
	ome or (loss) from special events			16	037,174	
	profit or (loss) from sales of inventory					
	revenue a					
c						
	al Add columns (b), (d), and (e).				832,314	
	Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify c			1		832,314
	-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Line No.	Explain below how each activity for which the accomplishment of the foundation's instructions)					
		· · · · · · · · · · · · · · · · · · ·				

Part	XVIII	Noncharitable					insac	ctions and	Keiationsnips	with			
		ganızatıon dırectly or ı	ndırectly 6	engage	ın any of	the following						Yes	No
		01(c) of the Code (othe	er than se	ction 5	01(c)(3)	organızatıons	s) or in	section 527,	relating to polition	cal		165	IAO
_		ions? from the reporting four	adation to	2 202	haritable	avamnt arga	nizatio	n of					
											1a(1)		No
		rassets									1a(2)		No
• •		nsactions									(-)		""
		s of assets to a noncha	rıtable ex	empt o	rganizatio	n					1b(1)		No
		hases of assets from a									1b(2)		No
		al of facilities, equipme									-		No
		bursement arrangemer									1b(4)		No
(5)	Loan	s or loan guarantees.									1b(5)		No
(6) F	erfor	mance of services or n	nembershi	ıp or fuı	ndraising	solicitations.					1b(6)		No
c Shar	ing o	f facilities, equipment,	mailing lis	ts, oth	erassets	, or paid emp	loyees	5			1c		No
		wer to any of the above											
		ds, other assets, or se nsaction or sharing arr										2	
(a) Line I	No	(b) Amount involved	(c) Name	of nonch	narıtable exe	empt organizatio	on	(d) Description	of transfers, transac	tions, and sha	ring arra	ngemer	nts
	_												
	+												
	_												
	_												
	_												
	_						+						
	-												
desc	rıbed	ndation directly or indi l in section 501(c) of th complete the following (a) Name of organization	ne Code (d schedule		ian sectio	•	orıns	section 527?.		ption of relati		es F	, No
Sian	the	er penalties of perjury, best of my knowledge a rmation of which prepar	and belief,	ıt ıs tru	ue, correc			_				•	
Sign Here		*****				2015-09-	28	*****	•	return	IRS disci		
	<u>, </u>	Signature of officer or t	rustee			Date		Title	.	below (see ins	tr)? 🔽 Y		
		Print/Type preparer's KATHY W FLETCHE		Prepa	ırer's Sıgr	nature		ate 2015-10-06	Check if self- employed ►	PTIN P	007016	560	
Paid Prepa Use	rer	Firm's name ► MCNAIR MCLEMORE	MIDDLE	BROOK	(S & CO L	LC			Firm's EIN ► 5	8-109435	1		
Only		Firm's address ► POST OFFICE BOX C	NE MAC	CON, G	A 31202	20001			Phone no (478	3)746-627	77		
	- 1								l				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation				
(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
LINDSEY CROSBY	DIRECTOR	8,000	0	0
P O BOX 7006 MACON,GA 31298	1 00			
DWIGHT C JONES	DIRECTOR	8,000	0	0
P O BOX 7006 MACON,GA 31298	2 50			
JOHN KITCHENS	DIRECTOR	8,000	0	0
P O BOX 7006 MACON,GA 31298	1 00			
TRACY JONES	DIRECTOR	8,000	0	0
P O BOX 7006 MACON,GA 31298	1 00			
VES JONES	DIRECTOR	8,000	0	0
972 WESLEYAN DRIVE MACON.GA 31210	1 00			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

			ne real of Approved for r	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
COMMUNITY FOUNDATION OF CENTRAL GA 277 MLK JR BLVD 303 MACON, GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	59,000
COVENANT THEOLOGICAL SEMINARIES 1233 CONWAY ROAD ST LOUIS, MO 63141	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	5,000
FIRST PRESBYTERIAN CHURCH 682 MULBERRY STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	200,000
FRIENDS OF THE LIBRARY 1180 WASHINGTON AVENUE MACON,GA 31204	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	16,000
MACON SYMPHONY ORCHESTRA 400 POPLAR STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	10,000
MEDCEN FOUNDATION 858 HIGH STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	10,000
UNITY-N-COM PO BOX 3244 MACON,GA 31205	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	750
CENTRAL GEORGIA CARES 520 PROFESSIONAL DR STE 2 MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	2,500
CHARLES H JONES ADVANCED TECH 3300 MACON TECH DRIVE MACON,GA 31206	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	80,000
FAMILY COUNSELING CENTER OF CEN GA 277 MLK JR BLVD 203 MACON,GA 31201	NONE	CHARITABLE	SILVER GOLF TOURNAMENT SPONSORSHIP	250
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 26358 MACON,GA 31221	NONE	CHARITABLE	SUPPORT OF STAFFING NEEDS	500
GSU FOUNDATION INC PO BOX 8053-02 STATESBORO,GA 30460	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	200
HAYIYA DANCE THEATRE 3128 VINEVILLE AVENUE MACON,GA 31204	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	600
JAY'S HOPE FOUNDATION 1157 FORSYTH STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	5,000
KIDS YULE LOVE PO BOX 2011 MACON, GA 31203	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	9,500
Total				616,550

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LUNDY HIGHER HEIGHTS COMMUNITY PO BOX 7245 MACON,GA 31209	NONE	CHARITABLE	SUPPORT OF SUMMER OUTREACH PROGRAM	15,000
MACON POPS POST OFFICE BOX 6295 MACON,GA 31208	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	10,000
MNA SHORT TERM MISSIONS PO BOX 890233 CHARLOTTE,NC 28289	NONE	CHARITABLE	BUILD DISASTER RESPONSE WAREHOUSE	150,000
MUSCULAR DYSTROPHY ASSOCIATION 152 NORTH CREST BLVD MACON,GA 31210	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	250
OTIS REDDING FOUNDATION 339 COTTON AVENUE MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	1,000
PLEASANT HILL PO BOX 6356 MACON,GA 31208	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	500
THE CAMP GRACE 2559 WALKERS CHAPEL ROAD ROBERTA, GA 31078	NONE	CHARITABLE	CHRISTIAN SUMMER YOUTH CAMP	10,000
TUBMAN AFRICAN AMERICAN MUSEUM 340 WALNUT STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	30,000
ALZHEIMER'S ASSOCIATION 896 MULBERRY STREET MACON,GA 31201	NONE	CHARITABLE	GENERAL SUPPORT OF PROGRAMS	500
Total				616,550

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
IRRIGATION SYSTEM	2008-09-03	742	742	200DB	5 0000				
FISH	2010-05-17	1,400							
FISH	2011-05-10	3,239							
ST JOHN'S CONSTRUCTION	2011-02-15	3,983	3,295	200DB	5 0000	459	459		
FISH	2012-05-31	2,148							
IRRIGATION SYSTEM	2013-02-25	89,410	43,811	200DB	5 0000	18,240	18,240		
TRACTOR	2013-03-06	67,800	29,154	200DB	5 0000	15,458	15,458		
FENCE	2013-05-13	20,131	2,240	150DB	15 0000	1,789	1,789		
WELL PUMP	2013-06-06	24,714	14,122	200DB	7 0000	3,026	3,026		
FISH	2013-01-01	2,652							
FENCE	2015-01-29	12,500		200DB	7 0000	1,786	1,786		
GRAPPLE - FARM EQUIPMENT	2014-07-21	4,100		200DB	7 0000	2,343	2,343		
FARM EQUIPMENT - BLADES	2015-04-08	4,800		200DB	7 0000	686	686		
BLADES - FARM EQUIPMENT	2015-04-08	4,800		200DB	7 0000	686	686		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491280004025

TY 2014 Investments Corporate Stock Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
RAYMOND JAMES		
STERNE AGEE	4,971,543	6,472,337

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491280004025

TY 2014 Investments - Land Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
LAND	3,176,130		3,176,130	1,715,000	l

TY 2014 Land, Etc. Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
MACHINERY AND EQUIPMENT	232,980	137,837	95,143	104,582
FISH	9,439		9,439	

TY 2014 Other Expenses Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LAND RENT				
SUPPLIES	2,940	2,940		
LABOR	8,181	8,181		
INSURANCE	2,801	2,801		
REPAIRS & MAINTENANCE	12,780	12,780		
UTILITIES	467	467		
TAXES	8,726	8,726		
BANK CHARGES	12	12		
ADVERTISING	10,640	10,640		
CHEMICALS & FERTILIZER	811	811		

DLN: 93491280004025

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Other Notes/Loans Receivable Long Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
RCG - MACON RECEIVABLE			1,786,580				7 00 %				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491280004025

TY 2014 Other Notes/Loans Receivable Short Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Name of 501(c)(3) Organization	Balance Due
OTHER LOANS	

TY 2014 Other Professional Fees Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES	4,420	4,420		
MANAGEMENT FEES	83,842	83,842		

TY 2014 Taxes Schedule

Name: CHARLES H JONES FAMILY FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	7,238	7,238		
FOREIGN TAXES	1,027	1,027		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491280004025

OMB No 1545-0047

OND 110 1343-0047

Schedule B

Name of the organization

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2014

Employer identification number

CHARL	ES H JONES FAMILY	50.4670452				
Organ	ization type (check o	ne)	58-1678452			
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 foundation				
		covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions			
Gener	al Rule					
⊽		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a co				
Specia	al Rules					
Γ	under sections 509(a) received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support of 10 and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part is contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
Γ	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 for the prevention of cruelty to children or animals Complete Parts I, II, and III					
Г	during the year, contr this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received butions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an <i>exclu</i> lete any of the parts unless the General Rule applies to this organization becate, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively			

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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
CHARLES H JONES FAMILY FOUNDATION

Employer identification number 58-1678452

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	ESTATE OF CHARLES H JONES PO BOX 7345 MACON, GA 31209	\$838,000	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

Name of organization
CHARLES H JONES FAMILY FOUNDATION

58-1678452

Part II	needed (see instructions) Use duplicate copies of Part II if additional space is		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$_	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4	
	organization			Employer identification number	
CHARLES	5 H JONES FAMILY FOUNDATION			58-1678452	
Part III		ar from any one enter the total of instructions)	contributor . Complete c	•	
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a		Transfer of gift Relations	hip of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
<u>Part I</u>					
	Transferee's name, address, and ZIP 4		(e) Transfer of gift Relationship of transferor to transfered		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		Transfer of gift Relations	hip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4		Transfer of gift Relations	hip of transferor to transferee	