efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316009318

Form **990-PF**
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 *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
JANET STONE JONES FOUNDATION
% CHILTON TRUST COMPANY LLC

A Employer identification number
13-2988287

Number and street (or P O box number if mail is not delivered to street address)
C/O CTC - 1290 EAST MAIN STREET Sui

Room/suite

B Telephone number (see instructions)
(203) 352-4000

City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 06902

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 231,232

J Accounting method ☑ Cash ☐ Accrual ☐ 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 ▶ ☐

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)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	234,208			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	202	202		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	254			
	b	Gross sales price for all assets on line 6a 234,463				
	7	Capital gain net income (from Part IV, line 2)		254		
	8	Net short-term capital gain				
	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)				
	12	**Total.** Add lines 1 through 11	234,664	456		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0			
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	90	0	0	90
	c	Other professional fees (attach schedule)	252	252		
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	50			50
	24	**Total operating and administrative expenses.** Add lines 13 through 23	392	252	0	140
	25	Contributions, gifts, grants paid	243,750			243,750
	26	**Total expenses and disbursements.** Add lines 24 and 25	244,142	252	0	243,890
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-9,478			
	b	**Net investment income** (if negative, enter -0-)		204		
	c	**Adjusted net income**(if negative, enter -0-)				

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	187,662	231,232	231,232
	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 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			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	187,662	231,232	231,232
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, 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	187,662	231,232	
	30 **Total net assets or fund balances** (see instructions)	187,662	231,232	
	31 **Total liabilities and net assets/fund balances** (see instructions)	187,662	231,232	

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	187,662
2	Enter amount from Part I, line 27a	2	-9,478
3	Other increases not included in line 2 (itemize) ▶ _____	3	53,048
4	Add lines 1, 2, and 3	4	231,232
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)—Part II, column (b), line 30	6	231,232

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 Additional Data Table			
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	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a	See Additional Data Table			
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	254
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	

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 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))
2016	222,057	27,561	8 056928
2015	230,496	9,835	23 436299
2014	246,367	6,631	37 153823
2013	436,695	36,230	12 053409
2012	379,620	24,563	15 454953

2	**Total** of line 1, column (d)	2	96 155412
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	19 231082
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	63,348
5	Multiply line 4 by line 3	5	1,218,251
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	2
7	Add lines 5 and 6	7	1,218,253
8	Enter qualifying distributions from Part XII, line 4	8	243,890

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

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 ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	4
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	4
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	4
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 1,000		
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	1,000
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	996
11	Enter the amount of line 10 to be **Credited to 2018 estimated tax** ▶ 996 **Refunded** ▶	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?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions 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*			
c	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 ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		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? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	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) ▶ NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	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 2017 or the taxable year beginning in 2017 (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 and addresses*	10		No

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		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 ▶			
14	The books are in care of ▶ CHILTON TRUST COMPANY LLC Telephone no ▶ (203) 352-4000			
	Located at ▶ 1290 E MAIN ST-3RD FLOOR STAMFORD CT ZIP+4 ▶ 06902			
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 ▶ 15			
16	At any time during calendar year 2017, 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?	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 ▶			

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? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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)? ☐ Yes ☑ 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). ☐ Yes ☑ 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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
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 2017?	1c		No
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
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)	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 ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2017 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 2017).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2017?	4b		No

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)?			**5b**	
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐			
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?			**6b**	**No**
	If "Yes" to 6b, file Form 8870				
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?			**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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
BENJAMIN BREWSTER C/O CTC - 1290 EAST MAIN STREET 1290 E MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	PRESIDENT & DIRECTOR 3 0	0	0	0
JANET B YORK C/O CTC - 1290 EAST MAIN STREET 1290 E MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	SECRETARY & DIRECTOR 2 0	0	0	0
WHITNEY B ARMSTRONG C/O CTC - 1290 EAST MAIN STREET 1290 E MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	VICE PRESIDENT & DIRECTOR 1 0	0	0	0
ANTOINETTE BREWSTER C/O CTC - 1290 EAST MAIN STREET 1290 E MAIN STREET - 3RD FLOOR STAMFORD, CT 06902	TREASURER 1 0	0	0	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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances

Total number of other employees paid over $50,000. . . . . ▶

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

Total number of others receiving over $50,000 for professional services. . . . . ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
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	
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)

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	2,636
b	Average of monthly cash balances	1b	61,677
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	64,313
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	0
3	Subtract line 2 from line 1d	3	64,313
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	965
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	63,348
6	**Minimum investment return.** Enter 5% of line 5	6	3,167

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	3,167
2a	Tax on investment income for 2017 from Part VI, line 5	2a	4		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	4
3	Distributable amount before adjustments Subtract line 2c from line 1			3	3,163
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	3,163
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	3,163

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	243,890
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	243,890
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	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	243,890

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,163
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 2015 , 2014 , 2013		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012. 379,620				
b From 2013. 436,695				
c From 2014. 246,367				
d From 2015. 230,496				
e From 2016. 220,679				
f Total of lines 3a through e.	1,513,857			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 243,890				
a Applied to 2016, but not more than line 2a			0	
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 2017 distributable amount.				3,163
e Remaining amount distributed out of corpus	240,727			
5 Excess distributions carryover applied to 2017				
(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	1,754,584			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
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		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
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 2012 not applied on line 5 or line 7 (see instructions) . . .	379,620			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,374,964			
10 Analysis of line 9				
a Excess from 2013. . . . 436,695				
b Excess from 2014. . . . 246,367				
c Excess from 2015. . . . 230,496				
d Excess from 2016. . . . 220,679				
e Excess from 2017. . . . 240,727				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d 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					
3 Complete 3a, b, or c for the alternative test relied upon					
a "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. . .					
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 organization 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))

BENJAMIN BREWSTER JANET B YORK

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

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 email 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* See Additional Data Table				
Total . . . . . ▶ **3a**				243,750
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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					
4 Dividends and interest from securities. . . .			14	202	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
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	254	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				456	
13 **Total.** Add line 12, columns (b), (d), and (e).				13	456

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

			Yes	No
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?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

******	2018-05-15	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
SEAN V HALLISEY				P01900434

Firm's name ▶ CHILTON TRUST COMPANY LLC — Firm's EIN ▶

Firm's address ▶ 1290 EAST MAIN STREET 1FL STAMFORD, CT 06902 — Phone no (203) 352-4000

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 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)
362 SHS OF WAYFAIR INC	D		
347 SHS OF WAYFAIR INC	D		
16 SHS OF WAYFAIR INC	D		
400 SHS OF TJX COS INC	D		
224 SHS OF FACEBOOK INC	D		
360 SHS OF IDEXX LABS INC	D		
320 SHS OF IDEXX LABS INC	D		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
27,545		12,034	9
26,529		11,669	134
1,217		614	
31,785		31,700	85
40,223		9,419	13
56,734		3,556	7
50,430		3,161	6

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			15,511
			14,860
			603
			85
			30,804
			53,178
			47,269

Form 990PF Part XV Line 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*				
FOCUSED ULTRASOUND SURGERY FOUNDATION 1230 CEDARS COURT SUITE F CHARLOTTESVILLE, VA 22903	NONE	PC	GENERAL SUPPORT	500
BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA PO BOX 707 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	24,950
WORLD WILDLIFE FUND 1250 24TH STREET NW WASHINGTON, DC 20037	NONE	PC	GENERAL SUPPORT	15,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND SUITE 201 TOPSHAM, ME 04086	NONE	PC	GENERAL SUPPORT	5,000
FRIENDS OF ACADIA 43 COTTAGE STREET PO BOX 45 BAR HARBOR, ME 046090045	NONE	PC	GENERAL SUPPORT	1,400
WVTF PUBLIC RADIO 3520 KINGSBURY LANE ROANOKE, VA 24014	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ **3a**				243,750

Form 990PF Part XV Line 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*				
COLLEGE OF THE ATLANTIC 105 EDEN STREET BAR HARBOR, ME 04609	NONE	PC	GENERAL SUPPORT	4,500
THE WILDERNESS SOCIETY 1615 M STREET NW WASHINGTON, DC 200363209	NONE	PC	GENERAL SUPPORT	750
FOUNTAIN HOUSE INC 425 WEST 47TH STREET NEW YORK, NY 100362304	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
TRUDEAU INSTITUTE INC 154 ALGONQUIN AVENUE SARANAC LAKE, NY 12983	NONE	PC	GENERAL SUPPORT	5,500
LOCAL FOOD HUBPO BOX 4647 CHARLOTTESVILLE, VA 22905	NONE	PC	GENERAL SUPPORT	2,000
LIGHT HOUSE STUDIO INC 121 EAST WATER STREET CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	1,500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
BEATRIX FARRAND SOCIETYPO BOX 111 MOUNT DESERT, ME 04660	NONE	PC	GENERAL SUPPORT	750
PLANNED PARENTHOOD HEALTH SYSTEMS INC 2964 HYDRAULIC ROAD CHARLOTTESVILLE, VA 22901	NONE	PC	GENERAL SUPPORT	2,500
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDES PLACE MEMPHIS, TN 381051942	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
THE ANIMAL MEDICAL CENTER 510 EAST 62ND STREET NEW YORK, NY 10065	NONE	PC	GENERAL SUPPORT	30,000
WATERKEEPER ALLIANCE INC 17 BATTERY PLACE SUITE 1329 NEW YORK, NY 10004	NONE	PC	GENERAL SUPPORT	1,000
RIVANNA CONSERVATION SOCIETY INC PO BOX 1501 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
THE CHAPIN SCHOOL 100 EAST END AVENUE NEW YORK, NY 10028	NONE	PC	GENERAL SUPPORT	250
THE PARISH OF ST MARY AND ST JUDE PO BOX 105 NORTHEAST HARBOR, ME 04662	NONE	PC	GENERAL SUPPORT	6,000
WMRA PUBLIC RADIO 983 RESERVOIR STREET HARRISONBURG, VA 22801	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
BLUE RIDGE AREA FOOD BANK INC PO BOX 937 96 LAUREL HILL ROAD VERONA, VA 24482	NONE	PC	GENERAL SUPPORT	5,000
THE FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD BOX 719 BREWSTER, NY 105090719	NONE	PC	GENERAL SUPPORT	500
UNIVERSITY OF VIRGINIA 400 RAY C HUNT DRIVE PO BOX 400807 CHARLOTTESVILLE, VA 229044807	NONE	PC	GENERAL SUPPORT	3,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
MIDDLE EAST CHILDREN'S INSTITUTE 119 WEST 72ND STREET BOX 279 NEW YORK, NY 10023	NONE	PC	GENERAL SUPPORT	500
THE UNIVERSITY OF THE SOUTH-SEWANEE 735 UNIVERSITY AVENUE SEWANEE, TN 373831000	NONE	PC	GENERAL SUPPORT	25,500
PIEDMONT ENVIRONMENTAL COUNCIL INC PO BOX 460 WARRENTON, VA 20188	NONE	PC	GENERAL SUPPORT	2,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
PHILLIPS ACADEMY180 MAIN STREET ANDOVER, MA 018104161	NONE	PC	GENERAL SUPPORT	250
NEW CANAAN COUNTRY SCHOOL INC 545 PONUS RIDGE NEW CANAAN, CT 06840	NONE	PC	GENERAL SUPPORT	1,000
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 065212038	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
UNITED STATES EQUESTRIAN TEAM FOUNDATION INC 1040 POTTERSVILLE ROAD PO BOX 355 GLADSTONE, NJ 079340355	NONE	PC	GENERAL SUPPORT	100
ASHLAWN OPERA FESTIVAL FOUNDATION PO BOX 2498 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	500
MOUNT DESERT FESTIVAL OF CHAMBER MUSIC PO BOX 87 MOUNT DESERT, ME 04660	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
SCOTTSVILLE VOLUNTEER RESCUE SQUAD PO BOX 550 SCOTTSVILLE, VA 24590	NONE	PC	GENERAL SUPPORT	1,500
AMERICAN KENNEL CLUB CANINE HEALTH FOUNDATION INC 8051 ARCO CORPORATE DRIVE SUITE 300 RALEIGH, NC 276173901	NONE	PC	GENERAL SUPPORT	1,000
THE PARAMOUNT THEATER INC 215 E MAIN STREET CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	1,000
Total 3a . . . . . ▶				243,750

Form 990PF Part XV Line 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*				
ST LUKE'S EPISCOPAL CHURCH 8009 FORT HUNT ROAD ALEXANDRIA, VA 22308	NONE	PC	GENERAL SUPPORT	6,000
GARRISON FOREST SCHOOL INC 300 GARRISON FOREST SCHOOL OWINGS MILLS, MD 21117	NONE	PC	GENERAL SUPPORT	250
COMMUNITY IDEA STATIONS - WHTJ 23 SESAME STREET RICHMOND, VA 23235	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
THE THOMAS JEFFERSON FOUNDATION PO BOX 316 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	5,000
INTERCONNECTIONS 21PO BOX 960 WILSON, WY 83014	NONE	PC	GENERAL SUPPORT	300
MOUNT SINAI DEPT OF EMERGENCY MEDICINE ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
SOUTHERN ENVIRONMENTAL LAW CENTER 201 WEST MAIN STREET ROOM-SUITE 14 CHARLOTTESVILLE, VA 229025065	NONE	PC	GENERAL SUPPORT	10,000
WOMEN'S PRISON ASSOCIATION 110 SECOND AVENUE NEW YORK, NY 10003	NONE	PC	GENERAL SUPPORT	500
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ **3a**				243,750

Form 990PF Part XV Line 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*				
WOMEN'S INITIATIVE 1101 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	1,000
SCHOODIC INSTITUTE AT ACADIA NATIONAL PARK PO BOX 277 WINTER HARBOR, ME 04693	NONE	PC	GENERAL SUPPORT	500
WILDLIFE CENTER OF VIRGINIA PO BOX 1557 WAYNESBORO, VA 22980	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	NONE	PC	GENERAL SUPPORT	1,500
PIEDMONT CASA INC 818 EAST HIGH STREET PO BOX 603 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	500
DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS, TN 38120	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
DELTA WATERFOWL FOUNDATION 1305 E CENTRAL AVENUE BISMARCK, ND 58501	NONE	PC	GENERAL SUPPORT	250
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	PC	NATURAL RESOURCE CONSERVATION AND PROTECTION	1,000
WILDLIFE CONSERVATION SOCIETY 2300 Southern Boulevard Bronx, NY 10460	NONE	PC	GENERAL SUPPORT	1,750
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
WENDELL GILLEY MUSEUM 4 HERRICK ROAD PO BOX 254 SOUTHEAST HARBOR, ME 04679	NONE	PC	GENERAL SUPPORT	8,000
WOMEN UNITED IN PHILANTHROPY UNITED WAY-THOMAS JEFFERSON AREA 806 EAST HIGH STREET CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	500
THE COMMUNITY INVESTMENT COLLABORATIVE PO BOX 2976 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	1,500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
NATURE CONSERVANCY IN VIRGINIA 4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203	NONE	PC	GENERAL SUPPORT	5,000
THE MONTPELIER FOUNDATION PO BOX 67 MONTPELIER STATION, VA 22957	NONE	PC	GENERAL SUPPORT	5,000
BOYS & GIRLS CLUB OF SCOTTSVILLE 300 PAGE ST SCOTTSVILLE, VA 24590	NONE	PC	GENERAL SUPPORT	10,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
THE CENTER FOR NONPROFIT EXCELLENCE 1701-A ALLIED STREET CHARLOTTESVILLE, VA 22903	NONE	PC	GENERAL SUPPORT	500
NATIONAL AUDUBON SOCIETY INC 225 VARRICK STREET 7TH FLOOR NEW YORK, NY 10014	NONE	PC	GENERAL SUPPORT	500
OXFORD ACADEMY 1393 BOSTON POST ROAD WESTBROOK, CT 06498	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
SOUTH KENT SCHOOL 40 BULLS BRIDGE ROAD SOUTH KENT, CT 06785	NONE	PC	GENERAL SUPPORT	1,000
BOYS & GIRLS CLUB ORANGE 242 MAIN STREET WEST ORANGE, NJ 07052	NONE	PC	GENERAL SUPPORT	1,500
AMAZON AID FOUNDATION 1685 OWENSVILLE ROAD CHARLOTTESVILLE, VA 22901	NONE	PC	GENERAL SUPPORT	10,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
CONVERSATION COMMISSION TOWN OF SOUTHWEST HARBOR 26 VILLAGE GREEN WAY PO BOX 745 SOUTHWEST HARBOR, ME 04679	NONE	PC	GENERAL SUPPORT	500
MDI BIOLOGICAL LABORATORY MDI BIOLOGICAL LABORATORY PO BOX 35 SALISBURY COVE, ME 04672	NONE	PC	GENERAL SUPPORT	500
101 EAST 69TH STREET CONSERVANCY 101 EAST 69TH STREET NEW YORK, NY 10021	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
MOUNT DESERT ISLAND HISTORICAL SOCIETY MOUNT DESERT ISLAND HISTORICAL SOCI PO BOX 653 MOUNT DESERT, ME 04660	NONE	PC	GENERAL SUPPORT	750
MOUNT DESERT LAND & GARDEN PRESERVE LAND GARDEN PRESERVE PO BOX 208 SEAL HARBOR, ME 04675	NONE	PC	GENERAL SUPPORT	5,000
CHARLOTTESVILLE MUNICIPAL BAND 1119 5TH STRET SW CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
NATIONAL PARK FOUNDATION 1110 VERMONT AVE NW SUITE 200 WASHINGTON, DC 20005	NONE	PC	GENERAL SUPPORT	500
SERVICE DOGS OF VIRGINIA 218 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901	NONE	PC	GENERAL SUPPORT	500
THE ELEPHANT SANCTUARY THE ELEPHANT SANCTUARY IN TENNESSEE PO BOX 393 HOHENWALD, TN 38462	NONE	PC	GENERAL SUPPORT	500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
TUESDAY EVENING CONCERT SERIES 108 5TH STREET SE SUITE 208 CHARLOTTESVILLE, VA 22902	NONE	PC	GENERAL SUPPORT	500
VIRGINIA CONSORT 1658 BRANDYWINE DRIVE CHARLOTTESVILLE, VA 22901	NONE	PC	GENERAL SUPPORT	1,500
VIRGINIA FOUNDATION FOR THE HUMANITIES UNIVERSITY OF VIRGINIA 145 EDNAM DRIVE CHARLOTTESVILLE, VA 22903	NONE		GENERAL SUPPORT	2,500
Total . . . . . ▶ 3a				243,750

Form 990PF Part XV Line 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*				
WHOLE WOMEN'S HEALTH ALLIANCE 2321 COMMONWEALTH DRIVE CHARLOTTESVILLE, VA 22901	NONE	PC	GENERAL SUPPORT	2,500
WTJU-FM 2ND FLOOR LAMBETH COMMONS PO BOX 400811 CHARLOTTESVILLE, VA 22904	NONE	PC	GENERAL SUPPORT	1,000
Total . . . . . ▶ 3a				243,750

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316009318

TY 2017 Accounting Fees Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	90			90

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316009318

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

TY 2017 Depreciation Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316009318

TY 2017 Other Expenses Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NYS DEPT OF LAW - FILING FEES	50			50

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316009318

TY 2017 Other Increases Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

Description	Amount
BOOK ADJUSTMENT	53,048

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316009318

TY 2017 Other Professional Fees Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGAMENT FEE	239	239		
CUSTODIAN & MANAGEMENT FEE	12	12		
ACCOUNT MANAGEMENT FEE	1	1		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491316009318

TY 2017 Taxes Schedule

Name: JANET STONE JONES FOUNDATION

EIN: 13-2988287

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
2016 ESTIMATED TAX PAYMENTS				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491316009318

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2017

Name of the organization
JANET STONE JONES FOUNDATION

Employer identification number
13-2988287

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private 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

Check 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 other 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 for 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 Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
JANET STONE JONES FOUNDATION	13-2988287

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	BENJAMIN BREWSTER C/O CHILTON TRUST CO 1290 E MAIN S STAMFORD, CT06902	$ 193,998	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
2	JANET B YORK C/O CHILTON TRUST CO 1290 E MAIN S STAMFORD, CT06902	$ 40,210	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization	Employer identification number
JANET STONE JONES FOUNDATION	13-2988287

Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(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
		$	

Name of organization
JANET STONE JONES FOUNDATION

Employer identification number
13-2988287

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

(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

(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

(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