Form 990-PF Department of the Treasury Internat Revenue Service

For calendar year 2017 or tax year beginning

**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.

► Go to www.irs.gov/Form990PF for instructions and the latest information.

, and ending

	me of foundation				A Employe	er identification	number	
	RERETON & ELIZABETH JONES							
	HARITABLE FAMILY FOUNDATI		<u>1358458</u>					
	nber and street (or P O box number if mail is not delivered to street	B Telepho						
	O BOX 487	859	<u>-873-72</u>	70	· F - 7			
-	y or town, state or province, country, and ZIP or foreign p	ostal code			C If exempti	on application is pe	ending, check here	<b>▶</b> ∐
_ <u>M</u>	IDWAY, KY 40347		•					
G (	Check all that apply: Initial return	Initial return of a fo	ormer public o	charity	D 1. Foreiq	gn organizations	, check here	
	Final return	Amended return			2		-tune the REO/ toot	
	Address change	Name change		-1	check	n organizations me here and attach co	mputation	
H (	Check type of organization: X Section 501(c)(3) ex	empt private foundation	ก	$\Psi$	E If private	e foundation staf	us was terminate	d
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	<u></u>	under se	ection 507(b)(1)	(A), check here	
I Fa	air market value of all assets at end of year   J   Accounti	ng method: X Cash	Accr	านล์ใ	F If the for	undation is in a f	60-month termina	tion
(fi		her (specify)			under se	ection 507(b)(1)	(B), check here	
	\$ 756,885. (Part I, colum	nn (d) must be on cash basi	s.)			·		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment		djusted net	(d) Disbursen for charitable pu	nents rnoses
	necessarily equal the amounts in column (a) )	expenses per books income				ncome	(cash basis o	
	1 Contributions, gifts, grants, etc., received	20,000.			N	/A 🞨	Ž.	
	2 Check If the foundation is not required to attach Sch. B		** *	議	)	1.41	\$	
	3 Interest on savings and temporary cash investments	5,671.		<u>5,671.</u>			STATEMEN	TT 1
	4 Dividends and interest from securities				<u> </u>			- 1
	5a Gross rents			····			<u> </u>	
	b Net rental income or (loss)		3. L	×,			*	
a)	6a Net gain or (loss) from sale of assets not on line 10			ئى	1 ° 7	- 10 A A A A	4463633	-4 <u>4</u>
Revenue	Gross sales price for all assets on line 6a	# 17 <b>% \$</b> 13	****	. 🦃	}	_ <u> </u>	(4,0)	<u> </u>
eve	7 Capital gain net income (from Part IV, line 2)	· ; ; \$ /3 /2		0.		<b>**</b>		
αc	8 Net short-term capital gain	3.34.23.3		K 43.23			77.	<u> </u>
	9 Income modifications		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·.			. (. %	<u></u>
	Gross sales less returns and allowances		327					<u> </u>
	b Less Cost of goods sold	791	<u> </u>		7.7	<u> </u>	30 1	<u> </u>
	c Gross profit or (loss)	10.	, ia.	1 . 1 . 7			***	<u>\</u>
<u> </u>	11 Other income LO LAP 0 & 201						× - 384	<del></del>
2018	12 Total. Add lines 1 through 11	25,671.		<u>5,671.</u>			\$3.75	<u> </u>
S	13 Compensation of officers, directors trustees, etc.	T \ 0.		0.	ļ	<u> </u>		0.
63	14 Other employee salaries and wages DEN.							
<u>a:</u>	15 Pension plans, employee benefits							
Ses.	16a Legal fees							
<u> </u>	b Accounting fees STMT 2	934.		934.				0.
INIET APR	c Other professional fees							
<b>∉</b> 9	17 Interest						_	

Operating and Administrative 22 Printing and publications 23 Other expenses 24 Total operating and administrative 0. 934 expenses. Add lines 13 through 23 1,010 158,350 158,350. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 158,350. 934 159,360 Add lines 24 and 25

76.

27 Subtract line 26 from line 12:

Depreciation and depletion

21 Travel, conferences, and meetings

18

19

20

Taxes

Occupancy

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

<133,689

4147

Form 990-PF (2017)

0.

STMT 3

4,737

N/A

## 890,574. 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds

30 Total net assets or fund balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		<u> </u>
(must agree with end-of-year figure reported on prior year's return)	1	890,574.
2 Enter amount from Part I, line 27a	2	<133,689.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	756,885.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (	b), line 30 6	756,885.

 $\triangleright [\bar{X}]$ 

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25 Temporarily restricted 26 Permanently restricted

2,275,737.

890,574.

<1,518,852

756,885

756,885

<1,385,163.

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					( <b>p)</b>	low ac - Purch - Dona	quired lase tion		te acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
1										
NON	1E				<b>_</b>					
<u> </u>					ļ					
<u> </u>					<del> </del> -					
<u> </u>	<del></del>				١.,					<u> </u>
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale					Gain or (loss lus (f) minus	
<del></del>			<del>-  </del>							<del></del>
Complete only for assets showing	g gain in c	olumn (h) and owned	by the foundation	on 12/31/69.					(Col. (h) gain	
(i) FMV as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (I) col. (I), If any			C(	oi. (k), bi Loss	ut not less tha es (from col. (	n -U-) or (h)) 
					-					
Capital gain net income or (net cap	oital loss)	If gain, also ei	nter in Part I, line r -0- in Part I, line	7	}	2	-			
Net short-term capital gain or (loss		•	) and (6):		۱ ر					
If gain, also enter in Part I, line 8, c If (loss), enter -0- in Part I, line 8	column (c)	).			1	_				
ii (1033), chich o iii i art i, iiic o						3 1				
art V Qualification Ur r optional use by domestic private	foundatio	ns subject to the section					ent in	come		
Part V Qualification Ur or optional use by domestic private section 4940(d)(2) applies, leave this as the foundation liable for the section	foundatio is part bla on 4942 t under se	ns subject to the sections.  ax on the distributable ction 4940(e). Do not	on 4940(a) tax on a amount of any yo complete this par	net investment i ear in the base pe t.	ncome	P.)	nent In	come		☐ Yes 🛣
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8b

of each state as required by General Instruction G? If "No," attach explanation

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 tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "yes," attach a schedule listing their names and addresses

Part VII-A Statements Regarding Activities (continued)

Form 990-PF (2017)

CHARITABLE FAMILY FOUNDATION

			Yes	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		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	} }		
	If "Yes," attach statement. See instructions	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>X</u>	
	Website address ► N/A			
14	The books are in care of ► BRERETON C. JONES  Telephone no. ►859-87		270	
	Located at ► PO BOX 487, MIDWAY, KY  ZIP+4 ►40	34/		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	17	<b>,</b> ▶	لــا
	and enter the amount of tax-exempt interest received or accrued during the year	N/		No
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	X
	securities, or other financial account in a foreign country?	16	# 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	A
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.			2 3 7 A
Pa	int: VII-Bi Statements Regarding Activities for Which Form 4720 May Be Required	1 240 14, 1694	8130% #8:0	A 24 . 2 . 24
	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):	797	<b>7</b> /3	13 3 31
_	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			343
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			3 3 7
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		4/3	* * * .
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			* * * *
	(5) Transfer any income or assets to a disqualified person (or make any of either available	4 4 4		
	for the benefit or use of a disqualified person)?	* * .	3 3 4	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	2 * 4		
	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.)	***		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		4 3 4	2
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	16	* 1	
	Organizations relying on a current notice regarding disaster assistance, check here	2 2 3	* * *	
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	3.34	4 3 4 91	* * *
•	before the first day of the tax year beginning in 2017?  Taxes on failure to distribute program (costs on 4042) (does not apply for years the foundation was a private greating foundation.	1C	7 7	<u> </u>
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)):	2 3 3	4 . 5	\$ 3 X X
2	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		* * * .	
4	before 2017?			
	If "Yes," list the years	* * * *		* * *
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		,	* * \$ 6.
	statement - see instructions.)  N/A	2b		<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	# T S	* * *	, , ,
	<b>&gt;</b>	***	*	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	* * * *	13.	* * *
	during the year?	3 7 %	,	* * *
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	1		* * * *
	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,	3 4		:- */
_	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	· `	> <u>\$</u>	**
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	) DE	(2017)

Page 6

Tart VII D Ctatements Regarding Activities for Which I	Offit 4720 May be t	required (continu	ueu)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	s X No		ļ
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the exceptions described i	n Regulations	j.	]	
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check t					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it maintai	ined			
expenditure responsibility for the grant?	N	「/A	s L 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?		Ye	s X No	·	*
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870.				*	\$4.5
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		* 4
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	L
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	magers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		L Componentian	(d) Contributions to	T	
(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) Exp account allowa	ense , other nces
BRERETON C JONES	CO-TRUSTEE			1	
PO BOX 487				1	
MIDWAY, KY 40347	0.00	0.	0.	<u>,                                    </u>	0.
ELIZABETH LLOYD JONES	CO-TRUSTEE	Í			
PO BOX 487					
MIDWAY, KY 40347	0.00	0.	0.	<u> </u>	<u>0.</u>
				}	
		ļ			
		<u> </u>			
		1			
	<u> </u>	L	<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	(a) Fw	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	account	t, other
	devoted to position	ļ.,	compensation	allowa	inces
NONE		1			
				<del> </del>	
	}		ļ		
				<del>                                     </del>	
			}	1	
		<del> </del>		1	
		1	<u> </u>		
Total number of other employees paid over \$50,000				000 ==	0
			Forn	n <b>990-PF</b>	(2017)

3 Five highest-paid independent contractors for professional services. If none, ent	ter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE			-
		<del></del>	
	<del> </del>		
Catal number of others recovers over \$50,000 for professional convers		<b>•</b>	
otal number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities	<del></del>		
		<u> </u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stated number of organizations and other beneficiaries served, conferences convened, research papers pr		Expenses	
<u>N/A</u>			
			0.
3			
		7	
		7	
		7	
		1	
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2.	Amount	
N/A			
14/14			
		┪	
		-	
		=	
All other programs related an extension Co. materials			
All other program-related investments. See instructions.			
		-	
		_	
			<del></del>
otal. Add lines 1 through 3	•		0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.	J	
·	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	823,729.
	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	823,729.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	823,729.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,356.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	811,373.
6_	Minimum investment return. Enter 5% of line 5	6	40,569.
P	art:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	ıd certaın	
1	Minimum investment return from Part X, line 6	1	40,569.
2a	Tax on investment income for 2017 from Part VI, line 5	100	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	95.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,474.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	40,474.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	40,474.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	18 1	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	158,350.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	158,350.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	158,350.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section

Form **990-PF** (2017)

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,	Corpus	rears prior to 2010	2010	2011
line 7				40,474.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		_		
		0.		-
3 Excess distributions carryover, if any, to 2017:		,		
a From 2012 412,122.				
b From 2013 171, 302.				
c From 2014 140,554.				
d From 2015 233,699. e From 2016 136,547.			lland from his file	
	1 004 224			, ,
f Total of lines 3a through e	1,094,224.		\$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50 × \$2.50	33.5
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 158,350.	•			
Part XII, line 4: ► \$ 158,350. a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		W 45		* ***
years (Election required - see instructions)		n.		
c Treated as distributions out of corpus	k			
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				40,474.
e Remaining amount distributed out of corpus	117,876.	2:10		
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	***************************************		J. S. C.	
6 Enter the net total of each column as				
indicated below:	1,212,100.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,212,100.			- 300
<b>b</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	***	0.		
d Subtract line 6c from line 6b. Taxable	, Ş»			
amount - see instructions		0.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
e Undistributed income for 2016. Subtract line	i i	<b>.</b>		·
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must			(1)	0.
be distributed in 2018				<u> </u>
7 Amounts treated as distributions out of				1
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election			j., *	<b>*</b>
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	•		**************************************	*
not applied on line 5 or line 7	412,122.			
9 Excess distributions carryover to 2018	112,1220			
Subtract lines 7 and 8 from line 6a	799,978.			
10 Analysis of line 9		·		
a Excess from 2013 171,302.				
b Excess from 2014 140,554.		l ž		
c Excess from 2015 233,699.	]			
d Excess from 2016 136,547.	]	·	,	
e Excess from 2017 117,876.	<u> </u>	· *		
				Earm <b>QQD_DF</b> (2017)

723601 01-03-18

Part XV   Supplementary Informatio				
3 Grants and Contributions Paid During the	Year or Approved for Future F	ayment	<u> </u>	
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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<del> </del>	
a Paid during the year				
SEE ATTACHED SCHEDULE A				
<del> </del>			<del> </del>	158,350
	ł			
	]			
	}			
	}			
			1	
			}	
	}		}	
		ļ		
			1	
			1	
· <del>····································</del>		<del></del>		
Total			▶ 3a	158 350
b Approved for future payment			[	
			}	
NONE				
1401412				
			}	
		'		
		Ti .		
			1	
			}	
			L	
Total			<b>▶</b> 3b	orm <b>990-PF</b> (201

Part XVI-A Analysis of Income-Producing Activ
-----------------------------------------------

nter gross amounts unless otherwise indicated	( T	business income		ided by section 512, 513, or 514	(e)
	(a) Business	(b)	Exclu- sion	(d)	Related or exempt
Program service revenue:	code	Amount	code	Amount	function income
a					
b					<del></del>
<u> </u>				<del> </del>	
d	}		+	<del> </del>	
e	<del>  -</del>		+	<del> </del>	
1			<del></del>	<del> </del>	
g Fees and contracts from government agencies			+	-	
Membership dues and assessments	<del></del>				<del></del>
Interest on savings and temporary cash	1		14	5,671.	
investments Dividends and interest from securities	<del></del>		+	5,0/10	<del></del>
Net rental income or (loss) from real estate:	The state of the s	ng Proposition (Section 1984)			<del></del>
a Debt-financed property	7/20/20	14.	<b>9</b> 8.754.9	A. A	
b Not debt-financed property	<del> </del>		<del> </del>	<del> </del>	
Net rental income or (loss) from personal	<del>  -</del>		<del></del> -	<del> </del>	
property	1			1	
Other investment income			+-	<del> </del>	
Gain or (loss) from sales of assets other			+-		
than inventory				]	
Net income or (loss) from special events			+-		
Gross profit or (loss) from sales of inventory			+		<del></del>
Other revenue:			<del>                                     </del>		
a			ļ		
	l l				
U					
	l k				
С	_		+-		
С	_				
c	_	0	•	5,671.	(
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	***	0	• • •		( 5,671
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	***	0	• • •		
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations	# # # S.)			13	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI=B Relationship of Activitie	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,671
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI=B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,671
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,671
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,671
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,673
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,673
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,673
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,673
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,67
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,673
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,67
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,67
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,67
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,672
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI=B Relationship of Activitie ine No. Explain below how each activity for which in	s to the Accor	nplishment of E	xemp	13 ot Purposes	5,671

## 17) CHARITABLE FAMILY FOUNDATION 61-1358458 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2017) Part XVII Ir

1		organization directly or indir					ction 501(c)		Yes	No
_		than section 501(c)(3) organ								
d	(1) Ca	ers from the reporting founda	ation to a nonchart	anie exempt org	ganization of.			1a(1)		X
		her assets						1a(2)		X
h		ransactions:						10(2)		
U		iles of assets to a noncharital	hle evemnt organiz	ation				16(1)		X
		rchases of assets from a nor						10(2)		X
	• • -	ental of facilities, equipment, (	·	organization				16(3)		X
		ambursement arrangements						1b(4)		X
		ans or loan guarantees						1b(5)		X
		rformance of services or me	mhershin or fundra	nisina saliaitatia	ins			1b(6)		X
c		g of facilities, equipment, mai	•	_				1c		X
					, •	ways show the fair	market value of the goods, o		ets.	
-							on or sharing arrangement, sl		· · · · · ·	
		(d) the value of the goods, (				, , , , , , , , , , , , , , , , , , , ,	,	•		
a)L	ine no	(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transactions, and s	sharing an	angeme	ents
Ť		······································	· · · · · · · · · · · · · · · · · · ·	N/A						
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2a		oundation directly or indirect	,	•	or more tax-exempt organi	zations described	_		C	_
	ın secti	on 501(c) (other than section	n 501(c)(3)) or in s	ection 527?			L	Yes	LX	∐ No
b	If "Yes,	complete the following sche			r					
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	קור		
		N/A								
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						<u>                                     </u>				
						<u> </u>				
					<u> </u>	1				
		der penalties of perjury, I declare t					was baa any kaomindaa Ma)	y the IRS	discuss	this
Si	gn   🔪	d belief, it is true, correct, and con	projete peciapation our	oreparer (other thai	n taxpayer) is based on all inform	nation of which prepa	retu	irn with th iwn below	e prepa	rer
He	re	MERCH	32h \/	61181		CO-TF		X Yes		No
	3	ignature of officer or trustee	X	••••	Date	Title	<u></u>			لـــــــــــــــــــــــــــــــــــــ
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check If PTIN			
			υ	1		1	self- employed			
Pa	id	J.E. STEPH	EN HORN		111	2-16-18	PO	1394	405	5
Pr	epare			AN & CO	MPANY PSC	10.00	Firm's EIN ▶ 61-11			
	e Onl	,	,	u			1	0	. •	
_		Firm's address ▶ 24	21 MEMBE	DC MINV		<del> </del>				
			XINGTON,		0.4		Phone no. (859):	233-	411	16
_		<u>11</u> E.	VINGION	VI 403	<u> </u>	<del></del>		orm <b>99</b> 0		
							۲۰	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 11	(2017)

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization		Employer identification number	
		ERETON & ELIZABETH JONES	61 1250450
Organizat	tion type (check on	ARITABLE FAMILY FOUNDATION	61-1358458
Oi gainzai	tion type (check on	6)	
Filers of:		Section:	
Form 990	or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
		527 political organization	
Form 990-	PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Note: Only General R		7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
<u> </u>		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	g \$5,000 or more (in money or
þ	property) from any o	one contributor Complete Parts I and II See instructions for determining a contributor	's total contributions
Special R	ules		
s a	ections 509(a)(1) a iny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a , during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the terms of the presence of (1) \$5,000, or (2) 2% of the amount of the terms of the	, or 16b, and that received from
у	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educuelty to children or animals. Complete Parts I, II, and III	
y Is p	rear, contributions of s checked, enter he ourpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious inplete any of the parts unless the <b>General Rule</b> applies to this organization because it, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (f Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization BRERETON & ELIZABETH JONES CHARITABLE FAMILY FOUNDATION Employer identification number

61-1358458

Part !	Contributors (see instructions)	Use duplicate copies of Part I in	f additional space is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRERETON C. JONES  P.O. BOX 487  MIDWAY, KY 40347	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

BRERETON & ELIZABETH JONES CHARITABLE FAMILY FOUNDATION

61-1358458

Part II	Noncash Property (see instructions	s) Use duplicate copies of Part II if additional space is needed.
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(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 Employer identification number BRERETON & ELIZABETH JONES 61-1358458 CHARITABLE FAMILY FOUNDATION 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (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 Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE	REVE			(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
INTEREST INCOME				5,671.		
TOTAL TO PART I, LINE 3				5,671.		
FORM 990-PF	ACCOUNTI	NG FEES	5 		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	( P NET IN MENT I				
ACCOUNTING FEES	934.		934	•		0.
TO FORM 990-PF, PG 1, LN 16B	934.	=====	934	•		0.
FORM 990-PF	TAX	ES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	( ) NET IN MENT				
EXCISE TAX	76.		0	•		0.
TO FORM 990-PF, PG 1, LN 18	76.	·	0	<del></del>		0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

4

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BRERETON C JONES PO BOX 487 MIDWAY, KY 40347

TELEPHONE NUMBER

859-873-7270

FORM AND CONTENT OF APPLICATIONS

REQUESTS FOR DONATIONS CAN BE SUBMITTED BOTH IN WRITING AND VERBALLY AND SHOULD INCLUDE DETAILED CHARITABLE PURPOSE AND FINANCIAL NEED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

AMOUNT OF DONATION WILL REFLECT PERCEIVED NEED OF DONEE.

## BRERETON AND ELIZABETH JONES CHARITABLE FAMILY FOUNDATION **FORM 990-PF** TAX YEAR ENDING 12/31/17 PART XV, LINE 3A - CONTRIBUTIONS PAID EIN 61-1358458 ORGANIZATION RELATIONSHIP | FOUNDATION STATUS | PURPOSE OF CONTRIBUTION **Amount** American Farmland Trust N/A Private Support the mission of the organization. 10,000.00 American Farmland Trust N/A Private Prior year contributions returned. (15,000,00) Bluegrass Conservancy N/A Private Support the mission of the organization. 10,000.00 Bluegrass Conservancy N/A Private Prior year contributions returned. \$ (15,000.00)5,000.00 Grayson Jockey Club Research Foundation Support the mission of the organization. Private \$ N/A Holy Angels Academy Support the mission of the organization. 5,000.00 N/A Private \$ Support the mission of the organization. 50,000.00 Idea Center for Excellence Private \$ N/A Johnson Central Community Private Support the mission of the organization. 1,000.00 N/A \$ Keep Foundation Private Support the mission of the organization. 10,000.00 N/A Kentucky Historical Foundation N/A Private Support the mission of the organization. \$ 10,000.00 KY High School Basketball Hall of Fame 6,000.00 N/A Private Support the mission of the organization. \$ 10,000.00 Markey Cancer Foundation Support the mission of the organization. N/A Private \$ Mayo Clinic N/A Private Support the mission of the organization. 2.000 00 Midway College N/A Private Support the mission of the organization. 50,000.00 National Thoroughbred Racing Private Support the mission of the organization. 5,000.00 N/A 20,000.00 Old Friends Equine N/A Private Support the mission of the organization. Support the mission of the organization. 6,300.00 \$ Pisgah Presbyterian Church N/A Private Private Support the mission of the organization. 10,000.00 Saratoga WarHorse Foundation N/A N/A 2.000.00 Private Support the mission of the organization \$ Shriners Hospitals

Private

Private

Private

N/A

N/A

N/A

Support the mission of the organization.

Support the mission of the organization.

Prior year contributions returned.

St. Joseph Foundation

Woodford Humane Society

Warwick Foundation

12,500.00

(41,450.00)

\$ 158,350.00

5,000.00