Form 990-PF

Department of the Treasury

Internal Revenue Service

DLN: 93491134031319

2018

OMB No 1545-0052

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	cale	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd ei	nding 12-31-	2018	
		indation K JONES & CAROLYN N JONES			A Employer ıd	entification numbe	r
	UNDAT				20-1997491		
	ber and	d street (or P O box number if mail is not delivered to street address) 574	Room/suite		B Telephone nu	mber (see instruction	ns)
·	o bon .				(910) 653-4001	L	
		n, state or province, country, and ZIP or foreign postal code 7, NC 28463	•		C If exemption	application is pendin	g, check here
G C	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere
		☐ Final return ☐ Amended return			2 Foreign or	ganizations meeting k here and attach co	the 85%
		Address change Name change					· -
1 C	neck ty	$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
<u></u>	Section	1 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				
of	year (f	xet value of all assets at end from Part II, col (c), ▶ \$ 446,132 J Accounting method □ Other (specify) (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
			Te on cash basis)	1		I	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	50,000				
	,	schedule) Check ▶ ☐ If the foundation is not required to attach	30,000				
	2	Sch B					
	3	Interest on savings and temporary cash investments	75		75		
	4	Dividends and interest from securities	7,443		7,443		
	5a	Gross rents					
a .	ь	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	30,830				
Revenue	Ь	Gross sales price for all assets on line 6a 227,949					
ă	7	Capital gain net income (from Part IV, line 2)			30,830		
	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>				
	"	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	88,348		38,348	0	
	13	Compensation of officers, directors, trustees, etc	0		0		
	14	Other employee salaries and wages					
Ň	15	Pension plans, employee benefits					
186	16a	Legal fees (attach schedule)					
<u>ē</u>	ь	Accounting fees (attach schedule)	1,785		893	0	89
and Administrative Expenses	c	Other professional fees (attach schedule)					
E N	17	Interest					
r L	18	Taxes (attach schedule) (see instructions)	1,385		0	0	1
≦	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
₹ □	21	Travel, conferences, and meetings					
anc	22	Printing and publications					
<u>5</u>	23	Other expenses (attach schedule)					
Operating	24	Total operating and administrative expenses.					
<u>a</u>		Add lines 13 through 23	3,170		893	O	89.
\supset	25	Contributions, gifts, grants paid	20,315				20,31
	26	Total expenses and disbursements. Add lines 24 and 25	23,485		893	0	21,20
	27	Subtract line 26 from line 12			<u> </u>		
	a	Excess of revenue over expenses and disbursements	64,863				
	ь	Net investment income (if negative, enter -0-)	57,303		37,455		
	c	Adjusted net income (If negative, enter -0-)			5.,.55	0	
_			l				

322,090

322,090

322,090

322,090

325,574

386,953

386.953

386,953

386,953

2

3

4

5

6

322,090

64,863

386,953

386,953 Form 990-PF (2018)

0

0

384,753

446,132

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Less allowance for doubtful accounts ▶

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Deferred revenue .

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

	5
	6
	7
2	8
Assets	9
As	10a
	b
	ı

c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

	e the kind(s) of property sold (e g , rehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	RITIES		Р		
b					
С					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis	Gain o	r (loss)
•	(or allowable)	plus expe	ense of sale	(e) plus (f) mınus (g)
a 22	7,949		197,119		30,830
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
(i)	(j)		(k)		h) gain minus
FMV as of 12/31/69	Adjusted basis as of 12/31/69		of col (ı) (ı), ıf any		less than -0-) or om col (h))
	as of 12/31/09	over cor	(J), II ally	203363 (114	30,830
a b					
d d					
e		If your plan autonom D	ant Thua 7		
2 Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F			
	, (net suprime reset)	(),]	2	30,830
3 Net short-term capital o	gain or (loss) as defined in sections :	1222(5) and (6)			
	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	-	_	
ın Part I, line 8			}	3	
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tay on Not	Toyoctmont Toy	como	
•					
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	e)	
f section 4940(d)(2) applies, le	eave this part blank				
Nas the foundation liable for th	e section 4942 tax on the distributa	ble amount of any year	un the base nerved?	,	es 🔽 No
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		in the base period,		±5
	nount in each column for each year,		making any entries	 5	
(a)	, ,			(d)	
Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	Distribution rati	
year (or tax year beginning in) 2017	18,001		439,528	(col (b) divided by c	0 040955
2016	17,500		367,866		0 047572
2015	16,214		358,430		0 045236
2014	15,671		332,673		0 047106
2013	14,078		313,847		0 044856
2 Total of line 1, column (2		0 225725
	for the 5-year base period—divide	the total on line 2 by 5.	—		
	idation has been in existence if less		3		0 045145
	ncharitable-use assets for 2018 fron	n Part X, line 5	4		466,590
5 Multiply line 4 by line 3			5		21,064
	ent income (1% of Part I, line 27b)		6		375
7 Add lines 5 and 6			7		21,439
8 Enter qualifying distribut			8		21,207
	eater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part usin	g a 1% tax rate Se	e the Part VI
instructions					000 BE (2010)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional servic	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ-		^{c of} Expenses
1		
2		
3		
3		
-		
4		
Part IX-B Summary of Program-Related Investments (see I	nstructions)	
Describe the two largest program-related investments made by the foundation during th	ne tax year on lines 1 and 2	Amount
1		
2		
•		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
Iotal. Add lines 1 through 3		Form 990-PF (2018)
		101111 330-FF (2010)

6

1a

1b

2

3a 3b

4

5

22.581

21,207

21.207

21,207

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Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

6

1

2

3

4

5

Part XII

Page 9

22,581

892

0

21,689

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Form 990-PF (2018)							
Part XIII	Undistributed Income (see instructions)						

1 Distributable amount for 2018 from Part XI, line 7

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

20,315

20,315

- 2 Undistributed income, if any, as of the end of 2018
- a Enter amount for 2017 only. **b** Total for prior years Excess distributions carryover, if any, to 2018

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

(If an amount appears in column (d), the

6 Enter the net total of each column as

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 2013 not

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

- a From 2013.
- **b** From 2014. . . . c From 2015. . .

- d From 2016. e From 2017. f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part

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

QUALIFYING DISTRIBUTIONS WILL BE MADE TO CHARITIES PRIMARILY LOCATED IN SOUTHEASTERN NORTH CAROLINA AND NORTHEASTERN

Any submission deadlines

SOUTH CAROLINA

NONE

factors



Enter gros	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
_	and contracts from government agencies					
	ership dues and assessments sst on savings and temporary cash					
	ments			14	75	
4 Divide	nds and interest from securities			14	7,443	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	investment income.					
8 Gain o	r (loss) from sales of assets other than					
invent	•			18	30,830	
	come or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
с						
d						
	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		38,348 3	38,348
	orksheet in line 13 instructions to verify calcu	lations)				,
	vorksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to the	lations) ie Accomplish	ment of Exem	pt Purposes		
	vorksheet in line 13 instructions to verify calcu 1-B Relationship of Activities to the	lations) le Accomplish income is report	ment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV Line No.	Yorksheet in line 13 instructions to verify calcularing Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second s	lations) le Accomplish income is report	ment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
Part XV Line No.	Yorksheet in line 13 instructions to verify calcularing Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain the second s	lations) le Accomplish income is report	ment of Exem	pt Purposes F Part XVI-A contribu	ted importantly to	
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 · <i>/</i>	
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	

P	art XV	1111	Exempt Organi	zations							•				
			nization directly or in section 501(c)(3)									tion 501		Yes	No
а	Transfer	rs fror	n the reporting foun	dation to a n	oncha	rıtable exe	empt organiza	tion	of			İ			
	(1) Cas	sh										. [1a(1)		No
	(2) Oth	her as	ssets									[1a(2)		No
b	Other tr	ansac	tions												
			assets to a nonchar	•	_							F	1b(1)		No
			es of assets from a r									F	1b(2)		No
			f facilities, equipmer	•								F	1b(3)		No
			sement arrangemen · loan quarantees.									F	1b(4)		No
	` '		nce of services or m									F	1b(5) 1b(6)		No No
	` '		cilities, equipment, n	'		_						F	1c		No
	_		to any of the above	-											
	of the go	oods,	other assets, or ser	vices given b	y the	reporting	foundation If	the f	foundation	on receive	d less than fair ma	arket value			
	in any tr	ransa	ction or sharing arra	ngement, sh	ow in	column (d	d) the value of	the	goods, o	other asse	ts, or services rece	eived			
(a)	Line No	(E) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) De	scription of	transfers, transaction	s, and shar	ıng arraı	ngemen	ts
								-							
								-							
								-							
								-							
								-							
								+							
2a	Is the fo	ounda	tion directly or indire	ectly affiliated	d with,	, or relate	d to, one or m	ore t	tax-exen	npt organı	zations				
	describe	ed in s	section 501(c) (other	than section	501(c)(3)) or ı	in section 527	٠.				Yes 🔽	No		
b	If "Yes,"	' com	plete the following s	chedule											
			(a) Name of organization	n		(E	b) Type of organ	ızatıo	n		(c) Description	on of relation	nship		
										+					
										+					
	of	my k	penalties of perjury, nowledge and belief preparer has any kno	, it is true, co											
	gn (**) ere k	***	***	wiedge			2019-05-13			*****		May the return	e IRS di	scuss th	IIS
ПС	16								— Þ.			with th below	e prepai	er show	vn
		Sıgı	nature of officer or t	rustee			Date			Title			str)? 🛭	Z γes Ι	□No
		P	Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date		Check if self-	PTIN			
			BOB W. 5.:								employed ▶ □	'	200037	480	
Pa	id		ROB WAGNER								·				
	epare	er 📙	ırm's name ▶ RSM	US LLP								=	N. F	074.1-	
	e Onl											Firm's EI	N ▶42·	·U/143	125
		Fı	ırm's address ► 30	0 NORTH 3R	D STR	EET FIFTH	H FLOOR								
			W:	ILMINGTON,	NC 2	8401						Phone no	(910	762-9	9671

Form 990PF Part XV Line 1a - 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).

MICHAEL K JONES

CAROLYN N JONES

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BETHANY CHRISTIAN SERVICES NONE PC PROTECTING AND ENHANCING 300

MYRTLE BEACH, SC 29577			THE LIVES OF CHILDREN AND FAMILIES THROUGH QUALITY SOCIAL SERVICES	
BROOKGREEN GARDENSPO BOX 3368 PAWLEYS ISLAND, SC 29585	NONE	PC	PRESERVATION OF SOUTH CAROLINA'S NATIVE FLORA AND FAUNA & DISPLAY/PRESERVATION OF	500

BROOKGREEN GARDENSPO BOX 3368 PAWLEYS ISLAND, SC 29585	NONE	PC	PRESERVATION OF SOUTH CAROLINA'S NATIVE FLORA AND FAUNA & DISPLAY/PRESERVATION OF GARDEN SCULPTURES	500
CAMPUS OUTREACH	NONE	PC	PROVIDE MISSIONARIES TO	245

			DISPLAY/PRESERVATION OF GARDEN SCULPTURES	
CAMPUS OUTREACH 2335 PRESIDENTIAL DRIVE DURHAM, NC 27703	NONE	PC	PROVIDE MISSIONARIES TO UNREACHED GROUPS OF PEOPLE	24:

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COLUMBUS JOBS FOUNDATION NONE PC TO FUND EVERYDAY ACTIVITIES 150

PO BOX 456 WHITEVILLE, NC 28472			PROMOTING JOB GROWTH AND CREATION IN COLUMBUS COUNTY	
FELLOWSHIP OF CHRISTIAN ATHLETES 2051 FORESTBROOK ROAD	NONE	PC	PROVIDING CHRISTIAN MINISTRY SERVICES TO	300

FELLOWSHIP OF CHRISTIAN ATHLETES 2051 FORESTBROOK ROAD MYRTLE BEACH, SC 29588	NONE	PC	PROVIDING CHRISTIAN MINISTRY SERVICES TO ATHLETES AND COACHES	300
FIRST PRESBYTERIAN CHURCH 1300 N KINGS HWY MYRTLE BEACH, SC 29577	NONE	PC	PROVIDE CHRISTIAN MINISTRY & SUPPORT SERVICES AT THE LOCAL AND GLOBAL LEVELS	9,600

2051 FORESTBROOK ROAD MYRTLE BEACH, SC 29588			MINISTRY SERVICES TO ATHLETES AND COACHES	
FIRST PRESBYTERIAN CHURCH 1300 N KINGS HWY MYRTLE BEACH, SC 29577	NONE	PC	PROVIDE CHRISTIAN MINISTRY & SUPPORT SERVICES AT THE LOCAL AND GLOBAL LEVELS	9,60

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FIRST PRESBYTERIAN CHURCH NONE PC. CHRISTIAN MINISTRY AND 600 GROWING TREE OTHER DEVELOPMENTAL PO BOX 1306 SUPPORT SERVICES TO ALL

MYRTLE BEACH, SC 29578			CHILDREN	
GLOBAL TRAINING NETWORK 7558 W THUNDERBIRD PEORIA, AZ 85381	NONE	PC	TO FUND EVERYDAY ACTIVITIES TRAINING PASTORS AROUND TO WORLD	500
MATTHEW 25 MINISTRIES 11060 KENWOOD ROAD CINCINNATI, OH 45242	NONE	PC	DISASTER RELIEF & PROVISIONS TO THOSE IN NEED AT THE LOCAL AND GLOBAL LEVELS	300

PEORIA, AZ 85381			WORLD	
MATTHEW 25 MINISTRIES 11060 KENWOOD ROAD CINCINNATI, OH 45242	NONE	PC	DISASTER RELIEF & PROVISIONS TO THOSE IN NEED AT THE LOCAL AND GLOBAL LEVELS	30

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient	pient		
a Paid during the year					
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	NONE	PC	PROVIDING HIGHER EDUCATION TO STUDENTS AND PREPARING THEM FOR THE PROFESSIONAL WORLD	3,000	
MYRTLE BEACH REGIONAL	NONE	PC	TO FUND EVERYDAY	500	

MYRTLE BEACH REGIONAL ECONOMICAL DEVELOPMENT CORPORATION 2050 HWY 501 EAST BLDG 100 CONWAY, SC 29526	NONE	PC	TO FUND EVERYDAY ACITIVITIES PROMOTING JOB GROWTH AND DEVELOPMENT FOR HORRY COUNTY	500
NEW DIRECTIONSPO BOX 2347	NONE	PC	RESOURCES TO THOSE WHO	500

CORPORATION 2050 HWY 501 EAST BLDG 100 CONWAY, SC 29526			FOR HORRY COUNTY	
NEW DIRECTIONSPO BOX 2347 BURLINGTON, NC 27216	NONE	PC	RESOURCES TO THOSE WHO SERVED IN THE MILITARY TO LEAD FULFILLING LIVES	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PALMETTO SHORES CHURCH NONE PC 300 PROVIDE CHRISTIAN MINISTRY COED OLD LITCHWAY EAR 9 CHIDDONT CERVICES AT THE

MYRTLE BEACH, SC 29588			LOCAL AND GLOBAL LEVELS	
RIVER OF LIFE BAPTIST CHURCH 1019 HIGHWAY 17 SOUTH SUITE 119 NORTH MYRTLE BEACH, SC 29582	NONE	PC	PROVIDE CHRISTIAN MINISTRY & SUPPORT SERVICES AT THE LOCAL AND GLOBAL LEVELS	300
SC TENNIS PATRONS FOUNDATION 50 NORTH MAIN STREET BELTON, SC 29627	NONE	PC	SUPPORT PROGRAMS FOR JUNIOR PLAYERS, AT-RISK YOUTH, HIGH SCHOOL SENIORS, AND SC TENNIS HALL	100

Total .

OF FAME

3a

20,315

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEA HAVEN FOR GIRLSPO BOX 600. NONE PC SUPPORT SERVICES TO 300

NORTH MYRTLE BEACH, SC 29597			RISK YOUTH	
TABOR CITY COMMITTEE OF 100 103 E 5TH STREET TABOR CITY, NC 28463	NONE	PC	TO FUND EVERYDAY ACIVITIES PROMOTING COMMUNITY DEVELOPMENT WITHIN THE SOCIAL SERVICES SECTOR	120

TABOR CITY COMMITTEE OF 100 103 E 5TH STREET TABOR CITY, NC 28463	NONE	r.	PROMOTING COMMUNITY DEVELOPMENT WITHIN THE SOCIAL SERVICES SECTOR	120
THE ART MUSEUM OF MYRTLE BEACH 3100 SOUTH OCEAN BOULEVARD MYRTLE BEACH, SC 29577	NONE	PC	PROVIDE EDUCATIONAL PROGRAMS AND ART EXHIBITIONS TO THE COMMUNITY	500

77.55K 6111, NC 20103			SOCIAL SERVICES SECTOR	
THE ART MUSEUM OF MYRTLE BEACH 3100 SOUTH OCEAN BOULEVARD MYRTLE BEACH, SC 29577	NONE	PC	PROVIDE EDUCATIONAL PROGRAMS AND ART EXHIBITIONS TO THE COMMUNITY	50

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BOWDOIN COLLEGE255 MAINE ST** NONE PC PROVIDING HIGHER EDUCATION 100 BRUNSWICK, ME 04011 TO STUDENTS AND PREPARING THEM FOR THE PROFESSIONAL WORLD

NATIONAL SENIOR MENS TENNIS ASSOC 100 W CEDAR SUITE B EL DORADO, AR 71730	NONE	PC	INCREASE INTEREST AND RAISE AWARENESS OF HEALTH BENEFITS FROM TENNIS COMPETITION AMOUNG SENIORS	350
MEDICAL FOUNDATION OF NORTH CAROLINA INC 123 W FRANKLIN STREET 510 CHAPEL HILL NC 27514	NONE	PC	TO FUND THE PEDEL FOR PEDS EVENT FOR THE UNC LINEBERGER COMPREHENSIVE CANCER CENTER	300

EL DORADO, AR 71730			COMPETITION AMOUNG SENIORS	
MEDICAL FOUNDATION OF NORTH CAROLINA INC 123 W FRANKLIN STREET 510 CHAPEL HILL, NC 27514	NONE	PC	TO FUND THE PEDEL FOR PEDS EVENT FOR THE UNC LINEBERGER COMPREHENSIVE CANCER CENTER	30

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 00 NONE ___

2864 AZALEA DR CHARLESTON, SC 29405	NONE	PC	PURCHASE OF FOOD FOR THE FOOD BANK	500
COOKIES FOR KIDS CANCER PO BOX 415 CALIFON, NJ 07830	NONE	PC	TO FUND THE OPERATIONS AND GRANTS PROVIDED BY THE ORGANIZATION TO RESEARCH PEDIATRIC CANCER CENTERS	200
COLUMBUS COUNTY COMMUNITY FOUNDATION	NONE	PC	TO FUND THE GRANT FUNDING OF LOCAL CHARITIES AND	500

CAUSES

3a

20,315

3737 GLENWOOD AVE SUITE 460

RALEIGH, NC 27612

Recipient If recipient is an individual, show any relationship to status of Purpose of grant or contribution Amount

recipient

any foundation manager

Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	NONE	PC	TO FUND OPERATIONS OF PROVIDING SERVICES TO	250

Total	 > 3a	20,315
BOONE, NC 28607	VICTIMS OF WAR, POVERTY, AND NATURAL DISASTERS	

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data -		DI	N: 93491134031319	
TY 2018 Accounting Fees Schedule						
	Name: MICHAEL K JONES & CAROLYN N JONES					
	FOUNDATION					
	EIN: 2	20-1997491				
Category	Amou	int Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

892

1,785

ACCOUNTING FEES

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -	DLN: 93491134031	1319
<u> </u>				

TY 2018 Investments Corporate Stock Schedule

Name: MICHAEL K JONES & CAROLYN N JONES

FOUNDATION

ETNI. 20 1007401

EIN: 20-1997491		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
150 SH APPLE, INC	30,129	23,661
2000 SH BANK OF AMERICA CORP	29,780	49,280
400 SH AT&T INC	14,042	11,416
400 SH CONSOLIDATED EDISON CO NY	21,234	30,584
400 SH MICROSOFT CORP	15,696	40,628
400 SH TWITTER, INC	12,028	11,496
800 SH FACEBOOK, INC.	63,989	104,872
200 SH DOCUSIGN, INC	10,642	8,016
200 SH DOLLAR TREE, INC	17,025	18,064
300 SH DROPBOX, INC	10,169	6,129
2500 SH EXP WORLD HOLDINGS	29,164	17,700
2000 SH FORD MOTOR CO	20,926	15,300
300 SH INTEL CORP	16,352	14,079
200 SH PROCTOR GAMBLE CO	16,226	18,384
325 SH UNITED STATES STEEL CORP	7,454	5,928
200 SH WELLS FARGO & CO	10,718	9,216

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	N: 93491134031319
TY 2018 Taxes Schedule				
				1
Name:	MICHAEL K	JONES & CAROLYN	N JONES	
	FOUNDATIO	νN		
EIN:	20-1997491	<u>.</u>		
	1	i		<u> </u>
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes
FEDERAL INCOME TAX	585	0	0	0
FEDERAL ESTIMATED TAX PAYMENTS	800	0	0	0

efile GRAPHIC print - DO	NOT PROCESS As Filed Date	a -		DLN: 93491134031319		
Schedule B	Sche	edule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www irs gov/Form990</u> for the latest information					
Name of the organization			Employer id	dentification number		
FOUNDATION	l \		20-1997491			
Organization type (chec	k one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt of	charitable trust not treated as a pi	rivate foundation			
	527 political organization	n				
Form 990-PF	☑ 501(c)(3) exempt private	e foundation				
	4947(a)(1) nonexempt c	charitable trust treated as a private	e foundation			
	501(c)(3) taxable private	e foundation				
		90-PF that received, during the year Complete Parts I and II See ins				
Special Rules						
under sections 50 received from any	9(a)(1) and 170(b)(1)(A)(vi), that	filing Form 990 or 990-EZ that me checked Schedule A (Form 990 o total contributions of the greater omplete Parts I and II	or 990-EZ), Part II, line 13,	16a, or 16b, and that		
during the year, to	tal contributions of more than \$1,	(8), or (10) filing Form 990 or 990,000 exclusively for religious, chain or animals. Complete Parts I, II,	ritable, scientific, literary, c			
during the year, c If this box is chec purpose Don't co	ontributions exclusively for religion sed, enter here the total contribution mplete any of the parts unless the	(8), or (10) filing Form 990 or 990 us, charitable, etc., purposes, but ons that were received during the e General Rule applies to this orgon or more during the year	no such contributions total eyear for an <i>exclusively</i> re ganization because it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but i	must answer "No" on Part IV, lin	Rule and/or the Special Rules do ne 2, of its Form 990, or check the that it doesn't meet the filing requ	box on line H of its			
For Paperwork Reduction Action Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	I, 990-EZ, or 990-PF) (2018)		

Name of organization

Employer identification number

MICHAEL K JONES FOUNDATION	& CAROLYN N JONES	20-1997491	
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CAROLYN N JONES		Person 🗸
1	308 OCEANVIEW DRIVE		Payroll
		\$ 25,000	Noncash
	MYRTLE BEACH, SC 29572		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	MICHAEL K JONES		Person
2	308 OCEANVIEW DRIVE		Payroll
		\$ 25,000	Noncash
	MYRTLE BEACH, SC 29572		(Complete Part II for noncash
			contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, 222.333, 2.12 2.1		Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
-			Payroll
		\$	Noncash
			Noncash
			(Complete Part II for noncash contributions)
		0.1.1.7.5	000 000 E7 000 DE\ (2048\

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2018)		Page 3
Name of organization MICHAEL K JONES & CAROLYN N JONES		Employer identification number	
FOUNDATION		20-19	97491
Part II	Noncash Property		
(a) No. from Part I	(See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
=			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat MICHAEL K JONES & FOUNDATION			Employer identification number 20-1997491
than \$1, organiza the year	000 for the year from any one contributo	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(5)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and	(e) Transfer of gift	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
	Transferee's name, address, and		Relationship of transferor to transferee
		5	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)