Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2018

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

▶Go to www.irs gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For th	e 2018 calend	dar year, or tax year beginning , and ending			
B		applicable	C Name of organization		D Empl	oyer identification number
	Address		- rinhi	oyor rachaneation number		
H	Name ch	-	The Kenley Jansen Foundation, Inc.	82	-5486234	
$\overline{\mathbf{x}}$	Initial ret	•		/suite		hone number
	Final reti	urn/terminated	59 Cavalier Blvd, Suite 310			9-448-3430
H	Amende		City or town, state or province, country, and ZIP or foreign postal code	$\overline{\sim}$		p Exemption
H	Applicati	ion pending	FLORENCE KY 41042	()ろ		per ▶
G	Ассон	nting Method	X Cash Accrual Other (specify) ▶	H Cher		if the organization is not
ı	Websi	Ū	.kenleyjansen.org			ach Schedule B
ì			neck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	•		0-EZ, or 990-PF)
ĸ		of organization		(1 011	11 330, 33	0-22, 01 930-1 1 /
ï		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
(Pa			10,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	51,002
<u> </u>	art I	· · · · · ·	ue, Expenses, and Changes in Net Assets or Fund Balances (see t	he instruc		
•			f the organization used Schedule O to respond to any question in this Part I	no moduce		X
	1		gifts, grants, and similar amounts received		1	51,000
	2		vice revenue including government fees and contracts		2	
	3				3	
	4	Investment	I RECEIVED OF		4	2
	5a		nt from sale of assets other than inventory			
	Ь		nt from sale of assets other than inventory other basis and sales expenses			
	C	Gain or (loss)	from sale of assets other than inventory (Subtract In 94b from line 5a)		5c	
	6		fundraising events of from gaming (attach Schodule Guf greater than OGDEN, UT			
	a	Gross incom	e from gaming (attach Schedule G if greater than			
e		\$15,000)	6a			
Revenue	b	Gross incom	e from fundraising events (not including \$ of contributions			
Re		from fundrai	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) 6b			
	С	Less direct	expenses from gaming and fundraising events 6c			
	ď	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
		line 6c)			6d	
	7a	Gross sales	of inventory, less returns and allowances 7a			
	b	Less cost o	goods sold 7b			
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	8		ie (describe in Schedule O)		8	
	. 9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	51,002
	10		similar amounts paid (list in Schedule O)		10	··
	11	1.0	to or for members		11	
es	12		er compensation, and employee benefits		12	
Expenses	13		fees and other payments to independent contractors		13	11,620
ğ	14		rent, utilities, and maintenance		14	
ш	15		lications, postage, and shipping	15	879	
	16	Other expen	16	5,789		
	17		ses. Add lines 10 through 16		17	18,288
ş	18		eficit) for the year (Subtract line 17 from line 9)		18	32,714
Net Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with			
ţ			igure reported on prior year's return)		19	
Z	20	_	es in net assets or fund balances (explain in Schedule O)		20	32,714
	l 21	Net assets o	r fund balances at end of year Combine lines 18 through 20		▶	3/./14

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

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The Kenley Jansen Fo	<u>undation,</u>	Inc. 82-54	<u>86234 </u>		Page Z
Part II Balance Sheets (see the instructions for F	Part II)				<u></u>
Check if the organization used Schedule O t	o respond to any	question in this Part I	1		
		(A) Beg	ginning of year		(B) End of year
22 Cash, savings, and investments			0	22	32,714
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			0	24	
25 Total assets			0	25	32,714
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must agr	ree with line 21)		0	27	32,714
Part III Statement of Program Service Accom	plishments (se	e the instructions for	Part III)		
Check if the organization used Schedule O t	o respond to any	question in this Part	и ´ 🗓		Expenses
What is the organization's primary exempt purpose?		· · · · · ·		(Re	quired for section
See Schedule O				501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	each of its three la	rgest program services,		orga	anizations, optional for
as measured by expenses. In a clear and concise manner, describ	oe the services pro	vided, the number of		othe	ers)
persons benefited, and other relevant information for each program	n title				
28 See Schedule O					
(Grants \$) If this amount includes	foreign grants, che	ck here	▶ 🗀	28a	6,677
29	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		· · · · · · · · · · · · · · · · · · ·
(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	29a	
30			1		
(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	30a	
31 Other program services (describe in Schedule O)	Toroign granto, one	OK TICIO		000	
(Grants \$) If this amount includes	foreign grants, che	ick here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a		CKTICIE		32	6,677
Part IV List of Officers, Directors, Trustees, and Key E		h one even if not compe	nsated — see the		
Check if the organization used Schedule O to resp	ond to any questic	n in this Part IV			
(a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health ber contributions to e	refits, mplovee	(e) Estimated amount of
(a) Name and the	devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred compe	and	other compensation
KENLEY J. JANSEN	 	(ii not paid, enter -0-)	deterred compe	1134(10)11	
DIRECTOR/PRESIDENT	3.00	0		0	0
GIANNI K. JANSEN	3.00				,
DIRECTOR/VP.	3.00	0		0	0
CHRISTOPHER J. SISTO	3.00				0
	2 00	_		^	
DIRECTOR/SEC/TREASUR	3.00	0		0	0
	-				-
					1
<u> </u>					

Form	990-EZ(2018) The Kenley Jansen Foundation, Inc. 82-5486234		<u>پ</u>	age 3
P	art V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		V	
33	Did the exceptation engage in any conficent activity not proviously reported to the IPS2 If "Vec " provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		$\stackrel{\frown}{}$
J-7	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 04		
004	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a		- 55		
b	Did the organization file Form 1120-POL for this year?	37b	1	Х
38a		31.2		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			ĺ
b	Gross receipts, included on line 9, for public use of club facilities 39b			ĺ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ▶, section 4912 ▶, section 4955 ▶			ĺ
b		-		ĺ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			ĺ
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			ĺ
	4955, and 4958	_		ĺ
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			ĺ
	40c reimbursed by the organization	_		İ
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed None			
42a	The organization's books are in care of ▶ Jeff Rice Telephone no ▶ 85	9-44	8-3	430
	59 Cavalier Blvd., Suite 310			
	Located at ► FLORENCE KY ZIP + 4 ► 41	1042		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country	-		Ė
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			Ė
_	Financial Accounts (FBAR)	425		v
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
42	If "Yes," enter the name of the foreign country	-		⊾ □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43		Van	N ₀
44-	Did the exceptration monters any dense of good finds during the year? If "Vec " Form 000 must be	[Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		Х
h	·	444		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Х
_	Did the organization receive any payments for indoor tanning services during the year?	446 44c	 	X
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization have a controlled entity within the meaning of section 312(b) (13). Did the organization receive any payment from or engage in any transaction with a controlled entity within the	738		
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
			, 1	i

Form 990-EZ See instructions

orm 990	-EZ (2018)	The	Kenle	y Jansen	ı Fot	<u>indation, </u>	Inc	. 82-54	86234			H	age 4
	`			··· <u>-</u> ·								Yes	No
						campaign activitie	s on bel	nalf of or in oppo	sition		46	·	X
art \				," complete Sch		, Рап I					40	1	
arı v						er questions 47	-49h a	nd 52, and cor	mplete the	tables for li	nes		
		and 51	. (-)(-)					,					_
	Ch	eck if the o	rganization	used Schedu	ule O to	respond to any	questi	on in this Part	VI				
Die	l the organ	ization ongo	ao in lobbiur	a actuation or h		ection 501(h) elec		ffeet during the t	av.			Yes	No
			Schedule C, i		lave a s	ection 501(n) elec	tion in e	nect during the t	ax		47		Х
-		•	-		70/b)/1)	(A)(II)? If "Yes," co	omplete	Schedule E			48		X
						aritable related or					49a	<u> </u>	X
				section 527 or			gumzum				49b		
			-		•	nsated employees	(other t	han officers, dire	ectors, trust	ees, and key			
						ensation from the							
						(b) Average		Reportable		Ith benefits,	(e) Estimat	ed amo	unt of
	(a)	Name and tit	le of each emp	oloyee		hours per week devoted to position		mpensation W-2/1099-MISC)		ns to employee plans, and	other co		
							(, e,,,,,		deferred o	compensation			
one					ļ								
							<u> </u>		-		 		_
											 		
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<u>\$10</u>				ganization If the		one, enter "None actor	n	(b) Typ	e of service		(c) Comp	ensatio	า
one		·				·	•		_				
						·			-				
		-							_				
	_					·							
Tota	al number	of other inde	pendent con	tractors each re	eceiving	over \$100,000	•						
Dıd	the organi	zation comp	lete Schedul	e A? Note: All	section	501(c)(3) organiza	ations m	ust attach a			()		
	pleted Sch		———								X Ye		No
						ng accompanying si sed on all information					edge and be	ief, it is	
	$\sim \omega$	1-1-2	- Or prepare	(other than only	———	sed on all information	on or which	n preparer has a	// - / - /	7			
n		nature of officer				 -				7			
e			'OPHER	SISTO				SECRETAI		REASUR	ER		
-	_	oe or print name											
	Print/Type	preparer's nam	е		Prep	arer's signature	<i>T</i>		Date	Check	PTI	N	
1	R Fre	derıck Ke	ı th		R. 1	R. Fred Kon	_		111/	1		00485	10
- parer				Associ			C11		1 + + /	Firm's EIN	35-2		
Only				kewell S		2, 1110			- -		<u> </u>		
				on,_KY		11-1227				Phone no 8	859 <u>-</u> 26	<u>1-6</u> 8	300
the II	RS discuss			arer shown abo							► X		N
							·				Form 9	90-EZ	(201

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

			The Kenley J	Jansen Foundatio	n, Ii	nc.	82-548	6234			
P	art l	Reas		Status (All organizations			this part) See instructio	ns.			
The	ne organization is not a private foundation because it is (For lines 1 through 12, check only one box)										
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectio	n 170(b)(1)(A)(i).	\sim 1			
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or	990-EZ))		01			
3		A hospital or	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170	(b)(1)(A)(iv). (Complete Part	:II)							
6		A federal, sta	ate, or local government or g	overnmental unit described in s	ection 1	70(b)(1)(<i>A</i>	\)(v).				
7	X	An organizat	tion that normally receives a	substantial part of its support fro	om a gov	ernmenta	I unit or from the general public	3			
			section 170(b)(1)(A)(vi). (C								
8	Ц			170(b)(1)(A)(vi). (Complete Part							
9				cribed in section 170(b)(1)(A)(i				ge			
		-	or a non-land-grant college	of agriculture (see instructions)	Enter the	name, c	ty, and state of the college or				
40		university		4) 11 00 4/00/ - 5 1							
10	Ш	_	•	 more than 33 1/3% of its support functions—subject to certain 							
				nd unrelated business taxable in							
		acquired by t	the organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	ete Part II	1)				
11		An organizat	ion organized and operated	exclusively to test for public safe	ety See s	section 5	09(a)(4).				
12				exclusively for the benefit of, to							
				zations described in section 50							
		_		nat describes the type of suppor				-			
	а			erated, supervised, or controlled				ng			
				ver to regularly appoint or elect omplete Part IV, Sections A a		y of the di	rectors or trustees of the				
	b			pervised or controlled in connec		ita aunna	tod organization(s), by bourse				
	D			ting organization vested in the s							
				Part IV, Sections A and C.	Jame per	30113 11101	control of manage the support	ou .			
	Ç			supporting organization operated	in conne	ection with	n, and functionally integrated w	nth,			
		its suppo	orted organization(s) (see ins	tructions) You must complete	Part IV,	Sections	A, D, and E.				
	d			 A supporting organization oper 							
				e organization generally must sa				ess			
	_		•	nust complete Part IV, Section		•					
	е	functiona	ally integrated, or Type III noi	eived a written determination fron- n-functionally integrated support	ina oraar	is that it is dization	s a Type I, Type II, Type III				
	f		mber of supported organizati		3 - 3 - 1						
	g	Provide the fe	ollowing information about th	e supported organization(s)							
(ı)	Name	of supported	(II) EIN	(III) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	org	anızatıon		(described on lines 1–10		ur governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
/A)					Yes	No					
(A)											
(B)											
(0)											
(C)											
(0)											
(D)						 					
, _ ,											
(E)					 	 					
,											
otal					1]					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Sec	etion A. Public Support	rians to quanty	under the tests	s listed below,	please complet	C 1 dit iii.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			(7,25		51,000	51,000
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					51,000	1,000
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4				<u> </u>	 	1,000
Sec	etion B. Total Support		F	1	†	·	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					51,000	51,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		_				
11	Total support. Add lines 7 through 10						51,000
12	Gross receipts from related activities, etc	(see instructions)				12	2
13	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	urth, or fifth tax ye	ear as a section 50	1(c)(3)	. –
_	organization, check this box and stop her						
	tion C. Computation of Public St						
14	Public support percentage for 2018 (line 6		* .	nn (f))		14	1.96%
15	Public support percentage from 2017 Sch	· · · · · · · · · · · · · · · · · · ·				15	%_
16a	33 1/3% support test—2018. If the organ				33 1/3% or more,	Check this	▶ □
b	box and stop here. The organization qual 33 1/3% support test—2017. If the organ	•			15 to 22 1/20/ or r	noro check	
U	this box and stop here. The organization				1315 33 1/3 /0 01 1	nore, check	▶ [
17a	10%-facts-and-circumstances test—20°				16a or 16b and lir	ie 14 is	- [_
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa						
	organization			J	,	•	▶ [
b	10%-facts-and-circumstances test—201	7. If the organizat	ion did not check a	a box on line 13, 1	16a, 16b, or 17a, a	nd line	_
	15 is 10% or more, and if the organization	meets the "facts-	and-circumstances	s" test, check this	box and stop her	е.	
	Explain in Part VI how the organization me	ets the "facts-and	l-circumstances" te	est The organizat	tion qualifies as a	oublicly	_
	supported organization						▶ [_
18	Private foundation. If the organization did instructions	i not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	neck this box and :	see	▶ [∑

The Kenley Jansen Foundation, Inc. 82-5486234 Page 3 Schedule A (Form 990 or 990-EZ) 2018 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 **₄(f)** Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business. 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3). organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 Public support percentage from 2017 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 33 1/3% support/tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 19a 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A (Form 990 or 990-EZ) 2018 Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

<u> </u>	All Comparting Organizations	
	Sections A, D, and E if you checked 12d of	Part

Sect	ion A. All Supporting Organizations	iete i ait v.)		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	[1]		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
٠ 7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		- 1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Part W Supporting Organizations (continued) Yes No		dule A (Form 990 or 990-EZ) 2018 The Kenley Jansen Foundation, Inc. 82-548623	34		Page 5
11 Has the disganzation accepted a gift or contribution from any of the following persons? A person who directly or indexed youtrols, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 12 A family member of a person described in (a) above? 2. A 35% controlled entity of a person described in (a) bove? 3. The state of the directors, trustees, or membership of one of more supported organizations have the power to regulately appeared to regulately appeared to regulate and the supported organizations directors or trustees at all times during the six year? If "Pic", describe in Part VI have the supported organizations directors or trustees at all times during the six year? If "Pic", describe in Part VI have the supported organizations of directory directory operated, supervised, or controlled the enganizations and what candidates in the supported organization of the propers and what candidates in the supported organization of the propers and what candidates or arisations, if any, applied to such powers given the supported organization of the propers of the supported organization or described in the propers of the supported organization or trustees and the candidate supporting organization or trustees of each of the organizations or supported organization or trustees of each of the organizations or supported organizations or trustees of each of the organizations are supported organizations. 1 Were a majority of the organizations or supported organizations or trustees of each of the organizations are supporting organizations. 2 Section C. Type II Supporting Organizations or trustees of each of the organization was vested in the same persons that controlled or managed this supported organizations or trustees of each of the organization was vested in the same persons that controlled or managed this supported organizations or trustees of each of the organization supported organizations or the organization supported organizations or the organization s	Pa	rt IV Supporting Organizations (continued)	— г	<u>v</u>	N-
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3-		1
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Schedule A (Form 990 or 990-EZ) 2018 The Kenley Jansen Foundation			234 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>niza</u>	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v 20,	1970 (explain in Part VI) \$	See
instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	_ 1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		-
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	_2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	_	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated T		supporting organization (see

instructions)

	le A (Form 990 or 990-EZ) 2018 The Kenley Jansen			234 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		<u> </u>
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			<u>'</u>
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions	. .		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See			
	Instructions			
3	Excess distributions carryover, if any, to 2018			··-···································
	From 2013			
	From 2014	 		
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years	<u> </u>		
	Applied to 2018 distributable amount			······································
<u>!</u> -	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			······································
4	Distributions for 2018 from			
	Section D, line 7 \$	· · · · · · · · · · · · · · · · · · ·		······································
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		 	
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2. For result			
-	greater than zero, explain in Part VI See instructions	deller mur on other coolin	1	
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions		***************************************	
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7	,		
a	Excess from 2014			
b	Excess from 2015		***************************************	······································
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018 The Kenley Jansen Foundation, Inc. 82-5486234

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

The Kenley Jansen Foundation, Inc.

82-5486234

Employer identification number

Form 990-EZ, Part I, Line 16	- Other Expens	ses
Description	Amo	ount
CELEBRITY WAITER NIGHT		
ADVERTISING	\$	313
LAKERS		
ADS/PROMO	\$	438
Expenses		
ADS/PROMO	\$	4,014
TRAVEL	\$	707
RENT	\$,	125
INSURANCE	\$	192
	Total \$	5,789

Form 990-EZ, Part III - Primary Exempt Purpose

The mission of the Kenley Jansen Foundation is to impact the lives of families who have seriously ill and chronically ill children, by providing them with daily support through life-improving resources and life-changing experiences.

Form 990-EZ, Part III, Line 28 - First Accomplishment

Hospital Visits - Kenley Jansen visits Children's Hospitals throughout

Metro Los Angeles to provide much needed support to patients and their

families. Jansen spends time with patients, signs autographs, donates fun

gifts to patients and their families as well as the medical personnel who

provide critical care all year long.