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2018

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| | | ndar year 2018, or tax year beginning 07-01-20 |)18 , ar | nd er | nding 06-30- | | | | |
|---------------------------------------|------------------|---------------------------------------------------------------------------------------------------------|-----------------------|----------|---------------------------------------------------|------------------------------------------------|----------------------------------|--|--|
| | | indation ADLIER JONES FOUNDATION | | | | entification numbe | r | | |
| | | | | | 65-6156449 | | | | |
| | ber and O BOX | l street (or P O box number if mail is not delivered to street address) 11647 | Room/suite | | B Telephone number (see instructions) | | | | |
| | | | | | (205) 420-7753 | 3 | | | |
| | | ı, state or province, country, and ZIP or foreign postal code M, AL 35202 | | | C If exemption application is pending, check here | | | | |
| G Ch | neck al | l that apply 🔲 Initial return 🔲 Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | re . \square | | |
| | | ☐ Final return ☐ Amended return | | | | ganizations meeting | | | |
| | | \square Address change \square Name change | | | · | k here and attach cor | · - | | |
| l Ch | eck ty | pe of organization $lacksquare$ Section 501(c)(3) exempt private | foundation | | | ındatıon status was t n 507(b)(1)(A), chec | | | |
| | Section | 1 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl | e private foundation | | | | | | |
| | | rom Bart II sol (s) | ☐ Cash ☐ Accru | al | | ation is in a 60-month n 507(b)(1)(B), chec | | | |
| | | ►\$ 1,814,646 | the on each backs | | under sectio | 11 307(B)(1)(B), chec | Chere | | |
| | | (Part 1, column (a) must | De on Cash Dasis) | | | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily | (a) Revenue and | (b) | Net investment | (c) Adjusted net | (d) Disbursements for charitable | | |
| | | equal the amounts in column (a) (see instructions) | expenses per books | <u> </u> | ıncome | income | purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | (cash basis chily) | | |
| | | schedule) | | | | | | | |
| | 2 | Check ► ✓ If the foundation is not required to attach Sch B | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | | | |
| | 4 | Dividends and interest from securities | 29,851 | | 29,851 | | | | |
| | 5a | Gross rents | | | | | | | |
| | b | Net rental income or (loss) | | | | | | | |
| KIE | 6a | Net gain or (loss) from sale of assets not on line 10 | 65,997 | | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a762,405 | | | | | | | |
| ă | 7 | Capital gain net income (from Part IV, line 2) | | | 65,997 | | | | |
| | 8 | Net short-term capital gain | | | | 0 | | | |
| | 9 10a | Income modifications | | | | | | | |
| | b | Gross sales less returns and allowances Less Cost of goods sold | | | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | | | |
| | 11 | Other income (attach schedule) | | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 95,848 | | 95,848 | | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 27,861 | | 22,289 | | 5,572 | | |
| | 14 | Other employee salaries and wages | | | 0 | 0 | 0 | | |
| es | 15 | Pension plans, employee benefits | | | 0 | 0 | | | |
| SUE | 16a | Legal fees (attach schedule) | | | | | 0 | | |
| × | b | Accounting fees (attach schedule) | | | | | | | |
| e L | С | Other professional fees (attach schedule) | 5,341 | | 5,341 | | 0 | | |
| Operating and Administrative Expenses | 17 | Interest | | | | | 0 | | |
| <u>S</u> | 18 | Taxes (attach schedule) (see instructions) | 2,292 | | 221 | | 0 | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | 0 | | 0 | | | | |
| <u> </u> | 20 | Occupancy | | | | | | | |
| ב ב | 21 | Travel, conferences, and meetings | | | 0 | 0 | | | |
| ਰ ਹਾ | 22 23 | Printing and publications | 9 4 | | | | | | |
| Ē, | 24 | Total operating and administrative expenses. | <u> </u> | | | | | | |
| era e | -4 | Add lines 13 through 23 | 35,498 | | 27,855 | 0 | 5,572 | | |
| o O | 25 | Contributions, gifts, grants paid | 90,000 | | 2.,000 | | 90,000 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and | ,,,,, | | | | , == | | |
| | | 25 | 125,498 | | 27,855 | 0 | 95,572 | | |
| | 27 | Subtract line 26 from line 12 | | | | | | | |
| | а | Excess of revenue over expenses and disbursements | -29,650 | | | | | | |
| | b | Net investment income (If negative, enter -0-) | | | 67,993 | | | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | 0 | | | |

1,209,056

1,279,965

1,279,965

1,279,965

1,279,965

1.211.569

1,250,593

1,250,593

1,250,593

1,250,593

1,279,965

1,250,593

1,250,593 Form 990-PF (2018)

-29,650

278

1

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1,775,622

1,814,646

| Assets | |
|--------|--|
| • | |

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10a h

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11

12

13 14

15

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17

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24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶ ___

Less accumulated depreciation (attach schedule)

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

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

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

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Temporarily restricted

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) -

Grants payable

Less allowance for doubtful accounts ▶ 0

disqualified persons (attach schedule) (see instructions)

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

Investments—corporate stock (attach schedule) Investments—corporate bonds (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)

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

| | (a) List and describe | e the kınd(s) of property sold (e.g., | | (b) How acquired | (c) | (d) |
|-----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|---------------------------------------------------------|-------------------------------------------|
| | | rehouse, or common stock, 200 shs | P—Purchase D—Donation | Date acquired (mo , day, yr) | Date sold (mo , day, yr) | |
| 1a See | Addıtıonal Data Table | 2 | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| ı | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | (g) other basis pense of sale | Gain d | h) or (loss) n minus (g) |
| a See | Addıtıonal Data Table | 9 | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| Com | plete only for assets | showing gain in column (h) and owi | ned by the foundation | on 12/31/69 | 1 | (I) |
| | (i) M V as of 12/31/69 | (j) Adjusted basis | Excess | (k) s of col (ı) | Gains (Col. (col. (k), but not | h) gain minus less than -0-) or |
| | | as of 12/31/69 | over co | l (j), if any | Losses (fr | om col (h)) |
| | Additional Data Table | | | | | |
| ь | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| If g | | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | |) - | 3 | 65,997 |
| Part V | Oualification U | Jnder Section 4940(e) for Re | duced Tax on Net | t Investment I | ncome | |
| | | rivate foundations subject to the sec | | | | |
| | 940(d)(2) applies, le | - | cion 4540(a) tax on n | et investment meo | me) | |
| | | e section 4942 tax on the distributab ot qualify under section 4940(e) Do | | | d? | es 🗹 No |
| 1 Ente | er the appropriate am | nount in each column for each year, | see instructions before | e making any entri | es | |
| | (a) riod years Calendar ax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharital | ble-use assets | (d) Distribution rat (col (b) divided by o | |
| | 2017 | 110,028 | | 1,743,796 | | 0 063097 |
| | 2016 | 107,388 | | 1,540,787 | | 0 069697 |
| | 2015 | 32,896 | | 1,480,669 | | 0 022217 |
| | 2014 | 82,145 | | 1,619,111 | | 0 050735 |
| | 2013 | 83,531 | | 1,619,587 | _ | 0 051575 |
| 2 Tota | il of line 1, column (d | d) | | 2 | | 0 257321 |
| numl | ber of years the foun | for the 5-year base period—divide t dation has been in existence if less t | than 5 years | 3 | | 0 051464 |
| - cnie | | ncharitable-use assets for 2018 from | • | | + | 1,743,786 |
| | iply line 4 by line 3 | | | 5 | | |
| 5 Multi | u 10/ af mat | mt manna (10/ of D-st T lss - 271) | | | | 89,742 |
| 5 Multi 6 Enter | | ent income (1% of Part I, line 27b) | | 6 | | 680 |
| 5 Multi6 Enter7 Add I | lines 5 and 6 | ent income (1% of Part I, line 27b) | | <u>6</u> | _ | |

Page **6**

| 1. | Statements Regard | iiiig | ACTIVITIES IOI WITHCIT | FOITH 4720 May be | Kequirea (continuea |) | | | |
|------------|----------------------------------------------------------------------|--------|------------------------------|----------------------------|---------------------------------|-------------|----------------------|-------|-------|
| 5a | During the year did the foundation p | oay o | r incur any amount to | | | | | Yes | No |
| | (1) Carry on propaganda, or otherw | vise a | ittempt to influence legisl | ation (section 4945(e))? | ☐ Yes | ✓ No | , | | |
| | (2) Influence the outcome of any sp | pecifi | c public election (see sect | tion 4955), or to carry | | | | | |
| | on, directly or indirectly, any vo | | - | | · · · 🔲 Yes | ✓ No | , | | |
| | (3) Provide a grant to an individual | for t | ravel, study, or other sım | ılar purposes? | | ✓ No | | | |
| | (4) Provide a grant to an organization section 4945(d)(4)(A)? See in | | • | , - | d | | | | |
| | (5) Provide for any purpose other t | han r | eligious, charitable, scien | tific, literary, or | ⊔ Yes | ⊻ No | ' | | |
| | educational purposes, or for the | | · · | | ∟ Yes | ✓ No | , | | |
| b | If any answer is "Yes" to $5a(1)-(5)$, | did a | any of the transactions fa | nd to qualify under the ex | ceptions described in | | | | |
| | Regulations section 53 4945 or in a | curre | ent notice regarding disas | ter assistance? See instr | ructions | | 5b | | |
| | Organizations relying on a current n | otice | regarding disaster assist | ance check here | | П | | | |
| C | If the answer is "Yes" to question 5a | a(4), | does the foundation clain | n exemption from the | | _ | | | |
| | tax because it maintained expenditu | ire re | sponsibility for the grant? | ⁷ | · · 🔲 Yes | □ No | , | | |
| | If "Yes," attach the statement requi | red b | y Regulations section 53 | 4945-5(d) | | | ´ | | |
| 6 a | Did the foundation, during the year, | rece | ive any funds, directly or | indirectly, to pay premi | ums on | | | | |
| | a personal benefit contract? | | | | · 🔲 Yes | . | _ | | |
| b | Did the foundation, during the year, | | | | res : | · NC | ° 6ь | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | prohibited tax shelter tra | nsaction? Yes | | | | |
| b | If yes, did the foundation receive ar | | | | ∟ res i | ⊻ No | 7b | | |
| 8 | Is the foundation subject to the sec | | • | | | | | | |
| _ | excess parachute payment during th | | , , , | | | | | | |
| | | | | | ∟ Yes | <u>✓ No</u> | | | l |
| Pai | and Contractors | JIIIC | ers, Directors, Trust | ices, roundation ma | anagers, Highly Paid | Emp | ioyees, | | |
| 1 | List all officers, directors, truste | es. fo | oundation managers ar | nd their compensation | . See instructions | | | | |
| | | | b) Title, and average | (c) Compensation (If | | Τ, | - \ | | |
| | (a) Name and address | | hours per week | not paid, enter | employee benefit plans a | and 1 | e) Expen other al | | |
| | | ļ | devoted to position | -0-) | deferred compensation | n | | | |
| See / | Additional Data Table | 1 | | | | | | | |
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| | | 1 | | | | | | | |
| 2 | Compensation of five highest-pa | id en | nployees (other than t | hose included on line | 1-see instructions). If | none, | enter " | NONE. | ." |
| | | | (b) Title, and average | | (d) Contributions to | | | | |
| (a) | Name and address of each employee | paid | hours per week | (c) Compensation | employee benefit | (€ | Expens | | |
| | more than \$50,000 | | devoted to position | | plans and deferred compensation | | other all | owanc | es |
| NON | =============================== | | | | Compensation | | | | |
| | _ | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | | | | | | |
| | | | | | | F | orm 99 0 | 0-PF | (2018 |

| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE". (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services | Form 990-PF (2018) | | Page 7 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------|---------------------------|
| (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. | | Foundation Managers, Highly P | aid Employees, |
| Total number of others receiving over \$50,000 for professional services. O Part IX-A Summary of Direct Charitable Activities Is the foundation's four largest direct charitable activities I Expenses 1 2 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Obscribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 I I I I I I I I I I I I I I I I I I | 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, ente | r "NONE". |
| Total number of others receiving over \$50,000 for professional services. Part XX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 2 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 All other program-related investments. See instructions 3 Intelligence of the service of the s | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions All other program-related investments See instructions | NONE | | |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions All other program-related investments See instructions | | | |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions 3 All other program-related investments See instructions All other program-related investments See instructions | | | |
| Part IX-A Summary of Direct Charitable Activities Ust the foundation's four largest direct Charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 2 2 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 4 All other program-related investments See instructions 3 All other program-related investments See instructions | | | |
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| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 2 2 3 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 Amount All other program-related investments. See instructions 3 All other program-related investments. See instructions 3 All other program-related investments. See instructions. | Total number of others receiving over \$50,000 for professional services | | 0 |
| organizations and other beneficiaries served, conferences convened, research papers produced, etc 1 2 3 3 4 4 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 2 All other program-related investments See instructions 3 All other program-related investments See instructions | | | |
| 2 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 All other program-related investments See instructions | | | er of Expenses |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | , | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
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| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
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| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | 3 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | 4 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions 3 Total. Add lines 1 through 3 | | | |
| 1 2 All other program-related investments See instructions 3 Total. Add lines 1 through 3 | Part IX-B Summary of Program-Related Investments (see | nstructions) | |
| All other program-related investments See instructions 3 Total. Add lines 1 through 3 | Describe the two largest program-related investments made by the foundation during the | ne tax year on lines 1 and 2 | Amount |
| 3 | 1 | | |
| 3 | | | |
| 3 | , | | |
| 3 | <u>-</u> | | |
| 3 | | | |
| Total. Add lines 1 through 3 | All other program-related investments See instructions | | |
| <u> </u> | 3 | | |
| <u> </u> | | | |
| <u> </u> | Total Add lines 1 through 3 | | |
| F 000 DE /2010\ | Total Add inles I tillough 3 | | Form 990-PF (2018) |

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

1b

2

3a 3h

4

5

95.572

94.892

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680

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

2018

Page 9

86,509

86,509

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| 0- | P | F | (| 2 | 0 | 1 | 8 |) | |
|----|---|---|---|---|---|---|---|---|--|
| ı | ł | ł | ı | | Г | | - | _ | |

b Total for prior years

a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . .

e From 2017.

| Form 990-PF (20 | 018) | |
|-----------------|-----------------------------------|--------|
| Part XIII | Undistributed Income (see instruc | tions) |
| | | |

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

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

same amount must be shown in column (a))

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

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

6 Enter the net total of each column as

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. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part 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).

| Undistribute | d Inc | ome | (see | ınstruc | tion |
|--------------|-------|-----|------|---------|------|
| | | | | | |
| | | | | _ | |

Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

22,765

22.765

9.063

22.765

9.063

31,828

31,828

0

(a)

Corpus

Years prior to 2017

(b)

(c)

2017

factors



| nter gross | amounts unless otherwise indicated | Unrelated bu | ısıness ıncome | Excluded by section | 512, 513, or 514 | (e) Related or exempt |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|-------------------------------------|----------------------|----------------------------------------|
| _ | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Membe3 Interes | and contracts from government agencies rship dues and assessments t on savings and temporary cash | | | | | |
| 4 Divider | nents ds and interest from securities. tal income or (loss) from real estate | | | 14 | 29,851 | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| 6 Net rer | tal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| 8 Gain or inventor | (loss) from sales of assets other than | | | | | |
| | ry | | | 18 | 65,997 | |
| | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| | | | | | | |
| с | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Subtot | al Add columns (b), (d), and (e) | | | 13 | 95,848 | |
| 2 Subtot 3 Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 95,848 | |
| 2 Subtot 3 Total. (See w | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | | <u>'</u> | |
| 2 Subtot 3 Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) ne Accomplish income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribut | Bted importantly to | |
| 2 Subtot. 3 Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated the color of the color of the color of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the color of t | lations) ne Accomplish income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribut | Bted importantly to | |
| 2 Subtot. 3 Total. (See wo | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated the color of the color of the color of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the color of t | lations) ne Accomplish income is reporto | ment of Exemed in column (e) c | pt Purposes of Part XVI-A contribut | Bted importantly to | |
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| . , | 1 0) |
|------|------------------------------------------------------------------------------------------|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| 1111 | Exempt Organizations |

| Part XVII | Exempt Organia | zations | | | io ana itolatio | | .c.iaiitabic | | |
|-----------------------|----------------------------------------------------------------------------------|---------------------|------------------|-----------------------|--------------------|--------------------------|--------------------------------------------|----------|------|
| | ganization directly or in- than section 501(c)(3) | directly engage | | | | | on 501 | Yes | No |
| a Transfers f | rom the reporting foun | dation to a none | haritable exe | empt organization | of | | | | |
| (1) Cash | | | | | | | | | |
| (2) Other | | . 1a(2) | | No | | | | | |
| b Other tran | sactions | | | | | | | | |
| (1) Sales | of assets to a nonchari | table exempt or | ganızatıon. | | | | . 1b(1) | | No |
| (2) Purch | ases of assets from a n | oncharitable ex | empt organız | ration | | | 1b(2) | | No |
| (3) Renta | al of facilities, equipmen | nt, or other asse | ts | | | | 1b(3) | | No |
| | bursement arrangemen | | | | | | . 1b(4) | | No |
| ` ' | or loan guarantees. | | | | | | . 1b(5) | _ | No |
| | mance of services or m | | | | | | 1b(6) | | No |
| - | facilities, equipment, n | - | • | | | | | | No |
| of the goo | ver to any of the above ds, other assets, or serv nsaction or sharing arra | vices given by t | he reporting t | foundation If the f | oundation receive | d less than fair mark | ket value | | |
| , | _ | , | • | | | | | | |
| (a) Line No | (b) Amount involved | (c) Name of nor | ncharitable exer | mpt organization | (d) Description of | transfers, transactions, | and sharing arra | ingemen | ts |
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| | ndation directly or indire in section 501(c) (other | • | • | * | | _ | es 🛂 No | | |
| b If "Yes," co | omplete the following so | | 1 | | | | | | |
| | (a) Name of organization | n | (1 |) Type of organizatio | n | (c) Description | of relationship | | |
| | | | | | | | | | |
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| of m | er penalties of perjury, y knowledge and belief h preparer has any kno | , it is true, corre | | | | | | | |
| Sign Here | **** | | | 2019-08-20 | ***** | | May the IRS or return with the prepa | | |
| | Signature of officer or ti | rustee | | Date | Title | _ | below (see instr)? | _ | |
| | Print/Type preparer's | name Pr | eparer's Sigr | nature | Date | Check if self- | PTIN P0096 | 5923 | |
| Paid Preparer | SHAWN P HANLON | | | _ | 2019-08-20 | employed ▶ ☑ | | | |
| Jse Only | | EWATERHOUSE | COOPERS LL | Р | | F | Firm's EIN ▶13 | -40083 | 24 |
| Jac Olliy | | 0 GRANT STREE | T | | | | | | |
| | | TTSBURGH, PA | | | | F | Phone no (412 | 2) 355-6 | 5000 |
| | i . | | | | | | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 2018-09-05 1300 ISHARES CORE MSCI EMERGING 2018-03-13 100 ISHARES DJ U S TRNSPRTN INDX FD 2017-08-14 2018-10-08 160 ISHARES DJ US AEROSPACE & DF 2017-08-14 2018-10-08 150 SPDR S&P SEMICONDUCTOR ETF 2016-11-17 2018-10-08 170 ETF VANECK VECTORS ET BE 2017-05-15 2018-10-08 20 BOOKING HOLDINGS INC 2016-03-07 2018-10-19 400 BRITISH AMERICAN TOBACCO 2017-07-28 2018-10-19 350 EMERGING MRKTS INTERNET %EC 2017-05-15 2018-10-19 650 ISHARES MSCI EMERGING MKTS INDEX FD 2017-08-08 2018-10-19 250 ISHARES TR MSCI EAFE INDEX FD 2017-08-08 2018-10-19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 65.690 77,826 -12,13619,914 16,849 3,065 34,150 25,326 8,824 10,587 8.196 2,391 6,244 10,123 -3,879 25,926 36,100 10,174 17,325 25,648 -8,323 9,775 11,222 -1,44725,879 28,873 -2,994 15,973 16,714 -741 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -12,1363,065 8,824 2,391 -3,879 10,174 -8,323 -1,447-2,994-741

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 500 ISHARES DJ EPAC SEL DV IN FD 2017-05-10 2018-10-19 170 3M CO COM 2016-03-07 2018-10-19 190 VANGUARD TOTAL INTLISTK INDEX FD ETF 2017-05-15 2018-10-19 217 ROCKWELL COLLINS INC 2017-04-17 2018-11-28 4293 UNITED TECHNOLOGIES CORP 2018-11-28 2018-12-04 300 CELGENE CORP 2017-12-11 2018-12-26 250 ISHARES TR MSCI EAFE INDEX FD 2017-05-10 2018-12-26 130 LAM RESEARCH CORP 2017-08-30 2018-12-26 81 UNITED TECHNOLOGIES CORP 2018-12-26 2018-11-28 1060 541 JPMORGAN MID CAP VALUE-L 2019-02-08 2018-12-12 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 15,697 16,230 -533 33,946 27,239 6,707 9,605 9,891 -286 30,843 21,109 9,734 52 56 -4 18,142 32,361 -14,219 14,360 16,244 -1,88416,339 20,385 -4,046 8,293 10,534 -2,24138,848 42,229 -3,381 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -533 6,707 -286 9,734 -14,219 -1,884 -4,046 -2,241-3,381

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 598 796 VICTORY RS SM CAP GROW-Y 2018-12-19 2019-02-08 1 400 EOG RES INC 2017-08-08 2019-03-19 650 ISHARES MSCI EMERGING MKTS INDEX FD 2017-08-08 2019-03-26 2019-04-22 400 CITRIX SYS INC COM 2016-03-07 1500 WILLIAMS COMPANIES, INC 2016-03-07 2019-04-22 200 MCDONALDS CORP 2017-05-10 2019-05-02 250 ILLINOIS TOOL WORKS INC COM 2016-03-07 2019-06-17 500 SECTOR SPDR TR SHS BEN 2016-03-07 2019-06-25 CAPITAL GAIN DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 43,874 52,032 -8,158 33,281 37,040 3,759 27,659 27,113 546 39,996 23,923 16,073 42,830 28,573 14,257 25,757 38,800 13,043 36,931 24,425 12,506 59,240 38,323 20,917 8,273 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -8,158 3,759 546 16,073 14,257 13,043 12,506 20,917

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account. hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation REGIONS BANK TRUSTEE 20,961 1626 RINGLING BLVD SUITE 200 SARASOTA, FL 34236 PHILIP DELANEY BOARD MEMBER 1515 RINGLING BLVD SUITE 200 SARASOTA, FL 34236 SAMUEL GAY JR **BOARD MEMBER** 12 BISHOPSCOURT RD OSPREY, FL 34229 JEFFREY JONES **BOARD MEMBER** 5318 ASHLEY PKWY SARASOTA, FL 34241 CAROLYN JONES EXECUTIVE DIRECTOR 6,900 5318 ASHLEY PKWY SARASOTA, FL 34241 GAIL STAIB BOARD MEMBER 1626 RINGLING BLVD SARASOTA, FL 34236 JEREMIAH JONES **BOARD MEMBER** 4018 TEALE AVE SAN JOSE, CA 951173432 DALE SMOOT BOARD MEMBER 1626 RINGLING BLVD SARASOTA, FL 34236

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 | | | | |
|--------------------------------------------------------|------|----|-------------------|--------|
| BIG BROTHERS BIG SISTERS OF SARASOTA2831 RINGLING BLVD | NONE | PC | GENERAL OPERATING | 10,000 |

| CHILDREN FIRST INC 1723 NORTH ORANGE AVE SARASOTA, FL 34234 | NONE | PC | GENERAL OPERATING | 10,000 |
|-------------------------------------------------------------------|------|----|-------------------|--------|
| SARASOTA, FL 34237 | | | | |

| CHILDREN FIRST INC 1723 NORTH ORANGE AVE SARASOTA, FL 34234 | NONE | PC | GENERAL OPERATING | 10,000 |
|-------------------------------------------------------------------|------|----|-------------------|--------|
| CHILDREN'S GUARDIAN FUND PO BOX 49722 SARASOTA, FL 34230 | NONE | PC | GENERAL OPERATING | 7,500 |

| Total | | | ▶ 3a | 90,000 |
|----------------------------------------------------------------|------|----|-------------------|--------|
| CHILDREN'S GUARDIAN FUND PO BOX 49722 SARASOTA, FL 34230 | NONE | PC | GENERAL OPERATING | 7,500 |
| 1723 NORTH ORANGE AVE SARASOTA, FL 34234 | | | | |

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 EASTER SEALS OF SOUTHWEST NONE PC GENERAL OPERATING 10,000 FLORTDA.

| 350 BRADEN AVE SARASOTA, FL 34243 | | | | |
|-------------------------------------------------------------------------|------|----|-------------------|-------|
| SAMARITAN COUNSELING SERVICE 3224 BEE RIDGE RD SARASOTA, FL 34239 | NONE | PC | GENERAL OPERATING | 5,000 |
| DINES OF CARACOTA | NONE | DC | CENERAL OPERATING | 7 500 |

| SAMARITAN COUNSELING SERVICE 3224 BEE RIDGE RD SARASOTA, FL 34239 | NONE | PC | GENERAL OPERATING | 5,000 |
|-------------------------------------------------------------------------|------|----|-------------------|-------|
| PINES OF SARASOTA 1501 N ORANGE AVE | NONE | PC | GENERAL OPERATING | 7,500 |

| SARASOTA, FL 34239 | | | | |
|--------------------------------------------------------------|------|----|-------------------|-------|
| PINES OF SARASOTA 1501 N ORANGE AVE SARASOTA, FL 34236 | NONE | PC | GENERAL OPERATING | 7,500 |

Total .

90,000

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 | | | | |
|----------------------------------------------|------|----|-------------------|-------|
| TIDEWELL5955 RAND BLVD SARASOTA, FL 34238 | NONE | PC | GENERAL OPERATING | 5,000 |
| | | | | |

| TAKE STOCK IN CHILDREN PO BOX 48186 | NONE | PC | GENERAL OPERATING | 10,000 |
|----------------------------------------|------|----|-------------------|--------|
| SARASOTA, FL 34230 | | | | |

| PO BOX 48186 SARASOTA, FL 34230 | | | | |
|------------------------------------|------|----|-------------------|-------|
| THE HAVEN4405 DESOTO RD | NONE | PC | GENERAL OPERATING | 7,500 |

| SARASOTA, FL 34230 | | | | |
|-----------------------------------------------|------|----|-------------------|-------|
| THE HAVEN4405 DESOTO RD SARASOTA, FL 34235 | NONE | PC | GENERAL OPERATING | 7,500 |

| | | | 1 | |
|-----------------------------------------------|------|----|-------------------|-------|
| THE HAVEN4405 DESOTO RD SARASOTA, FL 34235 | NONE | PC | GENERAL OPERATING | 7,500 |
| | | | | |

90,000

| THE HAVENHAUS DESCRIBED | INONE | l LC | GENERAL OF ERATING | , |
|-------------------------|-------|------|--------------------|---|
| SARASOTA, FL 34235 | | | | |
| - | | | | |

Total . .

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)

Total . .

| | or substantial contributor | | | |
|---------------------------------------------------------------------------------------|----------------------------|----|-------------------|--------|
| a Paid during the year | | | | |
| EDUCATION FOUNDATION OF SARASOTA COUNT 1960 LANDINGS BLVD SARASOTA, FL 34231 | NONE | PC | GENERAL OPERATING | 17,500 |

90,000

TY 2018 Investments - Other Schedule

Name: EVALYN SADLIER JONES FOUNDATION

EIN: 65-6156449

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------------------|-----------------------|------------|----------------------------------|
| 88579Y101 3M CO | | | |
| 30303M102 FACEBOOK INC | AT COST | 26,620 | 48,250 |
| 774341101 ROCKWELL COLLINS INC | | | |
| 78462F103 SPDR TR UTS | AT COST | 60,000 | 117,200 |
| 02079K305 ALPHABET INC/CA | AT COST | 35,104 | 43,312 |
| 464287234 ISHARES MSCI EMERGIN | | | |
| 177376100 CITRIX SYS INC COM | | | |
| 02079K107 ALPHABET INC | AT COST | 31,256 | 43,236 |
| 097023105 BOEING COMPANY | AT COST | 40,287 | 109,203 |
| 166764100 CHEVRONTEXACO CORP | AT COST | 26,387 | 37,456 |
| 26875P101 EOG RES INC | | | |
| 461202103 INTUIT INC COM | AT COST | 42,039 | 91,466 |
| 46625H100 J P MORGAN CHASE & C | AT COST | 13,566 | 27,950 |
| 594918104 MICROSOFT CORP COM | AT COST | 30,816 | 80,376 |
| 92826C839 VISA INC | AT COST | 36,085 | 86,775 |
| 037833100 APPLE COMPUTER INC C | AT COST | 47,776 | 79,168 |
| 464288760 ISHARES DJ US AEROSP | | | |
| 512807108 LAM RESH CORP COM | | | |
| 81369Y704 SECTOR SPDR TR | AT COST | 32,304 | 46,452 |
| 92939U106 WEC ENERGY GROUP INC | AT COST | 28,475 | 41,685 |
| 94106L109 WASTE MANAGEMENT INC | AT COST | 28,490 | 57,685 |
| 464287465 ISHARES MSCI EAFE IN | | | |
| 46434G103 ISHARES CORE MSCI EM | AT COST | 129,808 | 123,456 |
| 580135101 MC DONALDS CORPORATI | | | |
| 78464A862 SPDR S&P SEMICONDUCT | | | |
| 921909768 VANGUARD TOTAL INTL | | | |
| 437076102 HOME DEPOT INC USD 0 | AT COST | 22,805 | 41,594 |
| 464288448 ISHARES DJ EPAC SEL | | | |
| 969457100 WILLIAMS CO INC | | | |
| 452308109 ILLINOIS TOOL WORKS | | | |

Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|--------------------------------|-----------------------|------------|----------------------------------|
| 031162100 AMGEN INC | AT COST | 59,887 | 64,498 |
| 464287606 ISHARES S&P MIDCAP 4 | AT COST | 133,807 | 152,732 |
| 464287622 ISHARES RUSSELL 1000 | AT COST | 60,307 | 65,116 |
| 110448107 BRITISH AMERICAN TOB | | | |
| 151020104 CELGENE CORP | | | |
| 464287192 ISHARES DJ U.S. TRNS | | | |
| 81369Y407 SECTOR SPDR TR SHS B | | | |
| 92189F767 E T F VANECK VECTORS | | | |
| 023135106 AMAZON COM INC | AT COST | 37,737 | 113,618 |
| 09857L108 BOOKING HOLDINGS INC | | | |
| 301505889 ENERGING MARKETS INT | | | |
| 126650100 CVS CORP | AT COST | 21,975 | 21,796 |
| 464287655 ISHARES RUSSELL 2000 | AT COST | 31,199 | 31,878 |
| 532457108 ELI LILLY & CO COM | AT COST | 34,063 | 33,237 |
| 375558103 GILEAD SCIENCES INC | AT COST | 18,765 | 20,268 |
| 464287614 ISHARES RUSSELL 1000 | AT COST | 30,336 | 31,468 |
| 00287Y109 ABBVIE INC | AT COST | 40,203 | 43,632 |
| 58933Y105 MERCK & CO INC | AT COST | 29,115 | 33,540 |
| 110122108 BRISTOL MYERS SQUIBB | AT COST | 19,827 | 18,140 |
| 464287499 ISHARES TR RUSSELL M | AT COST | 32,917 | 34,081 |
| 539830109 LOCKHEED MARTIN CORP | AT COST | 29,613 | 36,354 |

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|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|--|
| TY 2018 Other Expenses Schedule | | | | | |
| <u></u> | | | | | |
| Name: | EVALYN SADLIE | ER JONES FOUND | ATION | | |
| EIN: | 65-6156449 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| INVESTMENT EXPENSES-DIVIDEND I | 4 | 4 | | 0 | |

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|--------------------------------------|-----------------|----------------------|----------------|-------|
| TY 2018 Other Increases Schedule | | | | |
| | | | | |
| Name: | EVALYN SADL | IER JONES FOUNDATION | | |
| EIN: | 65-6156449 | | | |
| De | escription | | Amount | |
| MUTUAL FUND TIMING DIFFERENCE | | | | 278 |

| Category Amount Net Investment Adjusted Net Disbursements Income Income Purposes | | | | | | |
|--------------------------------------------------------------------------------------------------|-----------------|--|-----|-------------------|--|--|
| TY 2018 Other Professional Fees Schedule Name: EVALYN SADLIER JONES FOUNDATION EIN: 65-6156449 | | | | | | |
| | | | | | | |
| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | N: 93491259004109 | | |

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| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | -1 | DL | N: 93491259004109 |
|--------------------------------------|---------------|-----------------------|------------------------|---------------------------------|
| TY 2018 Taxes Schedule | | | | |
| | | | | ! |
| Name: | EVALYN SΑΓ | DLIER JONES FOUN | √DATION | ! |
| EIN: | 65-6156449 |) | | 1 |
| | | | | 1 |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable |
| , | , | | 1 | Purposes |
| FOREIGN TAXES | 101 | 101 | 1 | 0 |
| FEDERAL TAX PAYMENT - PRIOR YE | 851 | 0 | 1 | 0 |
| FEDERAL ESTIMATES - PRINCIPAL | 1,220 | 0 | 1 | 0 |
| FOREIGN TAXES ON QUALIFIED FOR | 57 | 57 | 1 | 0 |

63

FOREIGN TAXES ON NONQUALIFIED