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Schedule Name of o		Page 1 of 1 of Part! ployer identification number 3-1241900		
	S FAMILY FOUNDATION		241900	
PartI	Contributors (see Instructions)			
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II If there is a	
_1	J G REALTY CLAT P O BOX 1800 SELMA AL 36702-	\$ <u>18,480.</u>		
	(b)	(c)	noncash contribution.) (d)	
(a) No	Name, address, end ZIP +4	Aggregate contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(6)	(c)	(d)	
No.	Name, address, and ZIP +4	Aggregate contributions	Type of contribution	
		3	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP +4	Aggregate contributions \$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)	
(a)	(6)	(c)	(d)	
No.	Name, eddress, and ZIP + 4 Opright form software only, 2009 Universal Tex Systems, Inc. All rights reserved.	Aggregate contributions \$ US990832 Row.1 Schedule B (Form 990,	Person Psyroii Noncash (Complete Part II if there is a roncash contribution.) 990-EZ, or 990-PF) (2009	

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For	m 980-PF(2009) JONES FAMILY	63-1241900 Page 10							
Part XIV. Private Operating Foundations (see the instructions and Part VII-A, question 9)									
	1s if the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for 2009, enter the date of the ruling								
ь		Check box to Indicate whether the foundation is a private operating foundation described in section 49420							
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	4942(j)(3) or 4942(j)(5)				
_	Income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2008	(e) Total			
	investment return from Part X for	12/200	1	1-1-7					
	each year listed								
_	Qualifying distributions from Part XII,		}	}					
C	• •	1							
đ	line 4 for each year listed Amounts included in line 2c not used directly for active conduct of exempt activities								
	Qualifying distributions made directly								
	for active conduct of exempt activities.			İ		1			
	Subtract line 2d from line 2c	ļ	İ	1		J			
3									
•	•	}]		ł			
_	test relied upon: *Assets" alternative test - enter:		1	1		l			
8	- · · · · · · - · · · · · · · · · · · ·		1						
	(1) Value of all assets.			 					
	(2) Value of assets qualifying	,	[l i					
	under section 4942(j)(3)(B)(i)			ļ. <u></u>					
D	"Endowment" alternative test - enter 2/3 of minimum investment return shown In Part X, line 6 for each year listed								
c	"Support" alternative test - enter:								
_	(1) Total support other than gross investment income (interest.		1			·			
	dividends, rents, payments					Ĭ			
	on securities loans (section			1					
	512(a)(5)), or royalties)					ļ			
	(2) Support from general public and 5								
	or more exampt organizations as			ļ		ļ			
	provided in section 4942(j)(3)(B)(iii)			<u> </u>	ļ				
	(3) Largest amount of support								
	from an exempt organization					<u></u>			
	(4) Gross investment theome				L				
Pa	Supplementary Information	on (Complete th	ls part only if th	e foundation had	1 \$5,000 or mon	in			
	assets at any time during								
1	Information Regarding Foundation Manag	ers:							
	List any managers of the foundation who ha		e than 2% of the tota	I contributions receiv	ed bythe foundation	before the close			
	of any tax year (but only if they have contrib				•				
NC	NE		,. (
	List any managers of the foundation who or	en 10% or more of t	he stock of a comore	tion (or an equally la	rge cortion of the ov	nership of a			
-	partnership or other entity) of which the four			(a. a., adam) in	.g. p				
NC	ONE								
	Information Regarding Contribution, Gran	- CM Loop Robe	lamble etc. Decem						
-	Check here Kill the foundation only				and does not seem	t unsolidited			
	requests for funds. If the foundation makes		•						
		Sma, Branta, etc. (s	ee the mishectors)	to minimistres or order	INDUSTRICE CONTRA	CONDISONS,			
	complete items 2a, b, c, and d.			445 - 44					
a The name, address, and telephone number of the person to whom applications should be addressed:									
			·						
þ	The form in which applications should be s	ubmitted and informa	etion and materials t	heyshould include:					
_									
C	c Any submission deadlines:								
<u>d</u>	Any restrictions or limitations on awards, su	ich as by geographic	cal areas, charitable	telds, kinds of institu	tions, or other factor	**************************************			
_	, will will will write with will write write will write write will write write will write write will write write write write write will write								
					F	orm 990-PF (2009)			

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0425876265 Nov. 19, 2010 LTR 2697C 3 R 63-1241900 200912 44 1 00019612

JONES FAMILY FOUNDATION % WILLIAM B STAPP 618 ALABAMA AVE SELMA AL 36701-4620



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer of Truste

3/28/11 Date

Title