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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

Departmen	nt of the Treasury venue Service Note. The foundation may	I reated as a Privat be able to use a copy of this	e Foundation return to satisfy state rep	orting requirements	2011
For cale	ndar year 2011 or tax year beginning		, and ending		
	f foundation JONATHAN & ANNE SMITH	FAMILY		A Employer Identification n	umber
FOU	NDATION, INC.			39-2071650	
	and street (or PO box number if mail is not delivered to street 5 MADISON AVENUE	address)	Room/suite	B Telephone number 336-272-984	4
	own, state, and ZIP code ENSBORO, NC 27403		·	C If exemption application is pen	ding, check here
G Check	k all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations, o	check here
	Final return	Amended return			
	Address change	Name change		2. check here and attach comp	ng the 85% test, butation
	k type of organization X Section 501(c)(3) ex			E If private foundation status	s was terminated
		Other taxable private founda		under section 507(b)(1)(A), check here
	arket value of all assets at end of year J Accounts	-	Accrual	F If the foundation is in a 60	
(trom ►\$		ther (specify) mn (d) must be on cash t	hoose l	under section 507(b)(1)(B), check here
Part		1			(d) p
Part	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	8,000.		N/A	
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				
1 -	Gross rents	,			
I) Net rental income or (loss)		,		
Revenue	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
8 7			0 .		
~ 8	Net short-term capital gain				
9	Income modifications				
102	Gross sales less returns and allowances				
t	Less Cost of goods sold		,		- · · · · · · · · · · · · · · · · · · ·
0	Gross profit or (loss)				
11	Other income	0.000			
12	Total. Add lines 1 through 11	8,000.	0.		
13	Compensation of officers, directors, trustees, etc	0.		•	0.
14	Other employee salaries and wages Pension plans, employee benefits				
9 15 9 16	Legal fees DECEN/ED				
ens i	Accounting fees ECEIVED				
Š Š	101				
9 17	Interest MAY & 2012				
Administrative Expenses 12 0 11 12 12 12 12 12 12 12 12 12 12 12 12	Taxes				
.달 19	Depreciation and depletion				
<u>=</u> 20	Occupancy				
₹,21	Travel, conferences, and meetings				
E 22	Printing and publications		<u> </u>		
ੂ 23	Other expenses				
24	Total operating and administrative				_
Operating and 52 33 44 52 52	expenses. Add lines 13 through 23	0.	0.		0.
25	Contributions, gifts, grants paid	0.			0.
176	Total expenses and disbursements.	,	^		^
111	Add lines 24 and 25	0.	0.	•	0.
E 27	Subtract line 26 from line 12	8,000.			
	Excess of revenue over expenses and disbursements	0,000.	0.		
0001	Net investment income (if negative, enter -0-)		0 .	N/A	
123501 12-02-11	Adjusted net Income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see	instructions	:	IN/A	Form 000 DE (0014)
12-02-11	LINA TOTT abeLMOIN DEBREGORI NOT MOTICE, SEE	maductions.			Form 990-PF (2011)

THE JONATHAN '& ANNE SMITH FAMILY FOUNDATION, INC.

Fo	m 99	0-PF(2011) FOUNDATION, INC.	· · · · · · · · · · · · · · · · · · ·	39-3	2071650 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	0	0.000	
	2	Savings and temporary cash investments	8.	8,008.	8,008.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	δ	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	'	Other notes and loans receivable			
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	400	Prepaid expenses and deferred charges			
		Investments - U S and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	10	Less accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	15	Other assets (describe			
	10	Other assets (describe			
	16	Total assets (to be completed by all filers)	8.	8,008.	8,008.
		Accounts payable and accrued expenses			- 0,0000
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	4 w		
ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
<u>a</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
P P		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	8.	8,008.	
Net Assets or Fund Balances	30	Total net assets or fund balances	8.	8,008.	
_	31	Total liabilities and net assets/fund balances	8.	8,008.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		***
		st agree with end-of-year figure reported on prior year's return)		1	8.
2		r amount from Part I, line 27a		. 2	8,000.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	8,008.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	. 6	8,008.

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Form 990-PF (2011)

Page 3

Part IV Capital Gains a	nd Losses for Tax	on Investmen	t Income						
	be the kind(s) of property s ehouse, or common stock,			(b) I P D	How acqu - Purcha - Donatio	ured (se on (c) Date acqu (mo , day, y		(d) Date sold (mo , day, yr)
1a									
b NON	IE								
<u>C</u>				ļ					·
_d									
<u>e</u>	(f) Depreciation allowe	d (n) Co.	st or other basis	1-			(h) Gain o	r (loss)	
(e) Gross sales price	(or allowable)	107	expense of sale				(e) plus (f) i)
a									
<u>b</u>									
d d									
e									
Complete only for assets showing	gain in column (h) and ow	ned by the foundation	n on 12/31/69			(1)	Gains (Col. (I	n) gain n	ninus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I)	-		col (k), but not le Losses (fror	ss than	-0-) ar
2			001 ()), 11 4119						
b									
<u> </u>									· ·
d									
е									
2 Capital gain net income or (net cap	If gain, al	so enter in Part I, line enter -0- in Part I, line	7		2				
, , ,	`			<u>기</u>					
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		22(5) and (6)		1					
If (loss), enter -0- in Part I, line 8				<u> </u>	3				
Part V Qualification Ur	der Section 4940(e) for Reduced	Tax on Net	Inv	estme	nt Inco	me		
(For optional use by domestic private t	foundations subject to the s	section 4940(a) tax on	net investment in	ncome)				
If section 4940(d)(2) applies, leave this	s nart blank								
	·							-	
Was the foundation liable for the section		* -	· ·	rıod?				l	Yes X No
If "Yes," the foundation does not qualif 1 Enter the appropriate amount in ea				00					
(a)	1	(b)	making any entri	(c)				- (d)
Base periód years Calendar year (or tax year beginning	Admeted analysis	ying distributions	Net value of no			e assets	(col	Distribil	tión ratio led by col (c))
2010	<i>y</i> ,	0.				32.		(5) 0	.00000
2009		2,460.			1	,088.			2.261029
2008		12,600.			5	,635.			2.236025
2007									
2006									
2 Total of line 1, column (d)							2		4.497054
3 Average distribution ratio for the 5-	vear base period - divide th	e total on line 2 by 5	or by the number	of ve	ars			•	101010
the foundation has been in existent	= -	io total on line 2 by o,	or by the number	or ye	413		3		1.499018
4 Enter the net value of noncharitable	e-use assets for 2011 from	Part X. line 5					4		337.
	0 430 433013 101 2011 110111	r are X, mile o							
5 Multiply line 4 by line 3							5		505.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		0.
7 Add lines 5 and 6							7		505.
8 Enter qualifying distributions from	Part XII, line 4						8		0.
If line 8 is equal to or greater than I See the Part VI instructions		VI, line 1b, and comp	olete that part usin	g a 19	% tax rate	е			

	, 'THE JONATHAN & ANNE SMITH FAMILY			
		071650		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%			0.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 💚			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			0.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a			
b	Exempt foreign organizations - tax withheld at source			
C	: Tax paid with application for extension of time to file (Form 8868)			
d	I Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	1			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ► Refunded ► 11			
	art VII-A Statements Regarding Activities		15.5	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	ļ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			1,,
	Did the foundation file Form 1120-POL for this year?	10	ļ	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$ O .			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers • \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	X
•	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-	Į,
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	I Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year? N/1	A 4a		<u> </u>
	•		 	X
Ü	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	-	^
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
U	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?		•	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV	-	1	ļ
82	I Enter the states to which the foundation reports or with which it is registered (see instructions)			
	NC	_		
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X

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

Form **990-PF** (2011)

	THE JONATHAN & ANNE SHITH PARILLE				
<u>orm</u>	990-PF(2011) FOUNDATION, INC.	39-2071	650		Page 5
Pε	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	_X	
	Website address ► N/A				
14		▶336-27	<u>'2-9</u>	<u>488</u>	
	Located at ► 128 EAST FISHER AVENUE, GREENSBORO, NC	ZIP+4 ▶27	401		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			, ▶	\Box
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16	L., ,,	<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign				
	country		<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)	()			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	(FE)			
		'es X No			
	(-)	es X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	'es X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	retarn.			
	for the benefit or use of a disqualified person)?	'es 🏻 No	İ		
	_(6)_Agree to pay money or property to a government official? (Exception. Check "No"		.		-
	ıf the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days)	'es 🗓 No			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2011?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5))				
ā	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginni				
	before 2011?	es X No			
	If "Yes," list the years ▶,,,				
t	a Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	t			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack	h ,			
	statement - see instructions)	N/A	2b		
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	•				
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	'es X No			
ì	o If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons a	fter			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2011)	N/A	3b		
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	ļ	X
1	n Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

THE JONATHAN & ANNE SMIT FOUNDATION, INC.			39-20716	50 Page
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire			
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		•• •	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f		(45)	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	27 / 2	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check to				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			l	
expenditure responsibility for the grant?		/A. L Ye	es L No	
If "Yes," attach the statement required by Regulations section 53.494	` '			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	acroanal hanafit contract?	L TE	S A NU	6b X
If "Yes" to 6b, file Form 8870.	bersonal benefit contract?		-	OD A
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?	☐ vo	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their				
List all officers, directors, trustees, foundation managers and their	compensation.		r-1:-a	
(a) Name and address	(b) Title, and average hours per week devotedto position	(c) Compensation (If not paid, enter_0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
(a) Name and address JONATHAN W. SMITH	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense account, othe allowances
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE	(b) Title, and average hours per week devotedto position	(If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense account, othe allowances
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403	(b) Title, and average hours per week devoted to position PRESIDENT, DI	(If not paid, enter_0-) RECTOR 0 .	employee benefit plans and deferred compensation	(e) Expense account, othe allowances
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH	(b) Title, and average hours per week devoted to position PRESIDENT, DI	(If not paid, enter_0-) RECTOR 0 .	employee benefit plans and deferred compensation	allowances_
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE	(b) Title, and average hours per week devoted ——to position— PRESIDENT, DI 1.00 SECRETARY-TRE	(If not paid, enter-0-) RECTOR 0 . ASURER, D	employee benefit plans and deferred compensation O . IREC	allowances_
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403	(b) Title, and average hours per week devoted ——to position ——PRESIDENT, DI 1.00 SECRETARY-TRE	(If not paid, enter_0-) RECTOR 0 .	employee benefit plans and deferred compensation	allowances_
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH	(b) Title, and average hours per week devoted ——to position— PRESIDENT, DI 1.00 SECRETARY-TRE	(If not paid, enter-0-) RECTOR 0 . ASURER, D	employee benefit plans and deferred compensation O . IREC	allowances_
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR	(If not paid, enter - 0 -) RECTOR 0 • ASURER, D	employee benefit plans and deferred compensation O. IREC	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH	(b) Title, and average hours per week devoted ——to position ——PRESIDENT, DI 1.00 SECRETARY-TRE	(If not paid, enter-0-) RECTOR 0 . ASURER, D	employee benefit plans and deferred compensation O . IREC	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR	(If not paid, enter - 0 -) RECTOR 0 • ASURER, D	employee benefit plans and deferred compensation O. IREC	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR	(If not paid, enter - 0 -) RECTOR 0 • ASURER, D	employee benefit plans and deferred compensation O. IREC	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401	(b) Title, and average hours per week devoted ——to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0.	employee benefit plans and deferred compensation O. IREC	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O.	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0.	employee benefit plans and deferred compensation O. IREC O.	O O
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0
(a) Name and address JONATHAN W. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403 JUSTIN W. SMITH 128 EAST FISHER AVENUE GREENSBORO, NC 27401 2 Compensation of five highest-paid employees (other than those independent of the highest of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT, DI 1.00 SECRETARY-TRE 1.00 DIRECTOR 0.00	(If not paid, enter-0-) RECTOR 0. ASURER, D 0. 0. enter "NONE."	employee benefit plans and deferred compensation O. IREC O. (d) Contributions to employee benefit plans and deferred and and deferred and and deferred to the compensation of the comp	0 0 0 0

Form **990-PF** (2011)

0

Total number of other employees paid over \$50,000

Form 990-PF (2011)

All other program-related investments. See instructions

Total. Add lines 1 through 3

Form 990-PF (2011) Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1a 342. b Average of monthly cash balances 1b c Fair market value of all other assets 10 342 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 337 5 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part) 17. Minimum investment return from Part X, line 6 1 Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011 (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2¢ 3 Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Ō. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 0. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a **b** Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) За b Cash distribution test (attach the required schedule) 3b 0. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(¢) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,	Обіраз	Tears prior to 2010	2010	2011
line 7				17.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008 12,362.				
d From 2009 2,406.				
e From 2010				
f Total of lines 3a through e	14,768.			
4 Qualifying distributions for 2011 from			U N	
Part XII, line 4 ►\$ 0.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				0.
— e Remaining amount-distributed out-of corpus —	0.			
5 Excess distributions carryover applied to 2011	17.			17.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	14,751.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			,	
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	hh			
amount - see instructions		0.		-
e Undistributed income for 2010 Subtract line				· · · · · · · · · · · · · · · · · · ·
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract	' '		· · · · · · · · · · · · · · · · · · ·	
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006		-		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	14,751.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008 12,345.				
c Excess from 2009 2,406.	***************************************			
d Excess from 2010	3			
e Excess from 2011				
0 EX0000 HOTH EVI	3		<u> </u>	5 000 DE (0044)

THE JONATHAN & ANNE SMITH FAMILY Form 990-PF (2011) FOUNDATION, 39-2071650 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling 4942(j)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2011 (b) 2010 (c) 2009 (d) 2008 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "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, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed JONATHAN W. SMITH

TYPED

NONE

NONE

c Any submission deadlines

128 EAST FISHER AVENUE, GREENSBORO, NC 27401

b The form in which applications should be submitted and information and materials they should include:

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

THE JONATHAN & ANNE SMITH FAMILY

Form 990-PF (2011) FOUNDATION, INC.

Part XV Supplementary Information (continued)

39-2071650

Page 11

Toreste Supplementary information			 	
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient Name and address /home or hystesss)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NONE				
				<u> </u>
			<u> </u>	
Total			► 3a	0.
b Approved for future payment				
NONE				
				
				
Tota!			▶ 3b	0.

Form 990-PF (2011)

Part XVI-A	A I.			n	Activities
Part XVI-A I	Anail	I TA 2121	ncome-i	Producina	ACTIVITIES
1 COL C 2001 22	~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	313 01 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oaaoii ig	ACUTICO

Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue a	Code		Code		12.00.00
			1-		
C		•	 		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events			-		
10-Gross profit-or-(loss)-from sales of-inventory					
11 Other revenue					
a			-		
b					
c					
d	_				
e		0.	-	0.	
12 Subtotal Add columns (b), (d), and (e)	L		· I		·
13 Total. Add line 12, columns (b), (d), and (e)	. 1			13 _	
(See worksheet in line 13 instructions to verify calculations	5)				
Part XVI-B Relationship of Activitie	s to the Accom	olishment of E	xemp	t Purposes	
Line No. Explain below how each activity for which	income is reported in co	lump (a) of Part VI/I-/	\ contrib	uited importantly to the secon	maliahment of
the foundation's exempt purposes (other t			CONTINU	ruted importantly to the accor	iipiisiiitietit üi
3,4 FOUNDATION'S PURPOSE			TY	THROUGH MAKIN	[G
7,8 CHARITABLE GIFTS AND					
CHARITABLE ACTIVITIES				SOURCE OF INC	
IS THROUGH INVESTMENT					
	•				

Page 13

	Exempt Organ	izations		•	
1 Did the or			wing with any other organization	n described in section 501(c) of	Yes No
			n 527, relating to political organi		
		ation to a noncharitable exemp			
(1) Cash	• •	·	•		1a(1) X
(2) Other			• •		1a(2) X
b Other tran					
	of assets to a noncharital	ble exempt organization			1b(1) X
		ncharitable exempt organization	n		1b(2) X
• •	al of facilities, equipment,		''	•	1b(3) X
. ,	bursement arrangements	or other assets .			1b(4) X
• •	s or loan guarantees				1b(5) X
, ,	-	mbership or fundraising solicit	ations		1b(6) X
` '		•			1c X
-		iling lists, other assets, or paid		rays show the fair market value of the goods,	
	•	•	• •	e in any transaction or sharing arrangement,	
	· · · · ·	other assets, or services receiv		s in any transaction of sharing arrangement,	311044 111
(a) Line no	(b) Amount involved		able exempt organization	(d) Description of transfers, transactions, and	shanno agrandemente
(d) Citie 110	(b) Amount involved	N/Z		(a) Description of Bansiers, Bansactions, and	sharing arrangements
		11/2	1		
				-	······
					.
				- 	
					
				<u> </u>	
2a Is the four	ndation directly or indirect	tly affiliated with, or related to,	one or more tax-exempt organız	ations described	
ın section	501(c) of the Code (other	r than section 501(c)(3)) or in :	section 527?	L	Yes X No
b If "Yes," co	omplete the following sch				
	(a) Name of org	janization	(b) Type of organization	(c) Description of relations	ship
	N/A				
				*	
				statements, and to the best of my knowledge	ay the IRS discuss this
Sign and be	elief, it is true, correct, and cor	implete Declaration of preparer (other	r than taxpayer) is based on all informa	ation of which preparer has any knowledge ret	tum with the preparer lown below (see instr.)?
Here	Matha	-W Smith	5-15-2012	PRESIDENT	X Yes No
Sıgı	nature of officer or trustee		Date	Title	
	Print/Type preparer's na	ame Preparer	's signature	Date Check fr PTIN	
	LESLIE LEI	GH		self- employed	
Paid	ANDERSON	LESL	IE LEIGH ANDE		0021396
Preparer	Firm's name ► LES	LIE ANDERSON,	CPA, PC	Firm's EIN ► 20-4	831046
Use Only		·	•		
•		01 NORWALK ST	REET		
	GR	EENSBORO, NC	27407	Phone no (336) 482-2444
		· · · · · · · · · · · · · · · · · · ·			orm 990-PF (2011)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

THE JONATHAN & ANNE SMITH FAMILY

OMB No 1545-0047

2011

Employer identification number

FOUNDATION, INC. 39-2071650 Organization type (check one): Filers of: Section 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE JONATHAN & ANNE SMITH FAMILY
FOUNDATION, INC.

Employer identification number

39-2071650

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if	additional space is needed.
--------	--------------	---------------------	----------------------	--------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JONATHAN W. & ANNE F. SMITH 2205 MADISON AVENUE GREENSBORO, NC 27403	\$8,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occupiete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnian (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization THE JONATHAN & ANNE SMITH FAMILY FOUNDATION, INC.

Employer identification number

39-2071650

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$	·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Schedule B	(Form 990, 990-EZ, or 990-PF) (2011)			Page 4		
Name of orga			Employer identification number			
THE JOI	NATHAN & ANNE SMITH FA	MILY				
	FION, INC.			39-2071650		
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	the following line entry. For organizati tc , contributions of \$1,000 or less fo	ons completing Part III, enter	ns that total more than \$1,000 for the		
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
-		(e) Transfer of gi	 ft			
-	Transferee's name, address, and ZIP + 4		Relationship of tra	Relationship of transferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-						
-	(a) Transfer of gift					
	(e) <u>Tran</u> sfer_of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		
-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee		