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,Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0052

2011

uncar	BI 1 10 11	ande Service	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		,		
For	caler	ndar year 2011, or tax year beginning		, 2	011, and end	ling	-	, 20
Na	me c	of foundation				A Em	ployer identifi	cation number
		JONES FAMILY FOUN	DATION			63	-124190	0
N	ımbe	r and street (or P.O. box number if mail is	not delivered to street a	ddress)	Room/suite	B Tele	ephone number	r (see instructions)
		P O BOX 1800		1		33	4-875-2	023
Ci	ty or	town, state, and ZIP code		<u></u> -1		C If exc	emption application i	s pending.
_	•	SELMA AL 36702-18	00			l Glec	Kilere	
G	Chec	k all that apply: Initial return	Initial Return of a	former public	charity	1 D 1 F	oreign organizations	s, check here
		Final return	Amended return			2. F	oreign organizations	s meeting the 85% attach computation
		Address change	Name change			E If pro	vate foundation stati	us was
H	Chec		(c)(3) exempt private fou	indation			nated under section b)(1)(A), check here	
		on 4947(a)(1) nonexempt chantable trust	Other taxable priva		n	,	- K · K · 7/ - · · · · · · · ·	
ш-		1 2 1	Accounting method:	Cash X			foundation is in a 6	
		om Part II, col. (c), line 16)	Other (specify)	J 9 00%	7100100.		nation under section b)(1)(B), check here	
▶ \$		405 455	(Part I, column (d) must	he on cash h	asis)	33.1	Σ), ·), Σ), αποσκτιστο	
		Analysis of Revenue and Expenses		00 011 00011 0	1	1		(d) Disbursements
	_	(The total of amounts in columns (b),	(a) Revenue and expenses per	(b) Net in	L L		ljusted net	`for charitable
		(c), and (d) may not necessarily equal the amounts in column (a) (see instr.).)	books	inco	me	iı	ncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received						
	2	(attach schedule) Check ▶ ☐ if the foundation is not required to attach Sch B		 				
	3	Interest on savings and temp cash investments	6,835.	6	,835.		6,835.	
	4	Dividends and interest from securities	25,009.		,009.	2	5,009.	
	5a	Gross rents	20,003.		,,,,,		.5,003.	
	b	(Net rental						
	6a	ncome or (loss) Net gain/(loss) from sale of assets not on line 10		<u> </u>	+			
Revenue	b	Gross sales price for		 				
ě	7	all assets on line 6a		 	-			
æ	8	Capital gain net income (from Part IV, line 2) Net short-term capital gain		 				
	9	Income modifications						
	10a	Gross sales less		 				
	b	rtns & allowances Less Cost of		 	+			<u> </u>
		Gross profit or (loss) (attach schedule)					-	
	11	Other income (attach schedule)		 	-			
	12	Total. Add lines 1 through 11	31,844.	31	,844.		31,844.	
_	13	Compensation of officers,	31,011.	 	, , , , , ,		71,011.	
	14	Other employee salaries and wages		 				
8 8 8	15	Pension plans, employee benefits	·		-			
ja S		Legal fees (attach schedule)		 				
8		Accounting fees (attach/schedule)		 	850.		850.	850.
Ú)	C	Other professional fees (ettech schedule)		 			<u> </u>	330.
Operating and Administrative Expen	17	Interest		 				
stra	18	T 61 12 2 2 202 191		7	,112.		3,112.	3,112.
Ĕ	19	Depreciation (street etc.) and depletion		 	1 + + 4 .		0,114.	5,112.
Εģ	20	Depreciation (attach sch.) and depletion		 				
ΨÞ	1	Occupancy Travel, conferences, and meetings		 				
ä	21	Printing and publications		 				
ing	22			 				
ā	23	Other expenses (attach schedule)		 				
8	24	Total operating and administrative		2	962		3 962	3 062
_	2-	expenses. Add lines 13 through 23	20,505.	 	,962.		3,962.	3,962. 20,505.
	25	Contributions, gifts, grants paid	20,505.		,962.		3,962.	24,467.
_	26 27	Total exp & disbursements Add lines 24 and 25 Subtract line 26 from line 12:	20,303.	 3	, 302.		3,302.	24,40/.
	21 a	Excess of revenue over expenses	11 220					
	.	and disbursements · · · · · · · · · · · · · · · · · · ·	11,339.	27	002			
	l	Net investment income (if neg , enter -0-)		21	,882.		7,882.	
	ı C	Adjusted net income (if neg , enter -0-)	I .	1			. / . 004.	I

Form **990-PF** (2011)

Page 2

P	art II	Balance Sheets Attached schedules and amounts in the description column should be for	Beginning of year	Er	nd of year
		end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	168.		
	2	Savings and temporary cash investments		437,455	. 437,455.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accts. ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accts. ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see the instructions)			_
	7	Other notes and loans receivable (attach schedule)			
	1	Less allowance for doubtful accounts			
ষ্	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state govt. obligations (attach schedule)			<u> </u>
	ь	Investments - corporate stock (attach schedule)	432,917.		
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
		Investments - other (attach schedule)			
		Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)		·	
	15	Other assets (describe)			
	ŀ	Total assets (to be completed by all filers - see the			
	10	instructions. Also, see page 1, item I)	433,085.	437,455	. 437,455.
\dashv	17	Accounts payable and accrued expenses	22,900.		
		Grants payable			
s s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
졅	21	Mortgages and other notes payable (attach schedule)			
Ë		Other liabilities (describe ►)			
		,			_
	23	Total liabilities (add lines 17 through 22)	22,900.		
		Foundations that follow SFAS 117, check here >			
		and complete lines 24 through 26 and lines 30 and 31.			
Ø.	24	Unrestricted			
ဦ	25	Temporarily restricted			
ala		Permanently restricted			_
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, ck. here ▶ 🏻		·····	
Š	}	and complete lines 27 through 31.			
F	27	Capital stock, trust principal, or current funds			
ğ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			_
938	29	Retained earnings, accumulated income, endowment, or other funds	410,185.	437,455	
ţ				10.,100	*
ž	30	Total net assets or fund balances (see instructions)	410,185.	437,455	
		Total liabilities and net assets/fund balances (see			'
	••	instructions)	433,085.	437,455	
Pa	art III	Analysis of Changes in Net Assets or Fund Bala		1077100	•
		net assets or fund balances at beginning of year - Part II, column (vith	
•		f-year figure reported on prior year's return)	•	į,	410,185.
2		amount from Part I, line 27a		_	11,339.
				_	
					3 4 4 421,524.
		nes 1, 2, and 3			
		pases not included in line 2 (itemize)	art II. column (h) II 00		5 421,524.
<u> </u>	i Utal	net assets or fund balances at end of year (line 4 minus line 5) - P	art II, column (b), line 30		921,324.

	d Losses for Tax on Inv				· -
	kind(s) of property sold (e.g., re ; or common stock, 200 shs. M		P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a					
b					
С				ļ	<u> </u>
_d					
<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		in or (loss) (f) minus (g)
<u>a</u>		-		ļ	
b				 	
<u>c</u>		-		 	
<u>d</u>				 	
Complete only for assets showing	og gain in column (h) and owner	d by the foundation	on 12/31/69	(I) Gains (Co	ol. (h) gain minus
	(j) Adjusted basis	···	ess of col. (I)	⊣ ''	less than -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		ol. (j), if any	1	from col. (h))
a					
b					
С	<u></u>		- <u>-</u>		
d	· · · · · · · · · · · · · · · · · · ·			ļ <u>.</u>	
е		_L		 	
2 Capital gain net income or (net o	capital loss)	also enter in Part I , enter -0- in Part I	I, line 7		
2			, line 7	2	
3 Net short-term capital gain or (lo	•		_		
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	. , , , ,		P	3	
	der Section 4940(e) for				
(For optional use by domestic private					· · · · · · · · · · · · · · · · · · ·
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not qua	ction 4942 tax on the distributat			riod?	Yes 🛚 No
1 Enter the appropriate amount in	each column for each year; se	e the instructions b	efore making any e	entries.	
(a) Base period years Calendar year (or tax year beg. in	(b) Adjusted qualifying distribu	utions nonc	(c) Net value of haritable-use asset	Dis s (col. (b)	(d) tnbution ratio divided by col. (c))
2010	22,9			1000 (0)	(-)
2009	22,9				
2008	27,0	41.			
2007	69,7	00.			
2006	55,5	78.	-		
_ , , , ,					
3 Average distribution ratio for the	•	•	· •	1 1	
of years the foundation has been	n in existence ii less than 5 yea			3	
4 Enter the net value of nonchanta	ableuse assets for 2011 from F	Part Y line 5		4	430,893.
The late her value of honoralia	1510-450 4550 101 2011 1101111	art A, iii o o			130,033.
5 Multiply line 4 by line 3				5	
o manapiy iii o 4 by iii o o		• • • • • • • • • • • • • • • • • • • •		···· -	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	279.
	, ., = /				
7 Add lines 5 and 6				7	279.
8 Enter qualifying distributions from					24,467.
If line 8 is equal to or greater that instructions	an line 7, check the box in Part	vi, line ib, and co	mpiete that part usi	ng a 1% tax rate. Se	e vie Part VI

	By state legislation that effectively amends the governing instrument so that no mandatory directions	l
	that conflict with the state law remain in the governing instrument?	L
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	Г
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) AL	
b	If 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	
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 in instructions)? If "Yes," complete Part XIV	ĺ
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	
	For	n

X

Χ

Х

X

7

8b

9

10

Form	1990-PF (2011) JONES FAMILY FOUNDATION 63-12419	00	P	age 5
Рa	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 section 512(b)(13)?		•	
	If "Yes," attach schedule (see instructions)	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶	L		<u> </u>
14	The books are in care of ▶ WILLIAM B STAPP Telephone no. ▶ 334	-87	5-9	577
	Located at ▶ 618 ALABAMA AVENUE AL SELMA ZIP+4 ▶ 36701			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			>
	and enter the amount of tax-exempt interest received or accrued during the year		-	٠ ــ
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the			<u> </u>
	foreign country			
Par	t 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.	Γ	Yes	No
1a	During the year did the foundation (either directly or indirectly):			<u> </u>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes 🕅 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ŀ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			l
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ŀ		
	if 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.)			
b	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 the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	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?	1c		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)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years ▶ 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see the instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time duning the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			
	or disqualified persons after 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 C, Form 4720, to determine			
	if the foundation had excess business holdings in 2011.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20112	4h		x

Par	990-PF (2011) JONES FAMILY FO	DUNDATION		63-124	1900	Page 6		
	t VII-B Statements Regarding Acti	vities for Which F	orm 4720 May Be R	equired (continued	d)			
	During the year did the foundation pay or incu							
`	(1) Carry on propaganda, or otherwise attemp	ot to influence legislation	n (section 4945(e))?	Yes N	。			
	(2) Influence the outcome of any specific pub							
	on, directly or indirectly, any voter registra	tion drive?		Yes N	0			
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other than a charitable, etc., organization described								
	in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instru	ctions)	Yes 🕅 N	。			
	(5) Provide for any purpose other than religion	us, charitable, scientific	, literary, or					
	educational purposes, or for the prevento	n of cruelty to children o	or animals?	🗌 Yes 🕅 N	。			
b	If any answer is "Yes" to 5a(1)-(5), did any of							
	Regulations section 53.4945 or in a current no	tice regarding disaster	assistance (see the instru	ctions)?	5b			
	Organizations relying on a current notice rega	rding disaster assistand	e check here	▶ 🗍				
С	If the answer is "Yes" to question 5a(4), does	the foundation claim ex	emption from the	-				
	tax because it maintained expenditure respon-	sibility for the grant?		🗌 Yes 🗍 N	o			
	If "Yes," attach the statement required by Reg	ulations section 53.494	5-5(d).			:		
6a	Did the foundation, during the year, receive ar							
	premiums on a personal benefit contract? \dots			Yes 🛚 N	o			
b	Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefit c	ontract?	6b	X		
	If "Yes" to 6b, file Form 8870.							
	At any time during the tax year, was the found							
	If "Yes," did the foundation receive any proceed							
Par	t VIII Information About Officers	, Directors, Truste	es, Foundation Ma	nagers, Highly Paid	d Employ	yees,		
	and Contractors							
<u>1 L</u>	ist all officers, directors, trustees, foundation				· · · · ·			
	(a) Name and address	(b) Title, and average hours per week	(-) componication	(d) Contributions to employee benefit plans		se account,		
		devoted to position	(If not paid, enter -0-)	and deferred comp.	otner a	lowances		
	T TADDY TANES	ששישווסיים						
	J LARRY JONES	TRUSTEE	0					
	VATER AVENUE	1	0					
	NATER AVENUE NILLIAM L JONES	TRUSTEE 1 TRUSTEE						
	NATER AVENUE NILLIAM L JONES NATER AVENUE	1 TRUSTEE	0					
7	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE	1	0					
7	NATER AVENUE NILLIAM L JONES NATER AVENUE	1 TRUSTEE						
7	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE	1 TRUSTEE	0					
	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE	1 TRUSTEE TRUSTEE	0	structions\				
	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE	1 TRUSTEE TRUSTEE	0	structions).				
2 (NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee f none, enter "NONE."	TRUSTEE TRUSTEE	0	(d) Contributions to				
2 (NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee inone, enter "NONE."	1 TRUSTEE TRUSTEE	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit		nse account,		
2 (NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee f none, enter "NONE."	TRUSTEE TRUSTEE s (other than those in	0	(d) Contributions to		nse account, llowances		
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee inone, enter "NONE."	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE VILLIAM L JONES VATER AVENUE JUDY J FREE VATER AVENUE Compensation of five highest-paid employee in none, enter "NONE." Name and address of each employee paid more than \$50,000 NONE	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week devoted to position	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				
2 (a	NATER AVENUE NILLIAM L JONES NATER AVENUE JUDY J FREE NATER AVENUE Compensation of five highest-paid employee if none, enter "NONE." Name and address of each employee paid more than \$50,000	TRUSTEE TRUSTEE s (other than those in (b) Title, and average hours per week devoted to position	0 0 cluded on line 1 - see in:	(d) Contributions to employee benefit plans and deferred				

Form 990-PF (2011) JONES FAMILY FOUNDATION	63-12	41900 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	on Managers, Highly Pa	aid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see the instr	uctions). If none, enter "NON	E."
(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		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include rele		Expenses
as the number of organizations and other beneficianes served, conferences convened, res	earch papers produced, etc.	
1 YMCA MEDICAL CENTER PARKWAY		
SELMA AL 36701		20,505.
2		20,303.
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction		
Describe the two largest program-related investments made by the foundation during the		Amount
1 NONE	tax year on lines 1 and 2.	Amount
2		
All other program-related investments. See instructions.		
3		
		I

Total. Add lines 1 through 3

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	lations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	437,455.
	Average of monthly cash balances	1b	······································
	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	437,455.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	437,455.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
	see instructions)	4	6,562.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	430,893.
6	Minimum investment return. Enter 5% of line 5	6	21,545.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ns	
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Mınimum investment return from Part X, line 6	1	21,545.
2 a	a Tax on investment income for 2011 from Part VI, line 5		
ŀ	Income tax for 2011. (This does not include the tax from Part VI.)	1	
(Add lines 2a and 2b	2c	279.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	21,266.
4	Recoveries of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	21,266.
6	Deduction from distributable amount (see instructions)	6	
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	21,266.
	art XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1. 1	24 467
	a Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	24,467.
	Program-related investments-total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	a Suitability test (prior IRS approval required)	3a	
_	Cash distribution test (attach the required schedule)	3b	24 467
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	24,467.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	279.
	Enter 1% of Part I, line 27b (see instructions)	5	24,188.
6	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 formula qualifies for the section 4940(e) reduction of tax in those years.	undatio	n

Form 990-PF (2011)

	Taria di la companya				
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				21,266.
2	Undistributed income, if any, as of the end of 2011			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	•				
	Enter amount for 2010 only				
_	Total for prior yrs.: 20, 20, 20	· · · · · · · · · · · · · · · · · · ·			
3	Excess distribs. carryover, if any, to 2011:				
а	From 2006	1			
þ	From 2007				
C	From 2008				
d	From 2009				
A	From 2010				
	Total of lines 3a through e				
_	•				<u></u>
4	Qualifying distributions for 2011 from Part XII,				
	line 4: ▶\$ 24,467.				
а	Applied to 2010, but not more than line 2a .				
b	Applied to undistributed income of prior		Į.		
	years (Election required - see instructions)				
С	Treated as distributions out of corpus				
	(Election required - see instructions)				
d	Applied to 2011 distributable amount				21,266.
	Remaining amt. distributed out of corpus .	3,201.			
5	Excess distribs. carryover applied to 2011		· · · · · · · · · · · · · · · · · · ·		
,					<u> </u>
	(If an amount appears in column (d), the				
_	same amount must be shown in col. (a).)				
Б	Enter the net total of each column as				
	indicated below:	2 001			
а	Corpus. Add lines 3f, 4c, & 4e. Subtract line 5	3,201.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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 - see instructions		ļ		
_	Undistributed income for 2010. Subtract				
G					
	line 4a from line 2a. Taxable amount -				
_	see instructions		 	 -	
f	Undistributed income for 2011. Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2012		<u> </u>	<u> </u>	
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
	instructions)				
8	Excess distributions carryover from 2006				
	not applied on line 5 or line 7 (see				
	instructions)				
9	Excess distributions carryover to 2012.				
	Subtract lines 7 and 8 from line 6a	3,201.			
0	Analysis of line 9:				
	Excess from 2007				
		1			
	Excess from 2008	{	{		
	Excess from 2009	{	1	·	
	Excess from 2010	1			
е	Excess from 2011 3, 201.	l		L	<u>L</u>

P	art XIV Private Operating Found	lations (see instr	uctions and Part VII-	A, question 9)					
	If the foundation has received a ruling or de								
	foundation, and the ruling is effective for 2011, enter the date of the ruling								
b	Check box to indicate whether the foundati	box to indicate whether the foundation is a private operating foundation described in section							
	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		4942(j)(3) or	4942(j)(5)		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 20	08	(e) Total		
	investment return from Part X for each year listed			1					
þ	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								
_	Qualifying distributions made directly		 		 				
Ŭ	for active conduct of exempt activities.								
	Subtract line 2d from line 2c					i			
3	Complete 3a, b, or c for the alternative								
	test relied upon:								
а	"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 · · · ·								
С	"Support" alternative test - enter:								
	(1) Total support other than gross								
	investment income (interest,								
	dividends, rents, payments on securities loans (section					1			
	512(a)(5)), or royalties) ······					1			
	(2) Support from general public and 5				<u> </u>				
	or more exempt organizations as					1			
	provided in section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support								
	from an exempt organization								
	(4) Gross investment income								
Р	art XV Supplementary Informat			the foundation	had \$5,00	00 or more	in		
	assets at any time during	g the year - see	instructions.)						
1	Information Regarding Foundation Man	_							
а	List any managers of the foundation who h	ave contributed mor	re than 2% of the tota	al contributions recei	ved by the fo	oundation befo	re the close		
110	of any tax year (but only if they have contri	buted more than \$5	,000). (See section 5	607(d)(2).)					
	ONE								
b	List any managers of the foundation who o			ation (or an equally I	arge portion	of the owners	hip of a		
NIC	partnership or other entity) of which the fou ONE	muauon nas a 10%	or greater interest.						
2		ont Cift I C-1	holosobin nt P						
-	Information Regarding Contribution, Gr Check here				and dass =	ot accept	المنغمط		
	requests for funds. If the foundation makes	s gifts, grants, etc. (s	see instructions) to in	intable organizations idividuals or organiza	ano coes n ations under	ot accept unso	ilicited ne		
	complete items 2a, b, c, and d	g, g, e.c. (c		annada or organize		00.00.00.10.00.	10,		
	The name, address, and telephone numbe	r of the nerson to w	hom applications sho	ould be addressed.					
_	The second secon								
b	The form in which applications should be s	ubmitted and inform	nation and materials	they should include:					
	· •								
_									
С	Any submission deadlines:		-						
d	Any restrictions or limitations on awards, so	uch as by geograph	ical areas, chantable	fields, kinds of instit	utions, or oth	ner factors:			

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year 36701 20,505. YMCA CHARIT SUPPORT 20,505. b Approved for future payment

3b

Enter	gross amounts unless otherwise indicated.	Unrela	ted business income	Excluded	by section 512, 513, or 514	(e)
	•	(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income
1	Program service revenue:	code		code		(See instructions.)
а						
b						
С						
d						
е						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					6,835.
4	Dividends and interest from securities					25,009.
5	Net rental income or (loss) from real estate:					
а	Debt-financed property					
	Not debt-financed property					
6	Net rental income or (loss) from personal property			1		
7	Other investment income			1		
8	Gain or (loss) from sales of assets other than inventory		<u> </u>	1		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
b						
С				1		
d				1		
е						
12	Subtotal. Add columns (b), (d), and (e)	•				31,844.
	•				13	31,844.
. •	10tal: 7tal illo 12, columns (b), (a), and (c)					J_{I}
	worksheet in line 13 instructions to verify calculation					31,044.
See		s.)			_	31,044.
See Par	worksheet in line 13 instructions to verify calculation	s.) he Accor	nplishment of Exe	mpt Po	urposes	
See Par Lin	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to t e No. Explain below how each activity for white accomplishment of the foundation's ex-	is.) he Accor ich income i empt purpos	mplishment of Exe s reported in column (e) ses (other than by provice	empt Po	urposes (VI-A contributed importa	antly to the
See Par Lin	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to t e No. Explain below how each activity for which	is.) he Accor ich income i empt purpos	mplishment of Exe s reported in column (e) ses (other than by provice	empt Po	urposes (VI-A contributed importa	antly to the
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		Exempt Org	anizations									
1 Dic	the orga	nization directly or	r indirectly engag	e in any of th	e following with any	other org	ganization de	scribed in sec	ction		Yes	No
					ns) or in section 52		to political o	rganızations?				
					xempt organization							
										1a(1)		_X_
(2) Other	assets		• • • • • • • • • • • • • • • • • • • •						1a(2)		X
	ner transa								}			
					n					1b(1)		<u>X</u>
					anization					1b(2)		X
					• • • • • • • • • • • • • • • • • • • •				}	1b(3)		X
					• • • • • • • • • • • • • • • • • • • •				<u> </u>	1b(4)		X
									- F	1b(5)		X
				_	solicitations					1b(6)		X
					r paid employees					1c		X
					wing schedule. Co							
					lation. If the founda				alue in any	y transa	iction	
or:	snanng a	rrangement, snow	in column (a) the	e value of the	goods, other asset	s, or serv	ices received	1.				
	- T (b)	Americal control of	(0)21			(4)5						
(a) Line	10 (D)	Amount involved	(C)Name of nor	ichantable ex	empt organization	(a)Desc.	or transfers,	, transactions,	, and shari	ng arra	ngeme	ents
						- -						
		<u> </u>										
-		<u></u>										
	- +					<u> </u>			<u> </u>			—
								 .				—
									- · · · · · · · · · · · · · · · · · · ·			
							· · · · · · · · · · · · · · · · · · ·	<u> </u>				
							 					
2a	the four	ndation directly or i	ndirectly affiliate	d with, or rela	ted to, one or more	tax-exem	pt organizati	ions described	d in	_		
s	ection 50	11(c) of the Code (d	other than sectio	n 501(c)(3)) o	r in section 527?						s 🛚	No
b If	"Yes," c	omplete the follow	ing schedule.									
	(a)	Name of organizat	tion	(b) T	Type of organization	n		(c) Description	on of relation	onship		
				- <u>-</u> -								
	Unde	er penalties of penjury, I d	leclare that I have exa omplede Declaration o	mined this return, f preparer (other t	including accompanying han taxpayer) is based or	schedules an	d statements, an	nd to the best of m	y knowledge a vledne	and		
Sigr					,, ., .,		on or union prop	arci neo eny lator				
Here		(///	אנווווא	Days	/b7/10/0	212			May the IRS	discuss t	his retur	n
		-///	Jany -	7/1/00	07/12/2	012	TRUST	EE	with the prep			<u>'</u>
	S	gnature of officer of		1	Date	1	Title		(see instruct		X	No
Paid		Print/Type prepa		P/epare/	signature)		Date	Check		TIN	0 - 0	
Prepa	ırer	WILLIAM B			DC	<u> pe</u>	/28/20			091		
Use C	nly	Firm's name	►STAPP &	STATE BAMA AV	PC	.		Firm's EIN ▶				
		Firm's address	SELMA A					Phone no. 3	34-8/	5-9	o / /	
			SELLIA A	70/01			·	L <u></u>	r	000	DE (00	

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.

OMB No. 1545-0047

2011

Employer identification number

OUNES FAMILY FOR	UNDATION	63-1241900					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt chantable 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	,, (,	ioi eee meadoaciio.					
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							
sections 509(a)(1) and 170(anization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulati (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution o bunt on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I	f the greater of (1)					
total contributions of more t	or (10) organization filing Form 990 or 990-EZ that received from any one contributhan \$1,000 for use exclusively for religious, chantable, scientific, literary, or educate of cruelty to children or animals. Complete Parts I, II, and III.						
contributions for use exclus If this box is checked, enter purpose. Do not complete a	or (10) organization filing Form 990 or 990-EZ that received from any one contributively for religious, chantable, etc., purposes, but these contributions did not total to here the total contributions that were received during the year for an exclusively reany of the parts unless the General Rule applies to this organization because it receives of \$5,000 or more during the year	more than \$1,000. Ilgious, charitable, etc.,					
but it must answer "No" on Part I	not covered by the General Rule and/or the Special Rules do not file Schedule B (FV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						
or Panenwork Reduction Act No	tice see the instructions for Form 990, 990, E7, or 990, BE Schodule B /E						

LEGAL NOTICE
In compliance with Internal Revenue Code Section Report of Jones Family Foundation for the period ending December 31, 2011, spection at 618 Alabama Avenue Selma, Alabama, M. B. Stapp Stapp & Stapp, PC Selmä Times Journal June 15, 2012.

PROOF OF PUBLICATION

STATE OF ALABAMA COUNTY OF DALLAS

Before me, the undersigned authority in and for said County in said State, this day personally appeared Michelle Coleman who, being by me first duly sworn deposes and says that during the times herein mentioned was an employee of THE SELMA TIMES-JOURNAL, a newspaper of general circulation published in Dallas County, Alabama, and that the attached notice was published in said newspaper daily / once a week for 1 days / successive weeks, said notice having appeared in the issues of said paper on June 15 in the year 2012.

Sworn to and subscribed before me ______

My Commission Expires 2-16-2018

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

THE THE TYPE IN	3 Service						
If you are	e filing for an Automatic 3-Month Extension, con	nplete only	Part I and check this box			▶ 🏻	
 If you are 	e filing for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II (on page 2 of this for	orm).			
Do not com	plete Part II unless you have already been grante	d an automa	atic 3-month extension on a previously filed	Form 8868.			
Electronic f	iling (e-file). You can electronically file Form 8868	if you need	a 3-month automatic extension of time to fil	e (6 months	for a con	poration	
required to fi	ile Form 990-T), or an additional (not automatic) 3-	month exten	sion of time. You can electronically file Forr	n 8868 to re	quest an	extension	
of time to file	e any of the forms listed in Part I or Part II with the	exception of	Form 8870, Information Return for Transfer	rs Associate	ed With Co	ertain	
Personal Be	nefit Contracts, which must be sent to the IRS in p	aper format	(see instructions). For more details on the e	lectronic fili	ng of this		
form, visit w	ww.irs.gov/efile and click on e-file for Chanties & N	onprofits.					
Part I	Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies needed).				
A corporation	n required to file Form 990-T and requesting an au	tomatic 6-m	onth extension - check this box and complete	te Part I only	/	▶	
All other con	porations (including 1120-C filers), partnerships, Ri	EMICs, and	trusts must use Form 7004 to request an ex	tension of t	me	_	
to file income	e tax returns.						
Type or Name of exempt organization				Employer identification number			
print JONES FAMILY FOUNDATION				63-124	3-1241900		
File by the due date for filing your	ate for Number, street, and room or suite no. If a P.O. box, see instructions.						
return See	City, town or post office, state, and ZIP code. For	or a foreign o	address see instructions				
instructions	SELMA AL 36702-1800	n a loreigh a	duress, see instructions.				
						·	
Enter the Re	eturn code for the return that this application is for (file a separa	te application for each return)			01	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)				
Form 990-Bl		02	Form 1041-A			07	
Form 990-E2	7	03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	,	1	, c.,, c.,			<u> </u>	
• The boo	ks are in the care of ▶ WILLIAM B STA	PP					
Telepho	ne No. ▶ 334-875-9577 F	AX No. ▶	334-875-9579				
If the ord	ganization does not have an office or place of busing	ness in the U	nited States, check this box			▶ □	
	for a Group Return, enter the organization's four d					roup.	
	ox ▶ ☐ If it is for part of the group, check this bo						
		Ш					
1 I request	t an automatic 3-month (6 months for a corporation	required to	file Form 990-T) extension of time until				
•	AUG 15 , 20 12 , to file the	exempt orga	inization return for the organization named	above. The	extension	n is for the	
organiza	ation's return for:						
~ —							
►Ht	calendar year 20 <u>11</u> or ax year beginning	, 20	, and ending		, 2	0	
السا						· ——·	
2 If the tax	year entered in line 1 is for less than 12 months,	check reasor	n Initial return Final return				
	nge in accounting period						
	nge in accounting points						
3a If this an	plication is for Form 990-BL, 990-PF, 990-T, 4720	or 6069 en	ter the tentative tax less any nonrefundable	a			
credits. See instructions.			to the terms of the terms and the terms and the terms and the terms are the terms and the terms are	3a	e .		
b If this application is for Form 990-PF or 990-T, 4720, or 6069			refundable credits and estimated tax navm		-		
made. Include any prior year overpayment allowed as a credi			riorandable dedits and estimated tax payir	3b	\$		
c Balance due. Subtract line 3b from line 3a. Include your pa			this form, if required	J SD	*		
by using EFTPS (Electronic Federal Tax Payment System). See instructions.					s		
				3c			
Caution. If y	ou are going to make an electronic fund withdrawa	al with this Fo	orm 8868, see Form 8453-EO and Form 88	79-EO for p	ayment in	structions.	