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Form 990-PF

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

Department of the Treasury Internal Revenue Service

For calendar year 2012 or tax year beginning		, and ending		-
Name of foundation THE DAVID J COOPER FAMILY	CHARITABLE		A Employer identification	number
FOUNDATION INC	26-3868978			
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
POST OFFICE BOX 1566	251-431-61	00		
City or town, state, and ZIP code MOBILE, AL 36633			C If exemption application is p	ending, check here
G Check all that apply Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return		2. Foreign organizations me	eting the 85% test
Address change	Name change		2. Foreign organizations me check here and attach co	imputation
H Check type of organization X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust	cempt private foundation Other taxable private founda	.	E If private foundation sta	
I Fair market value of all assets at end of year J Accounting		Anamial	under section 507(b)(1)	
·	ther (specify)	L Accidal	F If the foundation is in a under section 507(b)(1)	
▶\$ 5,899,517. (Part I, colu		pasis.)		(LD), GHOOK HOTO
Part I Analysis of Revenue and Expenses (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	600,000.		N/A	-
2 Check I if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	165,947.	159,421.		STATEMENT 1
j da Gross terits				
b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 922,018. 7 Capital gain net income (from Part IV, line 2)	<59,769.	<u> </u>		
5a Net gain or (loss) from sale of assets not on line 10 Gross sales not on line 10 922,018	(39,709.			
de Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 922,018. Gross sales price for all 922,018. Capital gain net income (from Part IV, line 2)		0.	The state of the s	*************************************
8 Net short-term capital gain		*	P	lingi
9 Income modifications				his 151
10a Gross sales less returns and allowances			1 1 1 1 1 1 1 1	f
Less Cost of goods sold				
c Gross profit or (loss)	17.540	15 5 4 5	1	
11 Other income	17,548. 723,726.	17,548.	1 () () ()	STATEMENT 2
12 Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc.	123,120.	176,969. 0.		0.
13 Compensation of officers, directors, trustees, etc14 Other employee salaries and wages		0.		0.
15 Pension plans, employee benefits				
(A) 16a Logal foco	-			
b Accounting fees				
ம் Other professional fees				
b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23	603.	603.		0.
Taxes STMT 3	3,145.	3,145.		0.
19 Depreciation and depletion	6,603.	0.		0
E 20 Occupancy 21 Travel, conferences, and meetings	7,274.	0.		0.
22 Printing and publications	000.	0.		
22 Other expenses STMT 4	13,006.	1,006.		6,000.
24 Total operating and administrative				
expenses. Add lines 13 through 23	31,231.	4,754.		6,000.
25 Contributions, gifts, grants paid	90,700.			90,700.
26 Total expenses and disbursements.	│			
Add lines 24 and 25	121,931.	4,754.		96,700.
27 Subtract line 26 from line 12	601 705			
a Excess of revenue over expenses and disbursements	601,795.	172,215.	***************************************	
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		1/2,213.	N/A	
223501 12-05-12 LHA For Paperwork Reduction Act Notice, see	instructions.		- 17/ Δ	Form 990-PF (2012)

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of			
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments	668,949.	918,027.	918,027.		
	3	Accounts receivable					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less allowance for doubtful accounts					
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ÿ	10a	Investments - U S and state government obligations					
	b	Investments - corporate stock STMT 5	2,093,921.	2,461,369.	2,815,558. 443,536.		
	C	Investments - corporate bonds STMT 6	722,924.	434,842.	443,536.		
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 7	1,409,511.	1,672,956.	1,716,325.		
	14	Land, buildings, and equipment basis ► 12,674.					
		Less accumulated depreciation STMT 8 6,603.	0.	6,071.	6,071.		
	15	Other assets (describe ►)			· · · · · · · · · · · · · · · · · · ·		
	16	Total assets (to be completed by all filers)	4,895,305.	5,493,265.	5,899,517.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
iab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe)	· · · · · · · · · · · · · · · · · · ·				
			2				
	23	Total liabilities (add lines 17 through 22)	0.	0.			
		Foundations that follow SFAS 117, check here					
ç	. .	and complete lines 24 through 26 and lines 30 and 31.					
ž		Unrestricted					
ala	25	Temporarily restricted					
P B	26	Permanently restricted					
<u>ڄ</u>		Foundations that do not follow SFAS 117, check here					
<u>_</u>		and complete lines 27 through 31.	0.	. 0.			
ets	27	Capital stock, trust principal, or current funds	0.	0.			
(SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	4,895,305.	5,493,265.			
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	4,895,305.	5,493,265.			
ž	30	Total net assets or fund balances	4,033,303.	3,433,203.			
	31	Total liabilities and net assets/fund balances	4,895,305.	5,493,265.			
		Analysis of Changes in Net Assets or Fund B					
	an	THE Analysis of Orlanges in Net Assets of Fand B					
		I net assets or fund balances at beginning of year - Part II, column (a), line	30		4 005 005		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	4,895,305.		
		r amount from Part I, line 27a		2	601,795.		
		r increases not included in line 2 (itemize)	 	3	0.		
		lines 1, 2, and 3		77 1	5,497,100.		
		reases not included in line 2 (itemize) TEMPORARY DIFF			3,835. 5,493,265.		
6_	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	Form 990-PF (2012)		
					rorm 990-PF (2012)		

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Form 990-PF (2012) FOUNDATION INC

2-story brick wa		id(s) of property sold (e g or common stock, 200 shs			(a) l	How acquired - Purchase - Donation		Date acquired mo , day, yr)	(d) Date sold (mo., day, yr)
h SEE ATTACHED	פתיאת	EMENTS			-		-		
b SEE ATTACHED	DIA	EMENIS			+-		 		
d							_	<u> </u>	
е									
(e) Gross sales price	(f) C	epreciation allowed (or allowable)		st or other basis expense of sale			((h) Gain or (los e) plus (f) minus	
a b	<u> </u>								
C		·							
d									
e 922,018.	<u> </u>		<u> </u>	981,78	37.				<59 , 769
Complete only for assets shown	T .		ĭ					ains (Col. (h) gai), but not less th	
(i) F M V as of 12/31/69) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any			L	osses (from col	(h))
<u>a</u>									
b C	1			· · · · · · · ·	-				· · · · · · · · · · · · · · · · · · ·
d									
е							•		<59,769
		∫ if gain, also enter	r ın Part I, line	7	ì				.50 560
Capital gain net income or (net ca	apıtal loss)	If (loss), enter -0	- in Part I, line	7	7	2			< <u>59,769</u>
Net short-term capital gain or (lo			ıd (6)		٦				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8)			•	3		N/Z	Α.
		ection 4940(e) for	Reduced	Tax on Net	Inv	estment I	ncor		· -
For optional use by domestic private	e foundatio	ns subject to the section 4	4940(a) tax on	net investment ir	ncome	9)			
f section 4940(d)(2) applies, leave t	his nart hla	nk							
Vas the foundation liable for the sec				•	riod?				Yes X No
f "Yes," the foundation does not qua Enter the appropriate amount in					entries	<u> </u>		······································	
(a)	Cacin Coldin	(b)	10010001010	Toto making any o	(c)				(d) ibution ratio
Base periód years Calendar year (or tax year beginni	ıng ın)	Adjusted qualifying dis	tributions	Net value of no			ets	(col (b) d	ibution ratio ivided by col (c))
2011			9,000.		3	,647,55	51.		.05729
2010			2,332.		1	,112,88			.19079
2009		2	6,390.			274,35			.09619
2008			0.			10,26	0.		.00000
2007		- 							
! Total of line 1, column (d)								2	.34428
Average distribution ratio for the	5-year has	e period - divide the total :	on line 2 by 5	or by the number	r of ve	ars	ŀ		.51120
the foundation has been in existe	-			0, 0, the hermon	, .			3	.08607
		-							
Enter the net value of noncharital	ble-use ass	ets for 2012 from Part X,	line 5				ļ	4	5,175,875
									445 400
Multiply line 4 by line 3		•					}	_5	445,493
Enter 1% of net investment incor	ma /1% of	Part I line 27h\						6	1,722
FINEST 1 /0 OF HER HINGSTERICH (INCOL	1170 01	ait i, iiii o 270)					ţ	-	1,122
Add lines 5 and 6								7	447,215
Enter qualifying distributions from	m Part XII,	line 4						8	96,700
If line 8 is equal to or greater that	n line 7, ch	eck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax rate			

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Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	or 4948	- see ins	tru	ctio	ns)	
18	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)	1					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1		,	3,4	44.	
	of Part I, line 27b						
(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-)	. 2				<u>0.</u>	
3	Add lines 1 and 2	3_			3,4	44.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			3,4	44.	
6	Credits/Payments						
a	2012 estimated tax payments and 2011 overpayment credited to 2012						
t	Exempt foreign organizations - tax withheld at source 6b						
(Tax paid with application for extension of time to file (Form 8868) 6c 4,30	0.					
(Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d	7		4,300			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				61.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ <u>9</u>					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10			7	95.	
11		<u>▶ 11</u>				0.	
Pá	art VII-A Statements Regarding Activities						
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene in			Yes		
	any political campaign?		<u></u> 1	a		Х	
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	1)?	<u>_</u> 1	b		X	
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published	lished or					
	distributed by the foundation in connection with the activities.					1	
0	Did the foundation file Form 1120-POL for this year?			C		X	
C	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	0.				ĺ	
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					ĺ	
	managers ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	
	If "Yes," attach a detailed description of the activities					į	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on, or				ĺ	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X	
48	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			a		Х	
t	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A 4	b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		L.	5		X	
	If "Yes," attach the statement required by General Instruction T.					ĺ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	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	ļ			ĺ	
	remain in the governing instrument?		L	6	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.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	AL					ĺ	
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		_ {_{5}}	lb	X		
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				ĺ	
	year 2012 or the taxable year beginning in 2012 (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			0		_X_	

orm	1990-PF (2012) FOUNDATION INC 26	-38689	78	F	Page 5
	art 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)	ŀ	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile	ages?			
	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?	. Г	13	X	
	Website address ► N/A	_			
14	The books are in care of ▶ THE DAVID J COOPER FAMILY CHARITABL Telephone no ▶2	51-431	-6	100	
	Located at ▶ POST OFFICE BOX 1566, MOBILE, AL	0+4 ► 366	33		
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	5	N.	/ <u>A</u>	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		ľ	Yes	No
	securities, or other financial account in a foreign country?	. [_	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign				
	country				
Pε	art 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
1 a	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?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	• •	X No			
		X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	X No	[
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after				
		X No			i
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 instructions)?	. — -	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	ľ			
	before the first day of the tax year beginning in 2012?	ļ	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))		ļ	- 1	ı
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	▼			í
	before 2012?	A NO			i
_	If "Yes," list the years \(\bigs_{ \text{in}} \),				
D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			- 1	i
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	N/A	٥.	1	ı
_	statement - see instructions)	N/A -	2b		
G	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	ŀ		1	į
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				i
34	· · · · · · · · · · · · · · · · · · ·	X No			
۶.	during the year? If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	A ON			l
0				1	l
	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 the large acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (4 los September 20)	Se	1	1	
	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,	N/A	26	1	l
٨n	Form 4720, to determine if the foundation had excess business holdings in 2012.)	"(A	3b		X
	i. Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? I. Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose tha		4a		
U	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	it.	46	1	Х
	nes not seen temporal manifestury series and mot day of the tax year deginning at 2012;		70		

THE DAVID J COOPER FAMILY CHARITABLE FORM 990-PF (2012) FOUNDATION INC		26-38689	78 Pag	۰,
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Req	uired (contin		, o Tay	<u> </u>
5a' During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,		es X No		
any voter registration drive? (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		es X No		
 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for 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 under the exceptions described in Recession 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here			5b	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	Ye	es No	***************************************	
 a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 		es X No	6b X	<u>. </u>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors		N/A	7b	
List all officers, directors, trustees, foundation managers and their compensation.	Componentian	(d) Contribution to	1 ()=	
	Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expensi account, oth allowances	e Ier S
SEE STATEMENT 9	0.	0.	0) .
				_
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter	r "NONE."	· · · · · · · · · · · · · · · · · · ·		
Compensation of five highest-paid employees (other than those included on line 1). If none, enter (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c)	er "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, oth allowances	e ier

► 0 Form **990-PF** (2012)

0

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, His Paid Employees, and Contractors (continued)	ghly
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of	f service (c) Compensation
JOAN GARDNER ADMINISTRAT	
11039 GULF PARK DRIVE, THEODORE, AL 36582 SERVICES	12,000.
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1. N/A	Expenses
2	
3	
4	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Association
1 N/A	Amount
2	
All other program-related investments. See instructions.	

Form **990-PF** (2012)

Total. Add lines 1 through 3

Form 990-PF (2012)

FOUNDATION INC

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., purposes		
а	Average monthly fair market value of securities	1a	4,944,506. 310,189.
b	Average of monthly cash balances	1b	310,189.
C	Fair market value of all other assets	1c	 -
d	Total (add lines 1a, b, and c)	1d	5,254,695.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	5,254,695.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	78,820.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,175,875.
6	Minimum investment return. Enter 5% of line 5	6	258,794.
p	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	258,794.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	3,444.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,444. 255,350.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	255,350.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	255,350.
P	art XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	96,700. 0.
b	Program-related investments - total from Part IX-B	1b	0.
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.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	96,700.
5	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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,700.
	Note. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation of	nualifies for	the section

Form **990-PF** (2012)

4940(e) reduction of tax in those years

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FOUNDATION INC

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	· · · · · · · · · · · · · · · · · · ·	THE PARTY OF THE P	· · · · · · · · · · · · · · · · · · ·	
line 7				255,350.
2 Undistributed income, if any, as of the end of 2012	***************************************		17.11	
a Enter amount for 2011 only			0.	
b Total for prior years				NINII I
,,		0.		
3 Excess distributions carryover, if any, to 2012			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
a From 2007				
b From 2008				
c From 2009 12,197.				
d From 2010 157, 102.				
e From 2011 29,321.				
f Total of lines 3a through e	198,620.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ►\$ 96,700.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3-10
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				96,700.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	158,650.			158,650.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	39,970.			
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			······	
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line		•••••		
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	39,970.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 10,649.				
d Excess from 2011 29, 321.				
e Excess from 2012				
	-			Form 990-PF (2012)

FOUNDATION INC 26-3868978 Form 990-PF (2012) 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 2012, enter the date of the ruling 4942(i)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2009 (a) 2012 (b) 2011 (c) 2010 (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)) DAVID J. COOPER, SR. 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 NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X 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 or e-mail of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

FOUNDATION INC

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CASHIERS HISTORICAL SOCIETY / N/A PUBLIC CHARITY UNRESTRICTED PINNACLE SOCIETY PO BOX 104 UNRESTRICTED CASHIERS, NC 28717 5,000. PUBLIC CHARITY UNRESTRICTED DRUG EDUCATION COUNCIL N/A 3000 TELEVISION AVENUE MOBILE, AL 36606 1,000. GOVERNMENT ST. PRESBYTERIAN CHURCH PUBLIC CHARITY UNRESTRICTED N/A 300 GOVERNMENT STREET MOBILE, AL 36602 5,000. HIGHLAND CASHIERS HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED PO BOX 742 HIGHLANDS, NC 28741 5,000. INFIRMARY FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED PO BOX 2226 MOBILE, AL 36652 25,000. SEE CONTINUATION SHEET(S) ▶ 3a 90,700. Total b Approved for future payment NONE Total <u>3b</u> ٥. FOUNDATION INC

	Unrelated by	isiness income	Excluded	(e)	
nter gross amounts unless otherwise indicated Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	5505				
b	_				
c	ļ l				
d		-			
e			† † -		
f					
g Fees and contracts from government agencies					
Membership dues and assessments					<u> </u>
Interest on savings and temporary cash					
investments					
Dividends and interest from securities	525990	165,947.			
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal		·-			
property					
Other investment income	525990	17,548.			
Gain or (loss) from sales of assets other					
than inventory	525990	<59 , 769.	<u> </u>		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			<u> </u>		
Other revenue					
a			<u> </u>		
b					
C	1 1				
d			1		
e					
Subtotal Add columns (b), (d), and (e)		123,726.	,	0.	
				. 13	123,72
Total. Add line 12, columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e)	18)				
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation		plishment of E	xempt	Purposes	- - -
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Accom				
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitions Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activition	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitions Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitions Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
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Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitions Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitions Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti ine No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti ine No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti ine No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of
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Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activiti ine No. Explain below how each activity for which	es to the Accom	olumn (e) of Part XVI-A			plishment of

Part XVII

FOU	NDA	ΙΟΤΤΑ	I TNC

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Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relation	ships With Nonc	haritable	В	
1 Did the or			of the followin	g with any other organization	on described in sec	ction 501(c) of		Yes	No
				7, relating to political organ					
	from the reporting founda								
(1) Cash			onon	gaa			1a(1)		X
(2) Other	assets						1a(2)		X
• •	b Other transactions								
	(1) Sales of assets to a noncharitable exempt organization								Х
(2) Purchases of assets from a noncharitable exempt organization									X
	il of facilities, equipment,		3				1b(2) 1b(3)		X
• •	bursement arrangements						1b(4)		X
• •	s or loan guarantees						1b(5)		X
	rmance of services or me	mbership or fundrais	sıng solicitatio	ns			1b(6)		X
	f facilities, equipment, mai		=				10		X
d If the answ	ver to any of the above is	"Yes," complete the f	following sche	dule Column (b) should al	ways show the fair	market value of the goo	ds, other as:	sets,	
				ed less than fair market valu					
) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	on of transfers, transactions,	and sharing ai	rangeme	nts
			N/A						
				 					
					- 				
									
					<u> </u>				

							·		
	•	•		or more tax-exempt organi	izations described		<u> </u>	T	٦
	501(c) of the Code (other		(3)) or in sect	ion 527?			└── Yes	LA	No
b If Yes, co	omplete the following sche			(h) Tune of accompation		(a) Decomption of relati	anahin		
	(a) Name of org	amzation		(b) Type of organization		(c) Description of relati	onsnip		
	N/A								
					 				
					<u> </u>				
Under	penalties of penury. I declare t	that I have examined the	s return. includin	g accompanying schedules and	statements, and to the	ne best of my knowledge			
Sign and be	elief, it is true correct, and con	nplete Declaration of pro	eparer (other than	n taxpayer) is based on all inform	nation of which prepar	rer has any knowledge	May the IRS return with the	discuss	this er
Here	- to and a	1 Dans		16-5-13			shown below	(see ins	tr)?
	ature of officer or trustee	· Laye		Date	Title		Yes	<u> </u>	J No
	Print/Type preparer's na		Preparer's si		Date	Check if P1	ΓIN		
	, and type preparers na		1 Topalol 3 31	gnaturo	Date	self- employed	1114		
Paid		/			1	Son Shiployed			
Preparer	Firm's name		L		 -	Firm's CIAL			
Use Only	rum s name					Firm's EIN			
July Ciny	Firm's address					- 			
	1 1111 3 addie33					Dhone			
	<u> </u>					Phone no.	Form 99 ()-PF	2012\

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

Schedule of Contributors

2012

\$

Department of the Treasury Internal Revenue Service

Name of the organization

0-PF) ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

ion
THE DAVID J COOPER FAMILY CHARITABLE

26-3868978 FOUNDATION INC Organization type (check one): Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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.

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 I, 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).

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Name of organization
THE DAVID J COOPER FAMILY CHARITABLE
FOUNDATION INC

Employer Identification number

26-3868978

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COOPER/T SMITH STEVEDORING CO., INC. 118 N ROYAL STREET MOBILE, AL 36602	\$ 600,000.	Person X Payroll
(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 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 Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

THE DAVID J COOPER FAMILY CHARITABLE FOUNDATION INC

Employer identification number

26-3868978

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Employer identification number

THE DAVID J COOPER FAMILY CHARITABLE

FOUNDATION	INC

26_3868978

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	e following line entry. For organizations, contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 toons completing Part III, enter or the year (Enter this information once)
(a) No. from	(h) Dunnaga a sharish	(a) 11aa ad aidh	(d) Description of how sift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
-	Transferee's name, address, ar	ad 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
- - -	Transferee's name, address, ar	(e) Transfer of gi	ift 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
-	Transferee's name, address, ar	(e) Transfer of gi	ift 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
-			
-	Transferee's name, address, ar	(e) Transfer of gi	Relationship of transferor to transferee
-			

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) 1a CATERPILLAR FIN SERV 07/19/1106/15/12 08/12/1107/31/12 b BEST BUY CO INC. P c BEST BUY CO $\overline{\mathbf{P}}$ INC. 09/13/1107/31/12 d KRAFT FOODS GROUP P 01/24/12|10/02/12 07/19/1103/28/12 PEABODY ENERGY CORP \overline{P} f PEABODY ENERGY CORP P 08/08/1103/28/12 g PEABODY ENERGY CORP P 09/09/1103/28/12 h PEABODY ENERGY CORP P 10/12/1103/28/12 | PEABODY ENERGY 01/25/1203/28/12 CORP P ENERGY XXI LTD P 11/27/1212/05/12 k FT MORGAN KEEGAN 2011 SELECT P 05/31/1101/18/12 I FT MORGAN KEEGAN 2011 SELECT P 08/30/1101/18/12 m FT 11/30/1101/18/12 MORGAN KEEGAN 2011 SELECT P MORGAN KEEGAN 2011 SELECT P 11/30/1101/18/12 O JP MORGAN CHASE MULRI-CPM 07/13/1101/20/12 P (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 27,000. 28,237. <1,237.> а 18,273. 24,176. <5,903.> b 23,522. 18,273. <5,249.> С 27. 30. d 14,280. 30,601. <16,321.> е 7,140. 10,897. <3,757.> f 12,042. 7,140. <4,902.>a 14,280. 19,705. <5,425.h 14,280. 18,245. <3,965.> 23,154. 1,728.21,426. <17.> 76. 93. 17. 88. 71. 4 4 0. m 75. 8. 67. n 100,000. 100,000. Ō. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any <1,237.> <5,903.> <5,249.> С 3. d <16,321.> e <3,757.><4,902.> <5,425.> <3,965.> 1,728. $\overline{<17.>}$ k 17. 0. m 8. 'n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

FOUNDATION INC			-	
Part TV Capital Gains and Los	· 		(h) How acquired	(c) Date acquired (d) Date sold
	describe the kind(s) of property sold ick warehouse, or common stock, 20		P - Purchase D - Donation	(mo, day, yr) (mo, day, yr)
1a PRUDENTIAL FIN	ANCIAL INC.		P	07/18/1107/16/12
b BEST BUY CO IN	C.		Р	07/19/1107/31/12
c ENERGY XXI LTD			P	02/24/11/12/05/12
d ENERGY XXI LTD	· · · · · · · · · · · · · · · · · · ·		P	03/10/11/12/05/12
e BANK OF AMERIC.			P	03/02/1106/15/12
f COLE TAYLOR BA		<u> </u>	P	07/27/1108/06/12 02/02/1112/17/12
g GENERAL ELEC C.			P	02/02/11/12/17/12
h GENERAL ELEC C. I GENERAL ELEC C.			P	03/03/10/02/15/12
GOLDMAN SACHS			P	05/06/1001/17/12
k HSBC FINANCE C			P	04/08/1012/17/12
MERRILL LYNCH			P	03/28/1106/25/12
m MORGAN STANLEY			P	06/09/1011/30/12
n FT MORGAN KEEG			P	VARIOUS 01/18/12
O GOLDMAN SACHS	BANK		P	02/16/1209/10/12
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		ı) Gaın or (loss) plus (f) mınus (g)
a 50,000.		51,252.		<1,252.>
b 18,273.		29,111.		<10,838.>
c 33,077.		33,127.		<50.>
d 9,923.		9,156.	<u> </u>	767.
e 50,000.		50,186.		<186.>
f 50,000.		50,000.		0.
g 50,000.		51,193.		<1,193.
h 50,000.		51,168.		<1,168.> <1,416.>
35,000. 25,000.		36,416. 27,208.		<2,208.
k 25,000.		26,933.		<1,933.
$\frac{k}{1}$ 50,000.		51,492.		<1,492.
m 25,000.		25,000.		0.
n 47,569.		50,006.		<2,437.
0 49,625.		50,000.		<375.
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		sses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		of col (h) gain over col (k), not less than "-0-")
a				<1,252.
b				<10,838.
c				<50.
d				767.
<u>e</u>				<186.
<u>†</u>				<1,193.
<u>g</u>				<1,193.
1			<u> </u>	<1,100.
<u> </u>				<2,208.
k	<u> </u>			<1,933.
<u> </u>				<1,492.
m				0.
n				<2,437.
0				<375.
2 Capital gain net income or (net ca	apital loss) { if gain, also enter if (loss), enter "-(r in Part I, line 7)-" in Part I, 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		ynd (6).	3	

CONTINUATION FOR 990-PF, PART IV 26-3868978 PAGE 3 OF 3

x ter k r 1 Gapital Gallis allu Eus	3969 IOI TOX OII IIIVGSUIICIIL UICUIIG		
(a) List and 2-story br	describe the kind(s) of property sol ick warehouse, or common stock, 2	ld, e g , real estate, 200 shs MLC Co	(c) Date acquired P - Purchase D - Donation (c) Date acquired (mo , day, yr) (mo , day, yr)
1a ALLY BANK MIDV	ALE		P 08/06/1002/13/1
b KINDER MORGAN			P 01/01/1212/31/1
c PLEXUS FUND			P 01/01/12/12/31/1
			P 01/01/12/12/31/1
d KINDER MORGAN			
e EL PASO PIPELI	<u>NE</u>		P 01/01/12/12/31/1
<u>f</u>			
g			
15			
1			
1			
L			
<u>k</u>			
<u> </u>		 	
m			
n		· · · · · · · · · · · · · · · · · · ·	
0			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 100,000.		100,000.	0
1 250		100,000	1,358
7 775		+	7,375
			7,373
<u>-</u>			
e		426.	<426
f			
g		i '	
h			
1		1	
:			
		-	
k		 	
<u> </u>		1	
m	·		
n			
0			
	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any	Gains (excess of col (h) gain over col (k), but not less than "-0-")
2	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0
<u>a</u>		 	1,358
b		1	1,330
<u>c</u>			7,375
d	-	1	725
е			<426
f	<u> </u>		
g			
h			
<u> </u>		 	
<u>k</u>	· · · · · · · · · · · · · · · · · · ·	 	
	 	 	
<u>m</u>			
n	<u> </u>	<u> </u>	
0			
2 Capital gain net income or (net ca		er in Part I, line 7 0-" in Part I, line 7	2 <59,769
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c)	nd (6)	3 N/A
ii (1088), enter "U" in Part I. line t)	J I	N/A

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Tablic and addition (Notice of Education)	or substantial contributor	recipient		
LITTLE SISTERS OF THE POOR	N/A	PUBLIC CHARITY	UNRESTRICTED	
1655 MCGILL AVE MOBILE AL 36604				1,000
	1 1111			
MERCY MEDICAL	N/A	PUBLIC CHARITY	INRESTRICTED	
3720 DAUPHIN ST #A	A7.A			
MOBILE, AL 36608				10,000
MOBILE BIG BAND SOCIETY	N/A	PUBLIC CHARITY	UNRESTRICTED	
118 NORTH ROYAL ST				
MOBILE, AL 36602				5,000
MOBILE MUSEUM OF ART	N/A	PUBLIC CHARITY	UNRESTRICTED	
4850 MUSEUM DR				
MOBILE, AL 36608		-		1,000
PERDUE HILL-CLAIBORNE FOUNDATION	N/A	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 69 PERDUE HILL, AL 36470				500
THE STATE OF THE S				
SOCIETY OF 1842	N/A	PUBLIC CHARITY	INDESTRICTED	
PO BOX 1566	N/A	FOBBIC CHARITI	DAREBIRICIES	
MOBILE, AL 36633				1,000
UNIVERSITY OF SOUTH CAROLINA	N/A	PUBLIC CHARITY	UNRESTRICTED	
1600 HAMPTON STREET				
COLUMBIA, SC 29208				1,000
BIG BROTHERS BIG SISTERS OF SOUTH	N/A	PUBLIC CHARITY	UNRESTRICTED	
ALABAMA				
9 DAUPHIN ST MOBILE, AL 36602				700
				100
		DUDI TO OUR DESCRIPTION	(DID HOMD LOWS)	
GIRL SCOUTS OF GREATER MISSISSIPPI 500 N. HUTCHINSON AVE	N/A	PUBLIC CHARITY	DAKESTRICTED	
HATTIESBURG, MS 39401				1,000
HISTORIC MOBILE PRESERVATION SOCIETY	N/A	PUBLIC CHARITY	UNRESTRICTED	
300 OAKLEIGH PLACE				
MOBILE, AL 36604 Total from continuation sheets		<u> </u>		3,000

LITTLE SISTERS OF THE POOR 1655 McGILL AVE MOBILE, AL 36604 N/A PUBLIC CHARITY UNRESTRICTED 1, MASSACHUSETTS GENERAL HOSPITAL 165 CAMBRIDGE STREET BOSTON, NA 02114 PROVIDENCE HOSPITAL FOUNDATION PO BOX 850429 MOBILE, AL 36685 1, THE CHARITOGA CLUB EMPLOYEE SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARRINGTON, VA 22203-1606 1, UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED UNRESTRICTED 1, UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED UNRESTRICTED 10,	3 'Grants and Contributions Paid During the	Year (Continuation)			
NAMES AND SOCIETY N/A PUBLIC CHARITY UNRESTRICTED AMASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED BOSTON, NA 02114 5,4 AMASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED	Recipient	i show any relationshin to		Purpose of grant or	Amount
2846 SAINT JAMES DR. MOBILE, AL 36607 LITTLE SISTERS OF THE POOR N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED PROVIDENCE HOSPITAL FOUNDATION PO BOX 850429 MOBILE, AL 36685 1.5 THE CHARTOGA CLUB EMPLOYEE N/A PUBLIC CHARITY UNRESTRICTED SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 1.5 THE NATURE CONSERVANCY AZES NORTH PAIRPAX DRIVE SUITE 100 ARLINOTON, VA 22203-1606 1.6 LUNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 10, MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED	Name and address (home or business)	or substantial contributor		Contribution	711100111
ACRITE JAMES DR. MOBILE, AL 36607 LITTLE SISTERS OF THE POOR N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED PROVIDENCE HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED					
ASSACHUSETTS GENERAL HOSPITAL ASSACHUSETTS GENERAL HOSPITAL MARSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL	HISTORIC RESTORATION SOCIETY	N/A	PUBLIC CHARITY	UNRESTRICTED	
LITTLE SISTERS OF THE POOR 1.655 MCGILL AVE MOBILE, AL 16604 1.0 MASSACHUSETTS GENERAL HOSPITAL PROVIDENCE HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED MOBILE, AL 16685 1.0 MOBILE, AL 16685 1.1 MASSACHUSETTS GENERAL HOSPITAL N/A PUBLIC CHARITY UNRESTRICTED MASSACHUSETTY UNRESTRICTED MASSACHUSETTS OF ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED 1.0 MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED					
1.655 MCGILL AVE MOBILE, AL 36604 MASSACHUSETTS GENERAL HOSPITAL 1.65 CAMBRIDGE STREET BOSTON, MA 02114 PROVIDENCE HOSPITAL FOUNDATION PO BOX 850429 MOBILE, AL 36685 THE CHATTOGGA CLUB EMPLOYEE SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY A245 MORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOGGA, AL 35487 MATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,	MOBILE, AL 36607				1,000
AASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSPITAL	THAT IS SISTEDS OF THE DOOD	N/A	PUBLIC CHARTTY	INRESTRICTED	
ASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL MASSACHUSETTS GENERAL HOSPITAL MASSACHUSETTS GENERAL HOSP		N/A	TOBBIC CIMMITI	DARLOTRICIDO	
165 CAMBRIDGE STREET BOSTON, NA 02114 5,0 PROVIDENCE HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED PO BOX 850429 MOBILE, AL 36685 1,0 THE CHATTOGGA CLUB EMPLOYEE N/A PUBLIC CHARITY UNRESTRICTED SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 1,0 THE NATURE CONSERVANCY 4245 NORTH PAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 1,0 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOGGA, AL 35487 N/A PUBLIC CHARITY UNRESTRICTED WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED			-		1,000
ARTERPRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED PROVIDENCE HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED 1,1 PUBLIC CHARITY UNRESTRICTED N/A PUBLIC CHARITY UNRESTRICTED 1,1 PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED					
PROVIDENCE HOSPITAL FOUNDATION PO BOX 850429 MOBILE, AL 36685 THE CHATTOOGA CLUB EMPLOYEE N/A PUBLIC CHARITY UNRESTRICTED SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 1, THE NATURE CONSERVANCY AL245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 1, UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 FUSCALOOSA, AL 35487 N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED AMATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED	MASSACHUSETTS GENERAL HOSPITAL	N/A	PUBLIC CHARITY	UNRESTRICTED	
PROVIDENCE HOSPITAL FOUNDATION N/A PUBLIC CHARITY UNRESTRICTED 1,1 PO BOX 850429 MOBILE, AL 36685 1,1 PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 1,1 THE NATURE CONSERVANCY AL4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 1,1 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 N/A PUBLIC CHARITY UNRESTRICTED WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 10,1 PUBLIC CHARITY UNRESTRICTED					
PO BOX 850429 MOBILE, AL 36685 THE CHATTOGGA CLUB EMPLOYEE SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED	BOSTON, MA 02114				5,000
PO BOX 850429 MOBILE, AL 36685 THE CHATTOGGA CLUB EMPLOYEE SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED	DDOUTDENCE HOSDIWAL BOUNDARTON	NI/A	DIEDITO CUADITY	INDESTRICTED	
MOBILE, AL 36685 THE CHATTOOGA CLUB EMPLOYEE SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED PUBLIC CHARITY UNRESTRICTED 1,0 PUBLIC CHARITY UNRESTRICTED WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED		N/A	PUBLIC CRARIII	DARESTRICIED	
SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED					1,500
SCHOLARSHIP FUND PO BOX 1888 ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED	THE CHATTOOGA CLUB EMPLOYEE	N/A	PUBLIC CHARITY	UNRESTRICTED	
ASHVILLE, NC 28802 THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 1,0 PUBLIC CHARITY UNRESTRICTED					
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA, AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 10,	PO BOX 1888				
THE NATURE CONSERVANCY 4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 10,6					1,000
A245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST					
ARLINGTON, VA 22203-1606 UNIVERSITY OF ALABAMA CULVERHOUSE N/A PUBLIC CHARITY UNRESTRICTED PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST		N/A	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST					1,000
PO BOX 870101 TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST					
TUSCALOOSA , AL 35487 WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST	UNIVERSITY OF ALABAMA CULVERHOUSE	N/A	PUBLIC CHARITY	UNRESTRICTED	
WATERFRONT RESCUE MISSION N/A PUBLIC CHARITY UNRESTRICTED 206 STATE ST					10,000
206 STATE ST					
	WATERFRONT RESCUE MISSION	N/A	PUBLIC CHARITY	UNRESTRICTED	
MOBILE, AL 36603 5,					
	MOBILE, AL 36603				5,000
Total from continuation sheets					

2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year ' Deduction	2,816. 2,964. 6,603.
Current Sec 179	
Accumulated Depreciation	· ·
Basis For Depreciation	2,719. 795. 2,823. 6,337.
Reduction in Basis	2,719. 795. 2,823. 6,337.
Bus % Excl	
Unadjusted Cost Or Basis	5,438. 1,590. 5,646.
No e	19C 19B
Life	
Method	2000B
Date Acquired	110812200DB7.00
Description	1WINDOW TREATMENT 20FFICE FURNISHINGS 3& DISHWASHER * TOTAL 990-PF PG 1 DEPR
Asset No	

(D) - Asset disposed

228102 05-01-12

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF DIVIDENI	OS AND INTER	REST FROM	SECU	RITIES	STATEMENT	1
SOURCE	GROSS	S AMOUNT		PITAL GAINS	COLUMN (A AMOUNT)
EL PASO PIPELINE PARTNERS		6.		0.		6.
KINDER MORGAN ENERGY PARTNERS MORGAN KEEGAN *2487	S LP	201. 1,290.		0. 0.	2 1,2	01.
MORGAN KEEGAN *8994		164,449.		0.	164,4	
PLEXUS FUND II, LP		1.		0.	·	1.
TOTAL TO FM 990-PF, PART I, I	LN 4	165,947.		0.	165,9	47.
FORM 990-PF	OTHER I	INCOME			STATEMENT	2
		43		(D)		
		(A) REVENUE		(B) NET INVEST-	(C) ADJUSTE	D
DESCRIPTION		PER BOOKS		MENT INCOME		
OTHER INCOME FROM PLEXUS FUNI L.P. K-1	•	28,5	554.	28,554	•	
OTHER LOSS FROM KINDER MORGAN ENERGY PARTNERS LP	N	<10,6	608.>	<10,608	•>	
OTHER LOSS FROM EL PASO PIPEI PARTNERS	LINE	<:	398.>	<398	.>	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	17,5	548.	17,548	•	
TODY OOD DE	ma v	ZEC			STATEMENT	3
FORM 990-PF	TA	KES ————			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC				
EXCISE TAX ON INVESTMENT	2 757					
INCOME FOREIGN TAX PAID IN	2,703	. 2	,703.	•		0.
INVESTMENT INCOME	442	•	442.			0.
TO FORM 990-PF, PG 1, LN 18	3,145	. 3,	,145.	•		0.

FORM 990-PF	OTHER E	EXPENSES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
BANK CHARGES PORTFOLIO DEDUCTIONS FROM	279.		279.			0.
KINDER MORGAN ENERGY PARTNERS CONTRACT LABOR	727. 12,000.		727. 0.		6,0	0. 00.
TO FORM 990-PF, PG 1, LN 23	13,006	1,	006.		6,0	00.
FORM 990-PF	CORPORA	TE STOCK			STATEMENT	5
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
MORGAN KEEGAN **8994				2,461,369.	2,815,5	58.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			2,461,369.	2,815,5	58.
FORM 990-PF	CORPORA	TE BONDS			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	Т
MORGAN KEEGAN **8994				434,842.	443,5	36.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C			434,842.	443,5	36.
FORM 990-PF	OTHER IN	VESTMENTS	<u>-</u> -		STATEMENT	7
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE VALUE	T
INVESTMENT - PLEXUS FUND II I KINDER MORGAN ENERGY PARTNERS MORGAN KEEGAN **2487		COST COST COST		207,681. 47,112. 0.	207,6 79,7	
EL PASO PIPELINE PARTNERS MORGAN KEEGAN **8994		COST COST	;	31,611. 1,386,552.	36,9 1,391,8	70

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF DEPRECIATION OF ASS	SETS NOT HELD FOR	RINVESTMENT	STATE	EMENT 8		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATIO		BOOK VALUE		
WINDOW TREATMENT OFFICE FURNISHINGS	5,438. 1,590.			767.		
REFRIGERATOR, STOVE & DISHWASHER	5,646.					
TOTAL TO FM 990-PF, PART II, LN	12,674.	12,674. 6,603.				
	ST OF OFFICERS, I D FOUNDATION MANA		STATI	EMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
DAVID J. COOPER, SR. POST OFFICE BOX 1566 MOBILE, AL 36633	DIRECTOR 0.00	0.	0.	0		
POST OFFICE BOX 1566						
POST OFFICE BOX 1566 MOBILE, AL 36633 JOANNE K. COOPER POST OFFICE BOX 1566	0.00 DIRECTOR	0.	0.	0		
POST OFFICE BOX 1566 MOBILE, AL 36633 JOANNE K. COOPER POST OFFICE BOX 1566 MOBILE, AL 36633 DAVID J. COOPER, JR POST OFFICE BOX 1566	0.00 DIRECTOR 0.00 DIRECTOR	0.	0.	0		

0.

0.

0.

$-\dot{4562}$

Depreciation and Amortization 990-PF (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

CENTER.	DALLED T COORED TA				css or activi	ty to winc	ii (iiis ioiiii leiate	33	lacitalying namba
	E DAVID J COOPER FAI UNDATION INC	MILY CHAP	RITABLE		M 99	0-PF	PAGE	1	26-3868978
Par		rty Under Section	79 Note: If vo						, '
	faximum amount (see instructions)	,			, , , , , , , , , , , , , , , , , , ,			1	500,000.
	· · · · · · · · · · · · · · · · · · ·								
	2 Total cost of section 179 property placed in service (see instructions) 3. Threshold cost of section 179 property before reduction in limitation.								2,000,000.
	3 Threshold cost of section 179 property before reduction in limitation							. 3	2/000/0000
_	4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions							5	
6	(a) Description of pr		r-0- ir married iii	(b) Cost (busing			(c) Elected		
	(A)			(2) 200 (000)		" 			-
									-
					<u>-</u>				-
		 							-
7 1	interdesignature. Fatantha assessations	. l		L	- I	_			-
	isted property. Enter the amount from			\	<u> </u>	7	:	<u> </u>	-
	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7							8	
	entative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from	=						10	
	iusiness income limitation. Enter the s		•		•	5		11	
	ection 179 expense deduction. Add li							12	
	Carryover of disallowed deduction to 2				<u> </u>	13			<u></u>
	Do not use Part II or Part III below fo				_				······································
Par									
14 S	pecial depreciation allowance for qua	lified property (ot	her than liste	d property) p	laced in s	ervice	during		
the tax year								14	6,337.
15 P	roperty subject to section 168(f)(1) ele	ection						15	
	ther depreciation (including ACRS)							16	
Par	† III MACRS Depreciation (Do no	t include listed p	roperty.) (See	e instructions	.)			_	
			Se	ection A			•••		
17 N	MACRS deductions for assets placed i	n service in tax y	ears beginnir	ng before 201	2			17	
18 If	you are electing to group any assets placed in ser	vice during the tax yea	r into one or more	general asset acc	ounts, chec	k here			
	Section B - Assets	Placed in Servi	ce During 20	12 Tax Year	Using th	e Gene	ral Deprecia	ation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(business/ii	or depreciation nvestment use instructions)	(d) Rec	covery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						1		
b	5-year property	1		2,823.	5 Y	RS.	MQ	200DE	141.
	7-year property	1		3,514.		RS.		200DE	
d	10-year property	7		· ·					
е	15-year property				ľ			 	
f	20-year property	1			1			 	
	25-year property	7			25)	/re		S/L	· · · · · · · · · · · · · · · · · · ·
		—			27.5		MM	S/L	
h	Residential rental property	/	<u> </u>		27.5		MM	S/L	
		, , , , , ,	 		39)		MM		
i	Nonresidential real property	· · · · · ·	 		39	/rs.		S/L	
	Section C - Assets F	Placed in Service	During 201	2 Tay Year II	sing the	Altorn	MM Dorre	S/L	
20a	Class life	Tucca III Gervice	During 201	z lax leal U	I III	Aiteine	tive Deprec		/stem
					10		 	S/L	
b_	12-year	 	 	 	12		100	S/L	
Day	40-year	/	L		40)	rs.	MM	S/L	
Par								- ,	
	isted property. Enter amount from line							21	
22 T	otal. Add amounts from line 12, lines	14 through 17, lii	nes 19 and 20	0 in column (g)), and lin	e 21.]

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

22

6,603.

23

FOUNDATION INC Form 4562 (2012) 26-3868978 Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b if "Yes," is the evidence written? Yes No Yes No (b) (e) (d) (f) (g) (h) Date Business Basis for depreciation Elected Type of property Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) deduction Convention other basis period use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L -% % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) **(f)** (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (b) (c) (d) (e) (f) Description of costs Date amortization Amortizable amount Amortization Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 8868

(Rev. January 2013)

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

Form 8868 (Rev. 1-2013)

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			ightharpoons X			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).					
Do not d	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.				
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for	a corporation			
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to reque	est an extension			
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associated \	Nith Certain			
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing	of this form,			
	rs.gov/efile and click on e-file for Charities & Nonprofits								
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).					
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete					
Part I onl	у					▶ □			
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time				
to file inc	ome tax returns.				 				
Type or	ype or Name of exempt organization or other filer, see instructions.					Employer identification number (EIN) or			
print	THE DAVID J COOPER FAMILY	CHARI	TABLE						
	FOUNDATION INC	ATION INC				26-3868978			
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	om or suite no. If a P.O. box, see instructions.			Social security number (SSN)				
filing your return See	POST OFFICE BOX 1566	_							
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.						
	MOBILE, AL 36633								
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4			
Applicat	ion	Return	Application	Return					
ls For		Is For	Code						
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990)-BL	02	Form 1041-A	rm 1041-A					
Form 472	20 (individual)	Form 4720	0						
Form 990)-PF	04	Form 5227			10			
Form 990)-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	0-T (trust other than above)	06	Form 8870			12			
			FAMILY CHARITABL						
	ooks are in the care of POST OFFICE BOX	X 156	<u>6 - MOBILE, AL 366</u>	33					
Telepi	none No. ► 251-431-6100		FAX No. ▶						
	organization does not have an office or place of business								
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole	group, check this			
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the exte	nsion is for.			
1 Ire	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until					
	AUGUST 15, 2013 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extensi	on			
	or the organization's return for:								
>	X calendar year 2012 or								
	tax year beginning	, an	d ending						
2 If the	\underline{ne} tax year entered in line 1 is for less than 12 months, ce	heck reas	on: Initial return	Final retur	n				
L	☐ Change in accounting period								
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
	refundable credits. See instructions.		•	3a	\$	4,300.			
b if ti	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		- 				
	imated tax payments made. Include any prior year overp	_		3ь	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa				<u></u>				
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	4,300.			
	If you are going to make an electronic fund withdrawal v				FO for paym				

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.