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

Department of the Treasury

OMB No 1545-0052 Open to public Inspection

For c	alen	dar year 2012 or tax year beginning MAR	9, 2012	, and ending	DEC 31, 2012	
		foundation			A Employer identification	number
_		MOURON FAMILY FOUNDATION	NC		45 5500004	
		MICHAEL A. MOURON		- 1	45-5580094	
		nd street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number 205-949-38	<i>1</i> O
		OFFICE PARK DRIVE		150		
•		wn, state, and ZIP code MINGHAM, AL 35223			C if exemption application is po	ending, check here
		all that apply X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here
u	HOOK	Final return	Amended return	into poons onanty		
		X Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck	type of organization X Section 501(c)(3) exc	empt private foundation		E If private foundation stat	us was terminated
	Sec	Y A 7	Other taxable private founda	ation	under section 507(b)(1)	~ 1 1
I Fa	ır ma	rket value of all assets at end of year J Accountin	•	Accrual	F If the foundation is in a 6	
			ner (specify)		under section 507(b)(1)	(B), check here
D	•	Analysis of Revenue and Expenses	mn (d) must be on cash i		(-) A di	(d) Disbursements
Pa	rt i	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	necessanly equal the amounts in column (a)) Contributions, gifts, grants, etc , received			N/A	(cash basis only)
		Check X If the foundation is not required to attach Sch 8			7.7.7.	
	3	Interest on savings and temporary cash investments				'' '-'
	4	Dividends and interest from securities				
	5a	Gross rents				, , , , , , , , , , , , , , , , , , , ,
	b	Net rental income or (loss)				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a	·*************************************			
ě	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain		<u> </u>		
	9	Income modifications Gross sales less returns				
	Ι.	and allowances	elville o o Mandilliano e e e	H 		
	1	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	0.	0		
	13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
	14	Other employee salaries and wages				
õ	15	Pension plans, employee benefits				
Ses	16a	Legal fees				
) 6 2013 Administrative Expense	b	Accounting fees		<u> </u>	 	
Ū	C	Other professional fees CHIVED	-			
§	17	Taxes NOV 1 8 2012				-
2013 inistra	18 19	Taxes Depreciation and depletion Occupancy				,
	20	Occupancy				
9 A	21					
CA 5	22	Printing and publications				
	1	Other expenses				
ati ==	24	Total operating and administrative				
O NO Operating	.[expenses. Add lines 13 through 23	0.	. 0	•	0.
SCANNED	25	Contributions, gifts, grants paid	0.	,		0.
2	26	Total expenses and disbursements.	_	_		0.
7	1	Add lines 24 and 25	0.	. 0	•	· · · · · · · · · · · · · · · · · · ·
3	27	Subtract line 26 from line 12	0.			
		Excess of revenue over expenses and disbursements		0		· · · · · · · · · · · · · · · · · · ·
		Net investment income (if negative, enter -0-)			N/A	
] [Adjusted net income (if negative, enter -0-)	J			

THE MOURON FAMILY FOUNDATION

C/O MICHAEL A. MOURON Page 2 Balance Sheets Attached schedules and amounts in the description Beginning of year End of year Part II column should be for end-of-year amounts only (c) Fair Market Value (a) Book Value (b) Book Value Cash - non-interest-bearing Savings and temporary cash investments 2 3 Accounts receivable Less allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U S and state government obligations **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 0 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoons XFoundations that do not follow SFAS 117, check here and complete lines 27 through 31. ō 0 . 0 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 0. Ō. 29 Retained earnings, accumulated income, endowment, or other funds š 0. 0. 30 Total net assets or fund balances 0. 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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THE MOURON FAMILY FOUNDATION

Form 990-PF (2012) C/O MTCH

C/O MICHAEL A. MOURON

45-5580094

Page 3

E-Story Drick W	cribe the kind(s) of property sold (arehouse, or common stock, 200	(e g , real estate, shs MLC Co)		(b) How P - Pui D - Do	rchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a							
<u>b</u> NO)NE			<u> </u>			
_ C			···	ļ			
<u>d</u>			· · · · · · · · · · · · · · · · · · ·	ļ			<u> </u>
<u> </u>				Ц			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (los (e) plus (f) minus	
3							
<u>b</u>							
d							
<u> </u>	·						
	ng gain in column (h) and owned	by the foundation	on 12/31/69	_		(I) Gains (Col (h) gai	n minue
To inplete only for assets shown	(j) Adjusted basis		cess of col (i)	-		ol (k), but not less th	an -0-) or
(i) F M V as of 12/31/69	as of 12/31/69		col (j), if any			Losses (from col	(h)) ´
a			W				
<u>a</u>				-			
C		<u> </u>					
d							
<u>e</u>							
	C 16 mars also a		7	7			
2 Capital gain net income or (net c	anital loss) It (loss) ante	nter in Part I, line r -0- in Part I, line	7) 2			
-	•		•				·
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8	oss) as defined in sections 1222(5	o) and (6)		٦			
if (loss), enter -0- in Part I, line 8) 3	1		
Part V Qualification U	Jnder Section 4940(e)	for Reduced	Tax on Net	Invest	ment Ir	come	
(For optional use by domestic privat							
		ıon 494∩(a\ tax or	net investment in	rome)			N/A
to optional aso by domestic private	te roundations subject to the secti	ion 4940(a) tax or	n net investment in	icome)			N/A
If section 4940(d)(2) applies, leave	•	on 4940(a) tax or	n net investment in	icome)			N/A
If section 4940(d)(2) applies, leave	this part blank						N/A
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec	this part blank ction 4942 tax on the distributable	e amount of any y	ear in the base pei				
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif "Yes," the foundation does not quarter.	this part blank ction 4942 tax on the distributable	e amount of any y of complete this pa	ear in the base pei art	rıod?			
Was the foundation liable for the sec If "Yes," the foundation does not quantum to the second of th	this part blank ction 4942 tax on the distributable alify under section 4940(e) Do no each column for each year, see t	e amount of any y of complete this pa	ear in the base pei art	riod? intries		Diet	Yes No
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Was the foundation liable for the set if "Yes," the foundation does not quate in Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2011 2010 2009 2008 2007 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed.	this part blank ction 4942 tax on the distributable alify under section 4940(e). Do not each column for each year, see t (b) Adjusted qualifying e 5-year base period - divide the to ence if less than 5 years able-use assets for 2012 from Par	e amount of any yot complete this pa he instructions be distributions	ear in the base per art fore making any e Net value of no	ntries (c) encharitable	le-use asse	2 3 4 5	Yes No
If section 4940(d)(2) applies, leave to Was the foundation liable for the set if "Yes," the foundation does not quate 1. Enter the appropriate amount in (a). Base period years. Calendar year (or tax year beginn 2011 2010 2009 2008 2007. 2 Total of line 1, column (d). 3 Average distribution ratio for the the foundation has been in exist. 4 Enter the net value of noncharitation. 5 Multiply line 4 by line 3. 6 Enter 1% of net investment inco.	this part blank ction 4942 tax on the distributable alify under section 4940(e). Do not each column for each year, see t (b) Adjusted qualifying e 5-year base period - divide the to ence if less than 5 years able-use assets for 2012 from Par	e amount of any yot complete this pa he instructions be distributions	ear in the base per art fore making any e Net value of no	ntries (c) encharitable	le-use asse	2 3 4 5	Yes No
Was the foundation liable for the set if "Yes," the foundation does not quate 1. Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn 2011 2010 2009 2008 2007 Total of line 1, column (d) Average distribution ratio for the the foundation has been in exist. Enter the net value of noncharitation in the set of the se	this part blank ction 4942 tax on the distributable alify under section 4940(e). Do not each column for each year, see t (b) Adjusted qualifying e 5-year base period - divide the to ence if less than 5 years able-use assets for 2012 from Par	e amount of any y ot complete this pa he instructions be g distributions	ear in the base per art fore making any e Net value of no	ntries (c) encharitable	le-use asse	2 3 4 5 6	Yes No
Was the foundation liable for the set if "Yes," the foundation does not quate 1. Enter the appropriate amount in (a). Base period years. Calendar year (or tax year beginn 2011 2010 2009 2008 2007. 2 Total of line 1, column (d). 3 Average distribution ratio for the the foundation has been in exist. 4 Enter the net value of noncharita. 5 Multiply line 4 by line 3. 6 Enter 1% of net investment inco.	this part blank ction 4942 tax on the distributable alify under section 4940(e). Do not each column for each year, see t (b) Adjusted qualifying 9 5-year base period - divide the to ence if less than 5 years able-use assets for 2012 from Par	e amount of any y ot complete this pa he instructions be g distributions	ear in the base per art fore making any e Net value of no	ntries (c) encharitable	le-use asse	2 3 4 5 6	Yes No

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

N/A r calendar

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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

Form **990-PF** (2012)

X

X

6

7

8b

10

remain in the governing instrument?

If "Yes," complete Part II, col. (c), and Part XV

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2012 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2012.)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

X

N/A

N/A

Yes X No

2b

3b

4a

statement - see instructions)

during the year?

' THE MOURON FAMILY FOUNDAY	TION			* *
Form 990-PF (2012) C/O MICHAEL A. MOURON			45-55800	94 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ied)	_
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))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Ye	s X No	
(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)?		Te	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations	_	
section 53 4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from				
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945	i-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a po	ersonal benefit contract?		<u></u>	6b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	helter transaction?	Ye	s 🗓 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Truste	ees, Foundation Ma	nagers, Highly	•	
Faid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	4) T.H	(a) Componention	(d) Contributions to	(-) Funance
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address			(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
(a) Name and address SEE STATEMENT 1	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted	(If not paid, enter -0-)	compensation	allowances
SEE STATEMENT 1	hours per week devoted to position	(If not paid, enter -0-)	compensation	allowances
	hours per week devoted to position	(If not paid, enter -0-)	O .	allowances O .
SEE STATEMENT 1	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1). If none, (b) Title, and average	enter "NONE."	O .	allowances O .
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
SEE STATEMENT 1 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other

0

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

THE MOURON FAMILY FO	DUNDATION			
Form 990-PF (2012) C/O_MICHAEL A. MOURO	ON	45-5	558009	4 Page 7
Part VIII Information About Officers, Directors Paid Employees, and Contractors (contractors)	i, Trustees, Foundation Mar	nagers, Highly		
3 Five highest-paid independent contractors for professional	I services. If none, enter "NONE."			
(a) Name and address of each person paid more than	n \$50,000	(b) Type of service	(c)	Compensation
NONE		•		
				-
		 		
		"		
Total number of others receiving over \$50,000 for professional services			>	0
Part IX-A Summary of Direct Charitable Activit	ies			
List the foundation's four largest direct charitable activities during the tax number of organizations and other beneficiaries served, conferences con		tion such as the	Exp	enses
1N/A				
2	· · · · · · · · · · · · · · · · · · ·			
3				
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 Amount 1 N/A All other program-related investments See instructions 0. Total. Add lines 1 through 3

Form 990-PF (2012)

Pi	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	indations, see insti	ructions.)
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	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	0.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	<u>.</u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5] 6	0.
P	postributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	0.
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)]	
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
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	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		
a	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	0.
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	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for the sec	tion

Form **990-PF** (2012)

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,				
line 7				0.
2 Undistributed income, if any, as of the end of 2012		······································	74 '	
a Enter amount for 2011 only			0.	
b Total for prior years	' - - - - -			
		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ►\$ 0.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior	w'ntthend.' Hittorian i	11 11 1		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		***************************************	[
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount		'.H+++1	''	0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012	0.	,	······································	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.			<u> </u>
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	0.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				<u> </u>
·				Form 990-PF (2012)

THE MOURON FAMILY FOUNDATION

C/O MICHAEL A. MOURON 45-5580094 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(<u>J)(5)</u> b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2012 (b) 2011 (c) 2010 (d) 2009(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a 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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) N/A Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: ___ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number 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

45-5580094 C/O MICHAEL A. MOURON Page 11 Form 990-PF (2012) Part XV Supplementary Information (continued) 3 .Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid during the year NONE **▶** 3a ٥. Total b Approved for future payment NONE

0.

▶ 3b

Total

Part XVI-A **Analysis of Income-Producing Activities**

er gross amounts unless otherwise indicated	Omolato	d business income		ded by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
_	Code		1		
			 		-
			+		
	, ,		+		
	_ 		+		
Fees and contracts from government agencies			+		
Fees and contracts from government agencies Membership dues and assessments			+		
nterest on savings and temporary cash			+-		
nvestments	ĺ				
Dividends and interest from securities		·	+		
let rental income or (loss) from real estate		~~······			
· ·			-		
Debt-financed property	<u> </u>		- 		
Not debt-financed property			+		
Net rental income or (loss) from personal					
property			+		
Other investment income			 		
Gain or (loss) from sales of assets other					
han inventory	<u> </u>		-		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<u> </u>	<u>-</u>	-		
Other revenue			1		
·	_				
b					
<u> </u>			-		
d		 _	-		
e			+		
		0	•	0.	
Subtotal Add columns (b), (d), and (e)				13 _	
Total. Add line 12, columns (b), (d), and (e)					
Total. Add line 12, columns (b), (d), and (e)	3)				
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations		omplishment of E	xemp	et Purposes	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	s to the Acc		-		mnlishment of
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie le No. Explain below how each activity for which in	es to the Acco	ın column (e) of Part XVI-	-		mplishment of
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	es to the Acco	ın column (e) of Part XVI-	-		mplishment of
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Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie Explain below how each activity for which in	es to the Acco	ın column (e) of Part XVI-	-		mplishment of
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total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie e No. Explain below how each activity for which in	es to the Acco	ın column (e) of Part XVI-	-		mplishment of
Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie Explain below how each activity for which in	es to the Acco	ın column (e) of Part XVI-	-		mplishment of
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Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie Explain below how each activity for which in	es to the Acco	ın column (e) of Part XVI-	-		mplishment of

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Page 13

reli	LVAN	Exempt Organ	•	iters 10 a	nd Transactions	and Kelationsi	nips with Non	icnaritable	,	
1	Did the ord			f the following	with any other organizati	ion described in secti	on 501(c) of		Yes No	-
					7, relating to political orga		011 30 1(0) 01		100 110	-
		rom the reporting founda	•		- ·	IIIZBUUIIS ·				
	(1) Cash	rom the reporting realist	ition to a nonchantau	no exempt org	amzation of			1a(1)	X	
	(2) Other	assets						1a(2)	X	-
	Other trans									-
		of assets to a noncharital	ble exempt organizati	on				1b(1)	X	
		ases of assets from a no	• •					1b(2)	Х	_
		of facilities, equipment,		•				1b(3)	Х	_
	(4) Reimt	ursement arrangements						1b(4)	X	_
	(5) Loans	or loan guarantees						1b(5)	X	_
	(6) Perfo	mance of services or me	mbership or fundrais	ing solicitation	ns			1b(6)	X	_
C	Sharing of	facilities, equipment, ma	ılıng lısts, other asset	s, or paid emp	oloyees			10	X	_
đ	If the ansv	er to any of the above is	"Yes," complete the fo	ollowing sched	dule Column (b) should a	lways show the fair n	narket value of the g	oods, other ass	ets,	
		• • •			ed less than fair market val	lue in any transaction	or sharing arranger	nent, show in		
		the value of the goods,				1				_
(a) Lii	ne no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transaction	ns, and sharing an	rangements	_
			·	N/A						_
					—					_
						 				_
										-
	-				·····					-
		·								-
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	+				<u></u>					-
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							· - · · · - · · · · · · · · · · · · · ·			
					-					
			-							
2a		ndation directly or indirec 501(c) of the Code (othe	•		or more tax-exempt organion 527?	nizations described		Yes	X No	
b		mplete the following sch		. ,,						_
		(a) Name of org	janization		(b) Type of organization		(c) Description of re	lationship		_
		N/A				<u></u>				
										_
			_							_
							<u></u>			_
	l lander		that I have everyward thus	n metura, uncludus	g accompanying schedules an	nd statements and to the	heet of my knowledge			_
e:.					n taxpayer) is based on all info			May the IRS return with the	e preparer	
Sig He		\times	OM		11/4/17	TRUSTI	ក្	shown below		
		nature of officer or trustee			Date / 3	Title	<u> </u>	- L 168		<u>,</u>
	Oigi	Print/Type preparer's n	- 	Preparer's s	ionature	Date	Check If	PTIN		-
		Type property 5 ii		,	· _		self- employed			
Pa	id	H.B. LEE,	III	\(\sep\)	1.48	10/3/13		P00052	636	
	eparer	Firm's name ► HOR		BURNE	TT, ET AL,	PC	Firm's EIN ▶ 6			_
	e Only		. ,,	-	•					
_		Firm's address ► 38	00 COLONN	ADE PK	WY SUITE 50	0				_
		В	RMINGHAM,	AL 35	243		Phone no 2	<u>05-967-</u>	9744	_
								Form 990	D-PF (2012	'n

	LIST OF OFFICERS, D AND FOUNDATION MANA		STATI	EMENT 1
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MICHAEL ANDREW MOURON 12 HONEYSUCKLE LANE BIRMINGHAM, AL 35213	DIRECTOR 0.00	0.	0.	0.
LOGAN P. MOURON 12 HONEYSUCKLE LANE BIRMINGHAM, AL 35213	DIRECTOR 0.00	0.	0.	0.
CHRISTOPHER N. MOURON 3400 E. BRIARCLIFF RD BIRMINGHAM, AL 35223	DIRECTOR 0.00	0.	0.	0.
RACHELLE S. MOURON 3400 E. BRIARCLIFF RD BIRMINGHAM, AL 35223	DIRECTOR 0.00	0.	0.	0.
LEWIS P. MOURON 920 SHERIDAN DRIVE BIRMINGHAM, AL 35213	DIRECTOR 0.00	0.	0.	0.
ALLYSON T. MOURON 920 SHERIDAN DRIVE BIRMINGHAM, AL 35213	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.

Form 88	68 (Rev. 1-2013)	_				Page 2
If you	arè filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	·	▶ X
Notę. O	nly complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	868.	
	are filing for an Automatic 3-Month Extension, complete					
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies nee	ded).
•			Enter filer's	identifyin	g number,	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	Identification	on number (EIN) or
print THE MOURON FAMILY FOUNDATION						
File by the	C/O MICHAEL A. MOURON				45-55	80094
due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social sec	curity numb	er (SSN)
fiting your return See	402 OFFICE PARK DRIVE, NO. 1	199				
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	lress, see instructions.			
	BIRMINGHAM, AL 35223	•				
				<u> </u>	 :	
Enter the	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1
	.,	•				
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
	0 or Form 990-EZ	01				
Form 99		02	Form 1041-A			08
	20 (Individual)	03	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11
	0-T (trust other than above)	06	Form 8870			12
	Oo not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 886	38.
	LEWIS P. MOURO					
• The b	pooks are in the care of ▶ 402 OFFICE PAR	K DRI	VE STE 199 - BIRMI	NGHAM	, AL 3	5223
	phone No. ► 205-949-3848		FAX No. ▶			
-	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
	s is for a Group Return, enter the organization's four digit			f this is foi	the whole	group, check this
box ►	. If it is for part of the group, check this box					
			BER 15, 2013.			-
	or calendar year, or other tax year beginning	MAR 9	, 2012 , and endin	g DEC	31, 2	012 .
6 If	the tax year entered in line 5 is for less than 12 months, or	heck reas		Final r		
Ï	Change in accounting period					
7 St	ate in detail why you need the extension					
A	DDITIONAL TIME IS NEEDED TO	FILE	A COMPLETE AND ACC	URATE	RETUR	N
_						
_						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	onrefundable credits. See instructions.	-		8a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
	x payments made. Include any prior year overpayment al					
	reviously with Form 8868.		, ,	8ь	\$	0.
	alance due. Subtract line 8b from line 8a. Include your pa	avment wi	th this form, if required, by using			
	FTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
			st be completed for Part II	only.	- · ·	
Under pe it is true.	naities of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	ling accom	•		f my knowled	lge and belief,
				Date	•	
Signatur	Title -	~		Date		