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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.

2012

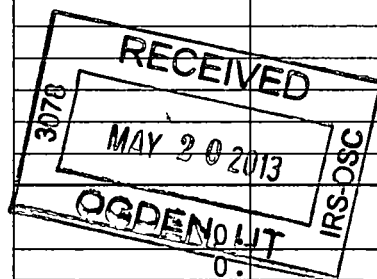
Open to public inspection

For calendar year 2012 or tax year beginning

, and ending

Name of foundation JAY L SMITH FAMILY FOUNDATION		A Employer identification number 46-1536434
Number and street (or P.O. box number if mail is not delivered to street address) 469 S. MCDONOUGH STREET	Room/suite	B Telephone number 334-834-8000
City or town, state, and ZIP code MONTGOMERY, AL 36104		C If exemption application is pending, check here ☒
G Check all that apply: ☒ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 1,999,081.	J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

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 charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		1,842,977.		N/A	
2 Check ☐ if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		13,062.	13,062.		STATEMENT 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		417.			
b Gross sales price for all assets on line 6a 6,244.					
7 Capital gain net income (from Part IV, line 2)			417.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		1,856,456.	13,479.		
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees					
c Other professional fees					
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses					
24 Total operating and administrative expenses. Add lines 13 through 23			0.		0.
25 Contributions, gifts, grants paid		0.			0.
26 Total expenses and disbursements. Add lines 24 and 25		0.	0.		0.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		1,856,456.			
b Net investment income (if negative, enter -0-)			13,479.		
c Adjusted net income (if negative, enter -0-)				N/A	



Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments		131,904.	131,906.
	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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 2	0.	890,340.	970,482.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 3	0.	834,212.	896,693.
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	0.	1,856,456.	1,999,081.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐			
	24 Unrestricted and complete lines 24 through 26 and lines 30 and 31.			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	0.	1,856,456.	
30 Total net assets or fund balances	0.	1,856,456.		
31 Total liabilities and net assets/fund balances	0.	1,856,456.		

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)	1	0.
2 Enter amount from Part I, line 27a	2	1,856,456.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,856,456.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,856,456.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b SEE ATTACHED STATEMENTS				
c				
d				
e				

(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			
b			
c			
d			
e 6,244.		5,827.	417.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			417.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	417.
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		3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011			
2010			
2009			
2008			
2007			

- 2 Total of line 1, column (d)
- 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6
- 8 Enter qualifying distributions from Part XII, line 4
- If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

2	
3	
4	
5	
6	
7	
8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		1	270.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	270.
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	270.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		270.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax ☐ Refunded ☐	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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 remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>AL</u>		
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	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 year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

STMT 4

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>THE FOUNDATION</u> Telephone no. ► <u>334-834-8000</u> Located at ► <u>469 S. MCDONOUGH STREET, MONTGOMERY, AL</u> ZIP+4 ► <u>36104</u>			
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 ► 15 <u>N/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, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ 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)?	☐ Yes ☒ 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 termination of government service, if terminating within 90 days.)	☐ Yes ☒ No	
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)? Organizations relying on a current notice regarding disaster assistance check here ► ☐	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	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)):		
a 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 before 2012? If "Yes," list the years ► _____, _____, _____	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
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 during the year?	☐ Yes ☒ No	
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, Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ 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)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

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

☐ Yes ☐ No

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 a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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 shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DR. HOLLY L SMITH ROTH 3289 CORWIN DRIVE MONTGOMERY, AL 36106	PRESIDENT 2.00	0.	0.	0.
GERALDINE SMITH 436 SIERRA CIRCLE RENO, NV 89511	VICE PRESIDENT FINANCE 2.00	0.	0.	0.
DEBORAH ANN SMITH CLANCY 5317 N. PERSIMMON DRIVE BEVERLY HILLS, FL 34465	VICE PRESIDENT ADMINISTRATION 2.00	0.	0.	0.
VON G. MEMORY 469 S. MCDONOUGH STREET MONTGOMERY, AL 36104	SECRETARY / TREASURER 2.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	77,799.
b	Average of monthly cash balances	1b	5,496.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	83,295.
e	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	0.
3	Subtract line 2 from line 1d	3	83,295.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,249.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	82,046.
6	Minimum investment return. Enter 5% of line 5	6	4,102.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	4,102.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	270.
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	270.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,832.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,832.
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	3,832.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	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 qualifies for the section 4940(e) reduction of tax in those years.

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				3,832.
2 Undistributed income, if any, as of the end of 2012				
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 years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				0.
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).)	0.			0.
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				3,832.
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	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				

N/A

- ▶

11

4942(1)(3)

4942(1)(5)

- [illegible]

1 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).)

DR. HOLLY L SMITH ROTH

- 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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ 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:

Part XV · **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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 recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
Total			▶ 3a	0.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XVII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **5-14-13** **PRESIDENT**

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	CHRISTINE COOK	CHRISTINE COOK	05/14/13		P00537690
	Firm's name ▶ JACKSON THORNTON & CO., P.C.				Firm's EIN ▶ 63-1035228
	Firm's address ▶ P. O. BOX 96 MONTGOMERY, AL 36101-0096				Phone no. (334) 834-7660

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization

JAY L SMITH FAMILY FOUNDATION

Employer identification number

46-1536434

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	DR. HOLLY L SMITH ROTH 3289 CORWIN DRIVE MONTGOMERY, AL 36106	\$ <u>1,842,977.</u>	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>2</u>	SAME AS 1	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>3</u>	SAME AS 1	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>4</u>	SAME AS 1	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>5</u>	SAME AS 1	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>6</u>	SAME AS 1	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
8	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
9	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
10	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
11	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
12	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
14	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
15	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
16	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
17	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
18	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

JAY L SMITH FAMILY FOUNDATION**46-1536434****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>20</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>21</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>22</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>23</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>24</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
26	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
27	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
28	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
29	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
30	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY' L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
32	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
33	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
34	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
35	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
36	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY` L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
38	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
39	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
40	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
41	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
42	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

JAY L SMITH FAMILY FOUNDATION**46-1536434****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
44	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
45	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
46	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
47	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
48	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
50	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
51	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
52	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
53	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
54	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
56	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
57	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
58	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
59	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
60	SAME AS 1	\$	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

JAY L SMITH FAMILY FOUNDATION**46-1536434****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>61</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
<u>62</u>	<u>SAME AS 1</u> _____ _____	\$ _____	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
_____	_____ _____ _____	\$ _____	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>42 SHARES OF ALLERGAN INC</u> _____ _____	\$ <u>3,944.</u>	<u>12/24/12</u>
<u>2</u>	_____ _____ _____	\$ <u>14,300.</u>	<u>12/24/12</u>
<u>3</u>	_____ _____ _____	\$ <u>8,013.</u>	<u>12/24/12</u>
<u>4</u>	_____ _____ _____	\$ <u>25,544.</u>	<u>12/24/12</u>
<u>5</u>	<u>57 SHARES OF AMAZON COM INC</u> _____ _____	\$ <u>4,830.</u>	<u>12/24/12</u>
<u>6</u>	<u>225 SHARES OF AMERICAN INTL GROUP INC</u> _____ _____	\$ <u>4,446.</u>	<u>12/24/12</u>

Name of organization	Employer identification number
JAY' L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>7</u>	<u>48 SHARES OF APPLE INC</u> _____ _____	\$ <u>8,082.</u>	<u>12/24/12</u>
<u>8</u>	<u>33 SHARES OF BIOGEN IDEC INC</u> _____ _____	\$ <u>2,033.</u>	<u>12/24/12</u>
<u>9</u>	<u>51 SHARES OF CERNER CORP</u> _____ _____	\$ <u>3,798.</u>	<u>12/24/12</u>
<u>10</u>	<u>330 SHARES OF COCA COLA CO</u> _____ _____	\$ <u>11,854.</u>	<u>12/24/12</u>
<u>11</u>	<u>140 SHARES OF CROWN CASTLE INTL CORP</u> _____ _____	\$ <u>9,886.</u>	<u>12/24/12</u>
<u>12</u>	<u>108 DANAHER CORP</u> _____ _____	\$ <u>5,981.</u>	<u>12/24/12</u>

Name of organization

Employer identification number

JAY' L SMITH FAMILY FOUNDATION**46-1536434****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>13</u>	<u>74 SHARES OF DISCOVERY COMMUNICATIONS INC</u> _____ _____	\$ <u>4,571.</u>	<u>12/24/12</u>
<u>14</u>	<u>285 EMC CORP</u> _____ _____	\$ <u>7,236.</u>	<u>12/24/12</u>
<u>15</u>	<u>26 SHARES OF EOG RES INC</u> _____ _____	\$ <u>3,141.</u>	<u>12/24/12</u>
<u>16</u>	<u>139 SHARES OF EXPRESS SCRIPTS HLDG CO</u> _____ _____	\$ <u>7,452.</u>	<u>12/24/12</u>
<u>17</u>	<u>88 SHARES OF FACEBOOK INC</u> _____ _____	\$ <u>2,263.</u>	<u>12/24/12</u>
<u>18</u>	<u>64338.24 SHARES OF FEDERATED STRATEGIC VALUE FUND</u> _____ _____	\$ <u>321,048.</u>	<u>12/24/12</u>

Name of organization

Employer identification number

JAY L SMITH FAMILY FOUNDATION**46-1536434****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	53 SHARES OF FEDEX CORP	\$ 3,761.	12/24/12
20	275 SHARES OF GENERAL ELECTRIC CO	\$ 5,793.	12/24/12
21	51 SHARES OF GILEAD SCIENCES INC	\$ 3,673.	12/24/12
22	18 SHARES OF GOOGLE INC	\$ 12,025.	12/24/12
23	35 SHARES OF INTERNATIONAL BUSINESS MACHINES	\$ 6,704.	12/24/12
24	71 SHARES OF JOHNSON & JOHNSON	\$ 5,047.	12/24/12

Name of organization	Employer identification number
JAY L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
25	11962.13 SHARES OF JP MORGAN US LARGE CAP CORE PLUS	\$ 264,602.	12/24/12
26	161 SHARES OF KINDER MORGAN INC	\$ 5,582.	12/24/12
27	106.99 SHARES OF KRAFT FOODS GROUP INC	\$ 4,956.	12/24/12
28	44 SHARES OF LINKEDIN CORP	\$ 5,052.	12/24/12
29	499 SHARES OF MICROSOFT CORP	\$ 13,462.	12/24/12
30	194 SHARES OF MONDELEZ INTL CORP	\$ 4,887.	12/24/12

Name of organization	Employer identification number
JAY' L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
31	121 SHARES OF MONSANTO CO	\$ 11,642.	12/24/12
32	71 SHARES OF NEXTERA ENERGY INC	\$ 4,982.	12/24/12
33	249 PFIZER INC	\$ 6,245.	12/24/12
34	57 SHARES OF PHILIP MORRIS INTL INC	\$ 4,767.	12/24/12
35	56 SHARES OF PRECISION CASTPARTS CORP	\$ 10,418.	12/24/12
36	121 SHARES OF PROCTER & GAMBLE CO	\$ 8,283.	12/24/12

Name of organization	Employer identification number
JAY' L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
37	150 SHARES OF QUALCOMM INC	\$ 9,155.	12/24/12
38	143 SHARES OF RANGE RES CORP	\$ 9,048.	12/24/12
39	77 SHARES OF SANDISK CORP	\$ 3,393.	12/24/12
40	82 SHARES OF SCHLUMBERGER LTD	\$ 5,682.	12/24/12
41	28 SHARES OF SHERWIN WILLIAMS CO	\$ 4,462.	12/24/12
42	194 SHARES OF STARBUCKS CORP	\$ 10,672.	12/24/12

Name of organization

Employer identification number

JAY`L SMITH FAMILY FOUNDATION**46-1536434****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>43</u>	<u>58 SHARES OF UNION PAC CORP</u> _____ _____	\$ <u>7,166.</u>	<u>12/24/12</u>
<u>44</u>	<u>73 SHARES OF UNITEDHEALTH GROUP INC</u> _____ _____	\$ <u>2,929.</u>	<u>12/24/12</u>
<u>45</u>	<u>23 SHARES OF VF CORP</u> _____ _____	\$ <u>3,472.</u>	<u>12/24/12</u>
<u>46</u>	<u>337 SHARES OF VERIZON COMMUNICATIONS INC</u> _____ _____	\$ <u>14,322.</u>	<u>12/24/12</u>
<u>47</u>	<u>89 SHARES OF ADT CORP</u> _____ _____	\$ <u>4,277.</u>	<u>12/24/12</u>
<u>48</u>	<u>67 SHARES OF BORG WARNER INC</u> _____ _____	\$ <u>3,581.</u>	<u>12/24/12</u>

Name of organization

Employer identification number

JAY' L SMITH FAMILY FOUNDATION**46-1536434****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
49	43 SHARES OF EDWARDS LIFESCIENCES CORP	\$ 3,877.	12/24/12
50	119 SHARES OF FAMILY DOLLAR STORES INC	\$ 7,356.	12/24/12
51	117 SHARES OF ILLUMINA INC	\$ 6,504.	12/24/12
52	110 SHARES OF JOY GLOBAL INC	\$ 6,952.	12/24/12
53	64 SHARES OF O'REILLY AUTOMOTIVE INC	\$ 5,633.	12/24/12
54	59 SHARES OF TERADATA CORP	\$ 3,713.	12/24/12

Name of organization	Employer identification number
JAY' L SMITH FAMILY FOUNDATION	46-1536434

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
55	172 SHARES OF VERTEX PHARMACEUTICALS INC	\$ 7,165.	12/24/12
56	89 SHARES OF ANHEUSER BUSCH INBEV SA/NV	\$ 7,954.	12/24/12
57	134 SHARES OF ASML HOLDINGS NV	\$ 8,564.	12/24/12
58	108 SHARES OF UNILEVER NV	\$ 4,175.	12/24/12
59	2035 SHARES OF ISHARES IBOXX INV GR CORP	\$ 246,215.	12/24/12
60	20222.75 SHARES OF PRINCIPAL PFD SECS FUND	\$ 211,934.	12/24/12

Employer identification number

46-1536434

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
61	9914.85 SHARES OF MFS EMERGING MKTS DEBT FUND	\$ 161,910.	12/24/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
62	21777.64 SHARES OF PIMCO ALL ASSET FUND	\$ 273,963.	12/24/12
(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
		\$	

Name of organization

Employer identification number

JAY' L SMITH FAMILY FOUNDATION**46-1536434****Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

JAY L SMITH FAMILY FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	BOEING CO	P	03/07/12	12/28/12
b	MONDELEZ INTL INC	P	05/02/12	12/28/12
c	COCA COLA	P	06/27/12	12/28/12
d	CROWN CASTLE INTL CORP	P	04/27/12	12/28/12
e	DISCOVERY COMMUNICATIONS INC	P	06/27/12	12/28/12
f	FACEBOOK INC	P	05/18/12	12/28/12
g	FEDEX CORPORATION	P	01/18/12	12/28/12
h	FEDEX CORPORATION	P	01/13/12	12/28/12
i	JOY GLOBAL INC	P	01/25/12	12/28/12
j	OREILLY AUTOMOTIVE INC	P	07/18/12	12/28/12
k	QUALCOMM INC	P	03/23/12	12/28/12
l	UNION PACIFIC CORP	P	07/30/12	12/28/12
m	VERIZON COMMUNICATIONS	P	06/12/12	12/28/12
n	VERTEX PHARMACEUTICALS INC	P	05/30/12	12/28/12
o	KINDER MORGAN INC DEL	P	07/12/12	12/28/12

(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 75.		74.	1.
b 25.		26.	<1.>
c 108.		114.	<6.>
d 213.		170.	43.
e 124.		107.	17.
f 78.		123.	<45.>
g 182.		181.	1.
h 909.		902.	7.
i 62.		91.	<29.>
j 89.		94.	<5.>
k 122.		133.	<11.>
l 124.		123.	1.
m 259.		256.	3.
n 41.		60.	<19.>
o 69.		72.	<3.>

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			1.
b			<1.>
c			<6.>
d			43.
e			17.
f			<45.>
g			1.
h			7.
i			<29.>
j			<5.>
k			<11.>
l			1.
m			3.
n			<19.>
o			<3.>

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	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 }	3

JAY L SMITH FAMILY FOUNDATION

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CERNER CORP	P	05/09/12	12/28/12
b	ASML HOLDINGS NV	P	06/13/12	12/28/12
c	MONDELEZ INTL INC	P	05/02/12	12/28/12
d	KINDER MORGAN INC DEL	P	07/12/12	12/28/12
e	GILEAD SCIENCES INC	P	11/13/12	12/28/12
f	DANAHER CORP	P	05/16/11	12/28/12
g	PRECISION CASTPARTS CORP	P	02/16/11	12/28/12
h	GOOGLE INC CL A	P	08/03/11	12/28/12
i	FAMILY DOLLAR STORES INC	P	12/01/11	12/28/12
j	EXPRESS SCRIPTS HLDG CO	P	05/16/11	12/28/12
k	UNITEDHEALTH GROUP INC	P	12/29/10	12/28/12
l	BORG-WARNER AUTOMOTIVE INC	P	12/29/10	12/28/12
m				
n				
o				

(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 154.		159.	<5.>
b 63.		63.	0.
c 25.		25.	0.
d 35.		35.	0.
e 73.		73.	0.
f 55.		54.	1.
g 187.		150.	37.
h 703.		601.	102.
i 189.		178.	11.
j 53.		53.	0.
k 1,029.		682.	347.
l 1,198.		1,228.	<30.>
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			<5.>
b			0.
c			0.
d			0.
e			0.
f			1.
g			37.
h			102.
i			11.
j			0.
k			347.
l			<30.>
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	417.
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 }	3	N/A

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANK OF AMERICA, NA	13,062.	0.	13,062.
TOTAL TO FM 990-PF, PART I, LN 4	13,062.	0.	13,062.

FORM 990-PF	CORPORATE STOCK	STATEMENT	2
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	890,340.	970,482.
TOTAL TO FORM 990-PF, PART II, LINE 10B	890,340.	970,482.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	3
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS	COST	834,212.	896,693.
TOTAL TO FORM 990-PF, PART II, LINE 13		834,212.	896,693.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 4

NAME OF CONTRIBUTOR

ADDRESS

DR. HOLLY L SMITH ROTH

3289 CORWIN DRIVE
MONTGOMERY, AL 36106