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Form	33u	

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

Department of the Tre Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization The James Foundation Charitable Trust B Check if applicable. Doing Business As 1942965 Address change Telephone number orint or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change type. 1122 Kenilworth Drive, Suite 507 (410)377-2170 nıttal return City or town, state or country, and ZIP + 4 ☐ Terminated tions. Towson, Maryland 21204 Amended return F Name and address of principal officer: Application pending Towson | H(a) is this a group return for affiliates? Yes Emanuel J. Kallina, II, 1122 Kenilworth Drive, Suite 507. MD 2170 H(b) Are all affiliates included? Yes No √ 501(c) (3)
√ (insert no.)
√ 4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ H(c) Group exemption number ▶ Form of organization: ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶ 1995 M State of legal domicile: MD L Year of formation: Part I Summary 1 Briefly describe the organization's mission or most significant activities: 3 Support, promote or perform educational & charitable objectives, including but no limited to Christian Evangelism Edification, and Stewardship. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a). 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 0 0 6 Total number of volunteers (estimate if necessary) . 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 0 7a b Net unrelated business taxable income from Form 990-T, line 34. 0 **Current Year** 1,200.00 75.00 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . 1,939.86 (12,875.30) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,139.86 (12.800.30)23,600,00 31.206.57 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid-to-or-for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 2b Total fundralsing, expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 8,231.08 4,385.60 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 31,831,08 35,592.17 19 Revenue-less expenses. Subtract line 18 from line 12 (48,392.47) (28,691.22)and bedray to be a way Beginning of Current Year End of Year 4,880,478.77 132,586.30 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 500.00 Net assets or fund balances. Subtract line 21 from line 20 4.880.478.77 132,086.30 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge dration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MANUE Type or print name and title

> 🗹 Yes 🔲 No Form 990 (2009)

7261 Engle Road, Suite 202 Cleveland, OH 44130

employed ▶ 🗔

Preparer's identifying number

292-76-6706

1817981

239-8900

▶ 34

Phone no ▶ (440)

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Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Support, promote or perform educational & charitable objectives, including but not limited to Christian Evangelism Edification, and Stewardship.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 31, 206.57 including grants of \$ 30,171.25) (Revenue \$)
	······································
	•••••••••••••••••••••••••••••••••••••••
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
	······································

	•••••••••••••••••••••••••••••••••••••••
4¢	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	,
	······································
4d	Other program services. (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 31, 206.57

. 1 .

Par	t IV Checklist of Required Schedules		
		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		
	Is the organization required to complete Schedule B, Schedule of Contributors?	-	1
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		1
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,	1
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	,	1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	0	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	1 🗸	1 - 2 - 4(d)
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		15.7 P
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	2	1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1
	Did the organization maintain an office, employees, or agents outside of the United States? <u>14</u> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	a	1
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14	ь	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	5	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	3	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	,	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	3	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	ч_	

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	_	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	i	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		<u> </u>
_	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		î v.
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2b	- M	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	400		on interest. National design
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		47 - A.S.
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	127	✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		✓
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	15 TO 15	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII line 12			
a				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders	ergi i i Britani	27	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	F 14		Ž.,
	amounts due or received from them.)			A serie
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		8.43

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a				44
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<u>/</u>	 -
3	Did the organization delegate control over management duties customarily performed by or under the direct		ĺ	
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_	 	 √
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		/
6	Does the organization have members or stockholders?	6_	L	├
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	1	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	37.7		
	The governing body?	8a	/	ļ
_	Each committee with authority to act on behalf of the governing body?	_8b	↓ ✓	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	L	
	tion B. Policies (This Section B requests information about policies not required by the Intenue Code.)	emai		
/100	ende Oode./		\	T
40-	Decide and Market and Asset as the second of the second	10a	Yes	No
	Does the organization have local chapters, branches, or affiliates?	100	\vdash	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		ł
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	1	l
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		√
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		 	<u> </u>
_	rise to conflicts?	12b	i	1
_				<u> </u>
G	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		√
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		¥.,	
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		. ž	\mathcal{A}^{2}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			7
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
200	the organization's exempt status with respect to such arrangements?	16b		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconganization: ► James Foundation Charitable Trust, 1122 Kenilworth Drive, Towson, MD 21204. (410)3	ras of 77-21	the	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☑ Check this box if the organization did not co	mpensate	any o	urre	ent	offic	cer, d	irec	tor, or trustee.		
(A)	(B)			(()			(D)	(E)	(F)
Name and Title	Average	Posit	on (c	hecl	k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Emanuel J. Kallina, II, Trustee and Treasurer	_									•
1122 Kenilworth Drive, Towson, MD 21204	1	1		1	L			0	0	0
Anne Kallina, Trustee	1							0	o	0
1122 Kenilworth Drive, Towson, MD 21204	<u> </u>	1		L	<u> </u>		ļ	ļ		
Bill Deven, Trustee and Treasurer	1			١,		Ì		0	o	0
1122 Kenilworth Drive, Towson, MD 21204 Larry E. Moody, Trustee and VP	 	 -	-	✓	├	├	-			
1122 Kenilworth Drive, Towson, MD 21204	1	1		1	l	l		0	0	0
C. Daniel Denton, Trustee and Secretary	1			Ť,						
1122 Kenilworth Drive, Towson, MD 21204	l	1		1	L.			0	0	0
Bruce Bigelow, Trustee and Executive Direct	1	١.				1		ه ا	0	0
1122 Kenilworth Drive, Towson, MD 21204		1	<u> </u>	✓						
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Pai	t VII Section A. Officers, Directors, Tru	istees, Key	Emp	loye	908,	an	d Hig	hest	Compensate	Employees (co	
	(A) Name and title	(B) Average	(C) Position (check all that ap						(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
					L						
		<u> </u>							<u> </u>		
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		-	ł		ł			}	}	ł	-
	Total	L	<u> </u>	L	L	<u>i </u>	<u> </u>	┢			ļ
2	Total number of individuals (including but reportable compensation from the organiz	ation ►						e) wl		· -	Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	indi	vidu	ual				3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of rep greater tha	ortabi an \$15	le co 50,0	omp 000?	ens If '	sation "Yes,"	and ' <i>col</i>	d other compe mplete Schedu	ensation from ale J for such	4 /
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com _i	pen: Sch	satio	on i	from I for s	any such	unrelated org	anization for	5 /
Se	ction B. Independent Contractors	··									
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed ind	epe	nde	nt d	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
No	ne										
								├			
				—				\vdash			
2	Total number of independent contractors (including b	ut not	l lim	ited	to	those	list	ed above) who	received	

rm 99									Page
ant	VIII E	Statement of Re	venue	,	, T. C	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
1 5	(¥ 24 20	diring and a second	in 1.14	ŝ			function revenue	revenue	under sections 512, 513, or 514
3 23	18	Federated campaigns		1a		, , ,		grand to the state of the state	The second with the
and other similar amounts		Membership dues		1b					
- E		Fundraising events .		1c	,		,		
널		Related organizations		1d			3 1 1 1 1 8 1	region engineering ny	年 しから頭
? <u>E</u>	8	Government grants (contri	nbutions).	10				3	
3 5	f	All other contributions, gifts, g	grants,	[F 1 1 1		4
₹ 		and similar amounts not inclu		1f	75.00	1 1 1. 1 12.	1 4 4 1 1 1		4.
밁		Noncash contributions include Total. Add lines 1a-1f	ed in lines 1a-1f	f: \$		75.00	5 1 3 18		
-+	_ <u>n</u>	Total. Add lines 1a-11	· · · · ·	' ' '	Business Code	75.00			
울	•			ŀ	503.11033 0000	Betti Lake at the			F - 1 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7
<u>§</u>	2a		• • • • • • • • • • • • • • • • • • • •	····		 			
8	þ		•••••						
Program Service Revenue	4	•••••		····			l		
SE	u A	***************************************			 -				
20	f	All other program servi	ce revenue						
Æ	_9	Total. Add lines 2a-2f					3.5 W	第3 是了强	AT
		Investment income (incother similar amounts)			🕨	999.25			999.2
- 1	4 5	Income from investment of Royalties	of tax-exempt	t bond	proceeds			<u> </u>	
	3	110yaii 103	(f) Real	· · ·	(ii) Personal	14 12 14 14 14 14 14 14 14 14 14 14 14 14 14			
	۵.	Gross Rents	''						
		Less: rental expenses					多到,等于		
Į		Rental income or (loss)						1	
		Net rental income or (kg	oss)		>		LANGE CE ASSESSED		- 552-E-Wate J 123
	7a	Gross amount from sales of	(i) Securitie	es	(ii) Other	a de la companya dela companya dela companya dela companya de la c	1866年	1	
		assets other than inventory	70,68	5.39					
- [Ь	Less: cost or other basis	ļ					计算等数据	200
		and sales expenses .	84,55	-					
ļ		Gain or (loss)	(13,874	4.55)			N 200 0 12 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		The same of
ı	d	Net gain or (loss)			<u></u>	(13,874.55)	450	Programme and the second of th	(13,874.55
<u>\$</u> │	8a	Gross income from	fundraisin	ng					
Revenue		events (not including \$.		20 年 美国	小麦叶夏 [2]	施工机型 管理	
2		of contributions reported See Part IV, line 18		'				XA	
<u>ē</u>	h	Less: direct expenses		a		The state of the			
		Net income or (loss) from	om fundraisi	ina ev	vents >		5 (18 1 - 2 - 2 - 2 - 2		
		Gross income from gam	ning activities	s. [The state of the s		To the state of th	
-		See Part IV, line 19							3
-		Less: direct expenses. Net income or (loss) fro			ties ►	X X 4 2	Liver	373, 37	5 3 18 - 1 2 L
		•		ſ		1	S GOVERNMENT	· 15-11 · 15-11/1/ 21-1	्रमध्य स
ſ	ıva	Gross sales of invertums and allowances	•	ss al			fr 笔物 [] 。		1 梦感 管
	b	Less: cost of goods so		ь		Pi sali sali	March 18	以下第一张	医新江药 产力
	c	Net income or (loss) from	m sales of in		ry >	منستسمساسو			
		Miscellaneous Rev			Business Code	5 22 25 4	等作。 第二年(成立)		
-	11a	***************************************							
	þ								
	C			}					
		All other revenue		l		 	1		
- {	е 12	Total. Add lines 11a-1 Total revenue. See ins	1d		🟲	(12,800.30)	1. 1000年	1. B. 18	6. 12 1 A 1 E 1
							I	l .	(12,875.30)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,171.25	30,171.25		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				C. M. Charles
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	·			i
9	Other employee benefits				<u></u>
10	Payroll taxes			-,	<u> </u>
11	Fees for services (non-employees):	İ			
а	Management				
b	Legal				
C	Accounting	500.00		500.00	
d	Lobbying		,	v na svene je i po svenom vetovenom	
θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	672.03		672.03	
g	Other				·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	2.072.00	4.025.20	4 000 57	
17	Travel	2,073.89	1,035.32	1,038.57	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				·
20	Interest				
21	Payments to affiliates				!
22	Depreciation, depletion, and amortization.	4 = 2 2 2			
23	Insurance	1,770.00		1,770.00	erm) + Marue (interpret)
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Misc	405.00		405.00	
b					
C					
đ					
8					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	35,592.17	31,206.57	4,385.60	·
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part	ìΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
\Box	1	Cash—non-interest-bearing	1,901.50	1	32,586.30
	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
1	-	Receivables from current and former officers, directors, trustees, key		2.35 47	
	5	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	4 4 7 C - 1	6	
蒩	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation		10c	
- 1.	11	Investments—publicly traded securities	78,577.27	11	
	12	Investments—other securities. See Part IV, line 11	4,800,000.00	12	100,000.00
	13	Investments—program-related. See Part IV, line 11		13	
ı	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,880,478.77		132,586.30
\rightarrow				17	500.00
	17	Accounts payable and accrued expenses		18	300.00
1	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
ğ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	SVEN SINA SERVICES	284435	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
				23	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	
- 1		Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D		25	
1 1	25 26	Total liabilities. Add lines 17 through 25			
ances		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		26	
E .	27	Unrestricted net assets	4,880,478.77	27	132,086.30
	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
Net Assets or Fund Ba		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
\$	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>5</u>	33	Total net assets or fund balances	4,880,478.77	_	132,086.30
-	34	Total liabilities and net assets/fund balances	4,880,478.77		132,586.30

Pa	t XI Financial Statements and Reporting			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		Yes	No
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			İ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			W.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			Ť
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 52 1942965 The James Foundation Charitable Trust Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III—Functionally integrated a 🗌 Type I **b** Z Type Ii e 🛮 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting \square Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) is the organization (i) Name of supported 60 EIN (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 In col. (i) listed in your the organization in col. (i) of your organization in col. support above or IRC section governing document? (I) organized in the (see instructions)) support? U S.? Yes No Yes No Yes No Leadership Fnd, 5138 New Ranch Rd. El 74-2223706 5,600.00 City Team Ministries. 9 2304 Zanker Rd, San 94-1501265 1,000.00 Search Ministries. 9 Inc., 5038 Dorsey 75-1627393 10,571.25 **Taylor University** 236 W. Reade Ave. 35-0868181 10,000.00 Additional Names on Schedule I 3,000.00

Total

30,171.25

	Support Schedule for Org (Complete only if you chec	anizations C ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv))	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				-		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1 4 7 1 1 1 1 1 1		<u></u>		***	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)	2002200 7242 25	200	19 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		Special Control	
$\overline{}$	tion B. Total Support	1 3778	1	M. 1	2 K 74 K 1831 J	Frank Hilliam Care	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(4) 2303	(2) 2000	(0) 2007	(4) 2000	(0) 2003	(1) 10125
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			-			
11	Total support. Add lines 7 through 10 .		(1)	EXTENSES.	3.45.79		
12	Gross receipts from related activities, etc					12	-·
13	First five years. If the Form 990 is for organization, check this box and stop he				, or fifth tax y		n 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6. column (f) di	vided by line 1	L column (fi)		14	%
15	Public support percentage from 2008 Sc		-			15	%
	33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33% % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	V how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	theck this box a diffes as a public	and stop here. By supported or	Explain in Part I	V how the ▶ □

Par	Support Schedule for Orga (Complete only if you checked	nizations De	scribed in S	section 509(a et l.)	a)(2)			
Sec	tion A. Public Support							
_	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	<u> </u>		ł	 	+-		<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
Cŧ	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(е	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>					
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt				
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2009 (lin	ne 8, column (f) divided by lii	ne 13, column	(f)	15		%
16	Public support percentage from 2008 5	Schedule A, Pa	art III, line 15	<u></u>	<u> </u>	16		%
Sec	tion D. Computation of Investmen							
17	Investment income percentage for 200					17		%
18	Investment income percentage from 20					18	<u> </u>	%_
19a	33% % support tests 2009. If the organization of more than 331% %, check this b	ox and stop he	e re. The organ	ization qualifies	s as a publicly	suppo	rted orga	nization 🕨 🛘
b	33% % support tests – 2008. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The orga	nızatıon qualifie	s as a publicly	suppo	rted orga	nization 🕨 🔲
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and	i see inst	ructions > 🔲

Schedule A (H	orm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this part to provide the explanations required by Part II, line 10; Part III, line 12. Provide any other additional information. See instructions.

••••••		
•••	••••••	
•••••		·
•••••	•••••	
		······································
••••••		······································
		······································
	••••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury ternal Revenue Service

Inspection Employer identification number Name of the organization 1942965 The James Foundation Charitable Trust 52 : Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 28 a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Page	2

Sched	rule D (Form 990) 2009						Page 2
Par							
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and ot	her reco	rds, c	neck any of th	ne following that are a	a significant use of its
a	Public exhibition		d		Loan or excl	hange programs	
b	Scholarly research		•		Other		
C	Preservation for future generations						
4	Provide a description of the organization Part XIV.	n's collections	and exp	lain h	ow they furthe	er the organization's	exempt purpose in
5	During the year, did the organization solici assets to be sold to raise funds rather that	n to be maintai	ned as p	art of	the organization	on's collection?	. Yes No
Par	Escrow and Custodial Arran IV, line 9, or reported an amo					answered "Yes" to	Form 990, Part
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?	stodian or oth	er intern 	nedìar 	y for contribu	tions or other assets	not Yes No
b	if "Yes," explain the arrangement in Par	t XIV and com	plete the	follov	ving table:	· · · · · · · · · · · · · · · · · · ·	Amount
	Pariarias balanca					1c	Amount
	Beginning balance		• •			1d	
	Distributions during the year					10	
í						1f	
2a	Did the organization include an amount if "Yes," explain the arrangement in Par	on Form 990,					. Yes No
	t V Endowment Funds. Compl		anizatio	n ans	wered "Yes	" to Form 990, Par	t IV. line 10.
	(a) Current year	(b) Pric	or year		rs back (d) Three years t	
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships				1000		
8	Other expenditures for facilities and programs						
f	Administrative expenses				38.5		
9	End of year balance						
2	Provide the estimated percentage of the	year end bala	ance held	d as:			
	Board designated or quasi-endowment		. %				
	Permanent endowment ▶	₩					
	Term endowment ▶ %						
3a	Are there endowment funds not in the po organization by:	ssession of the	3 organiz	ation 1	that are held a	and administered for t	he Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations			• •			3a(ii)
b	If "Yes" to 3a(ii), are the related organization						. 3b
4	Describe in Part XIV the intended uses					·	
Pai	t VI Investments—Land, Buildi	ngs, and Equ	ıipmen	. See	Form 990, I	Part X, line 10.	
	Description of investment	(a) Cost or oth			Cost or other	(c) Accumulated	(d) Book value

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation: rket value
Financial derivatives			
Closely-held equity interests			
Other 6 2/3% Ltd Partnership Interest in Harrington (50,000.00	Market	
6 2/3% Ltd Partnership interest in the Harringt	50,000.00		
0 2/3% Ltu Pattilaisiiib iiitalast iii tila riattiigi	00,000.00	Thursday	
••••••			

••••••			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	100 000 00		
Part VIII Investments—Program Relate			
	T	T	
(a) Description of Investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		 	
	 	 	
			
		 	
		 	
			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
	(a) Description		(b) Book value
			
			
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		'''
1. (a) Description of liability	(b) Amount		780 7 88 (2071/1978)
Federal income taxes			
			THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN
	<u> </u>		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

-	ule D (Form 990) 2009	Auditod Flooratel C	Note ments
ij	Reconciliation of Change in Net Assets from Form 990 to		1
	Total revenue (Form 990, Part VIII, column (A), line 12)		2
	Total expenses (Form 990, Part IX, column (A), line 25)		3
	Excess or (deficit) for the year. Subtract line 2 from line 1		4
	Net unrealized gains (losses) on investments		5
	Donated services and use of facilities		6
	Investment expenses		7
•	Prior period adjustments		8
3	Other (Describe in Part XIV.)		9
•	Total adjustments (net). Add lines 4 through 8	inna 2 and 0	10
)	Excess or (deficit) for the year per audited financial statements. Combine XII Reconciliation of Revenue per Audited Financial Stater	mes 3 and 9	<u> </u>
			1
1	Total revenue, gains, and other support per audited financial statements		25.55
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	na l	
_	Net unrealized gains on investments	eb e e e e e e e e e e e e e e e e e e	
þ	Donated Services and use of facilities	ib	
C	necoveries of prior year grants		
d		2d	
0	Add lines 2a through 2d	· · · · · · · ·	2e 3
3	Subtract line 2e from line 1		. 3
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	investment expenses not included on commission, rait vin, line 7b .	la	-1933
	Other (Describe III Fart XIV.)	-	
С 5	Add lines 4a and 4b		4c
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	t XIII Reconciliation of Expenses per Audited Financial State	ments with Expen	
1	Total expenses and losses per audited financial statements	· · · · · · · · ·	. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	n 1	
		28	
	Ther year adjustments	2b	
		<u> </u>	
		?d	
	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
		la	
		<u> b </u>	
	Add lines 4a and 4b		4c
C	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ilir		5

and 2b; Part V, line 4; this part to provide ar	; Part X, line 2; Part X ny additional informati	l, line 8; Part XII, line on.	s 2d and 4b; and Par	t XIII, lines 2d and 4b.	Also complete
				•••••	
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Schedule D (For	990) 2009 Page	<u>5</u>
Part XIV	990) 2009 Page Supplemental Information (continued)	_
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2009

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Publi Inspection

2 □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer Identification number 1942965 Z Yes m Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 22 . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 5,600.00 . 10,000.00 10,571.75 . . Part IV and Schedule I-1 (Form 990) if additional space is needed . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Serial General Information on Grants and Assistance 74-2223706 75-1627393 35-0868181 B EIN Enter total number of other organizations The James Foundation Charitable Trust 236 W. Reade Ave., Upland, IN 46 5038 Dorsey Hall Drive, Ellicott C 5138 New Ranch Rd, El Cajon, C/ 1 (a) Name and address of organization or government Name of the organization Search Ministries Taylor University Leadership Fnd Part II

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. Name of the organization Employer Identification number 52 1942965 The James Foundation Charitable Trust Form 990 Part VI Section A Emanuel J. Kailina, II., President & Chairman, Spouse Anne M Kallina, Trustee, Spouse The organizational documents designate an Appointor to appoint Trustees and fill vacancies on the Board. Form Part VI Line 11 The organization makes the 990 available to all memebers of the governing board via email and a secure password protected website. Form Part VI Line 19 All documents are available to the public upon specific request Form 990 Schedule A, Part 1 Line 11 Name Amount **Metro Maryland** \$1,000.00 WBRS \$1,000.00 Young Life \$1,000.00