

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form **990-PF**

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

Department of the Treasury

OMB No 1545-0052

For calendar year 2012 or tax year beginning , and ending							
Name of foundation					A Employer identification number		
JAM FAMILY FOUNDATION, INC.					27-0419371		
Number and street (or P O box number if mail is not delivered to street address) Room/suite					B Telephone number		
PO BOX 1559					304-325-8181		
City or town, state, and ZIP code BLUEFIELD, WV 24701					C If exemption application is p	ending, check here	
G Check all that apply: Initial return Initial return of a former public charity					D 1. Foreign organizations	check here	
Final return Amended return							
Address change Name change					Foreign organizations me check here and attach co	eting the 85% test,	
H Check type of organization: X Section 501(c)(3) exempt private foundation					E If private foundation status was terminated		
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda			under section 507(b)(1)(A), check here	
I Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: X Cash Accrual		F If the foundation is in a 60-month termination		
(fr	om F		her (specify)		under section 507(b)(1)		
\$ 608,328. (Part I, column (d) must be on cash basis.)							
∐Pa -	<u>rt l</u>	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)	
Revenue	1	Contributions, gifts, grants, etc., received			N/A		
	2	Check X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	18,345.	18,345.			
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	321.			VED	
	_ b	assets on line 6a		201	RECE	VED	
, Be	-	Capital gain net income (from Part IV, line 2)		321.	 	18	
	8 9	Net short-term capital gain Income modifications			MAY I	7 2013 3	
	9 10a	Gross sales less returns		·	S MINI 1	7 2013	
		and allowances Less Cost of goods sold			OGDE	N, UT	
		Gross profit or (loss)			000	1111	
	11	Other income					
	12	Total. Add lines 1 through 11	18,666.	18,666.			
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
CLINIA CO. Administrative Expenses	15	Pension plans, employee benefits					
	i	Legal fees					
		Accounting fees	1,500.	1,500.	 	0.	
		Other professional fees	1,316.	1,316.		0.	
	17 18	Interest Taxes	308.	174.		0.	
	19	Depreciation and depletion	300.	1/4.			
	20	Occupancy				 	
	21	Travel, conferences, and meetings					
	22	Printing and publications			<u> </u>	<u> </u>	
AW B and	23	Other expenses					
≽ಕ್ಷ	24	Total operating and administrative					
တ်မှီ		expenses. Add lines 13 through 23	3,124.	2,990.		0.	
9 2013	25	Contributions, gifts, grants paid	22,150.		 -	22,150.	
	26	Total expenses and disbursements.]		
		Add lines 24 and 25	25,274.	2,990.		22,150.	
	27						
		Excess of revenue over expenses and disbursements	<6,608.	>15,676.			
	ł	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		15,0/0.	N/A	 	
	تا	ruguatou not incomo (n neganve, enter -u-)	<u></u>	<u></u>	14/13	<u> </u>	