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Form 990-PF

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS cannot redact the information on the form.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2013

Open to Public  
Inspection

For calendar year 2013, or tax year beginning 01-01-2013, and ending 12-31-2013

Name of foundation EJC FOUNDATION		A Employer identification number 27-4686217
Number and street (or P O box number if mail is not delivered to street address) 950 IDAHO STREET		B Telephone number (see instructions) (775) 738-1951
City or town, state or province, country, and ZIP or foreign postal code ELKO, NV 89801		C If exemption application is pending, check here ► <input type="checkbox"/>
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,050,857	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(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 (attach schedule)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	10	10		
	4 Dividends and interest from securities. . . . .	16,043	16,043		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	78,354			
	b Gross sales price for all assets on line 6a 735,256				
	7 Capital gain net income (from Part IV, line 2) . . .		78,354		
	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) (attach schedule) . . . . .					
11 Other income (attach schedule) . . . . .	4	4			
12 <b>Total.</b> Add lines 1 through 11 . . . . .	94,411	94,411			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .	60,556	0		60,556
	b Accounting fees (attach schedule) . . . . .	1,250	0		1,250
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	13,553	13,553		0
	24 <b>Total operating and administrative expenses.</b>				
Add lines 13 through 23 . . . . .	75,359	13,553		61,806	
25 Contributions, gifts, grants paid. . . . .	33,012			33,012	
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	108,371	13,553		94,818	
27 Subtract line 26 from line 12					
a <b>Excess of revenue over expenses and disbursements</b>	-13,960				
b <b>Net investment income</b> (if negative, enter -0-) . . .		80,858			
c <b>Adjusted net income</b> (if negative, enter -0-) . . .					

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )		
		Beginning of year	End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>				
1	Cash—non-interest-bearing . . . . .			
2	Savings and temporary cash investments . . . . .	51,313	47,456	47,456
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 (attach schedule) (see instructions) . . . . .			
7	Other notes and loans receivable (attach schedule) ►			
	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 (attach schedule)			
b	Investments—corporate stock (attach schedule) . . . . .	215,579	368,775	445,917
c	Investments—corporate bonds (attach schedule) . . . . .			
11	Investments—land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
12	Investments—mortgage loans . . . . .			
13	Investments—other (attach schedule) . . . . .	761,745	516,726	557,484
14	Land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
15	Other assets (describe ►) . . . . .			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	1,028,637	932,957	1,050,857
<b>Liabilities</b>				
17	Accounts payable and accrued expenses . . . . .			
18	Grants payable . . . . .			
19	Deferred revenue . . . . .			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule) . . . . .			
22	Other liabilities (describe ►) . . . . .			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>				
	<b>Foundations that follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
24	Unrestricted . . . . .	1,028,637	932,957	
25	Temporarily restricted . . . . .			
26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
27	Capital stock, trust principal, or current funds . . . . .			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	1,028,637	932,957	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	1,028,637	932,957	

**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	1,028,637
2	Enter amount from Part I, line 27a . . . . .	2	-13,960
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3 . . . . .	4	1,014,677
5	Decreases not included in line 2 (itemize) ►	5	81,720
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	932,957

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
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<b>1a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
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<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

<b>(i)</b> FMV as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col (i) over col (j), if any	<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
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<b>a</b> See Additional Data Table			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>(l)</b> Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	<b>2</b>	78,354
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		<b>3</b>	

If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8

**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)

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 page 18 of the instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2012	33,007	1,013,207	0 032577
2011			
2010			
2009			
2008			

<b>2</b> <b>Total</b> of line 1, column (d).	<b>2</b>	0 032577
<b>3</b> 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	<b>3</b>	0 032577
<b>4</b> Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	<b>4</b>	1,024,150
<b>5</b> Multiply line 4 by line 3.	<b>5</b>	33,364
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	809
<b>7</b> Add lines 5 and 6.	<b>7</b>	34,173
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b>	94,818

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>		1	809
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
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	809
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	809
6	Credits/Payments		
a	2013 estimated tax payments and 2012 overpayment credited to 2013	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 <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	11
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	820
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	
11	Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
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? . . . . .	1a	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .	1b	No
<i>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.</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1) On the foundation</b> <input type="checkbox"/> \$ _____ 0 <b>(2) On foundation managers</b> <input type="checkbox"/> \$ _____ 0		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
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? . . . . .	6	No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NV		
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? <i>If "No," attach explanation.</i>	8b	Yes
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

**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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	13	Yes	

Website address ► N/A

14	The books are in care of ► KATIE MCCONNELL Located at ► 950 IDAHO ST ELKO NV	Telephone no ► (775) 738-1951 ZIP +4 ► 89801
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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► 15
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16	At any time during calendar year 2013, 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? . . . . .	16	Yes	No
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See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ►

**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.

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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 page 20 of the instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b		
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 2013? . . . . .	1c		No
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
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) . . . . .	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 ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2013 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 2013) . . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .	4a		No
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 2013? . . . . .	4b		No

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

<b>5a</b>	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? (see instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> 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)? . . . . .	
	Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>	
<b>c</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i>	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	
	<i>If "Yes" to 6b, file Form 8870.</i>	
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	

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

**1. List all officers, directors, trustees, foundation managers and their compensation (see instructions)**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account other allowances</b>
JAMES M COPENHAVER 950 IDAHO ST ELKO, NV 89801	PRESIDENT 1 00	0	0	
KATIE H MCCONNELL 950 IDAHO ST ELKO, NV 89801	SECRETARY/TREASURER 1 00	0	0	

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**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	990,362
b	Average of monthly cash balances. . . . .	1b	49,384
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	1,039,746
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	1,039,746
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	15,596
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,024,150
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	51,208

**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	51,208
2a	Tax on investment income for 2013 from Part VI, line 5. . . . .	2a	809
b	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	809
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	50,399
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	50,399
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	50,399

**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	94,818
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	3a	
a	Suitability test (prior IRS approval required). . . . .	3b	
b	Cash distribution test (attach the required schedule). . . . .	4	94,818
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	809
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 (see instructions). . . . .	6	94,009
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .		

**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 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				50,399
<b>2</b> Undistributed income, if any, as of the end of 2013			0	
<b>a</b> Enter amount for 2012 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .				
<b>b</b> From 2009. . . . .				
<b>c</b> From 2010. . . . .				
<b>d</b> From 2011. . . . .				
<b>e</b> From 2012. . . . .				
<b>f Total</b> of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ► \$ _____ 94,818				
<b>a</b> Applied to 2012, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2013 distributable amount. . . . .				50,399
<b>e</b> Remaining amount distributed out of corpus	44,419			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:	44,419			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . . .	0			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	44,419			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .				
<b>b</b> Excess from 2010. . . . .				
<b>c</b> Excess from 2011. . . . .				
<b>d</b> Excess from 2012. . . . .				
<b>e</b> Excess from 2013. . . . .	44,419			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**Part XV** **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

## 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) )
  
- 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

## 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 address of the person to whom applications should be addressed.

JAMES M COPENHAVER  
950 IDAHO ST  
ELKO, NV 89801  
(775) 738-1951  
COPENHAVER@FRONTIERNET

**b The form in which applications should be submitted and information and materials they should include**  
**APPLICANTS SHOULD USE THE APPLICATION FORM PROVIDED BY THE FOUNDATION**

### 8 Any submission deadlines

**NONE**

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

AWARDS ARE GENERALLY LIMITED TO THE STATE OF NEVADA, IN PARTICULAR THE RURAL COUNTIES OF NORTHERN AND CENTRAL NEVADA.

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	33,012
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
Line	Description	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments					10
4	Dividends and interest from securities.					16,043
5	Net rental income or (loss) from real estate					
a	Debt-financed property.					
b	Not debt-financed property.					
6	Net rental income or (loss) from personal property.					
7	Other investment income.					4
8	Gain or (loss) from sales of assets other than inventory					78,354
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory.					
11	Other revenue a					
b						
c						
d						
e						
12	Subtotal Add columns (b), (d), and (e).		0		0	94,411
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	94,411

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

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

**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 or**

## **b** Other transactions

- (1) Sales of assets to a noncharitable exempt organization. . . . .
- (2) Purchases of assets from a noncharitable exempt organization. . . . .
- (3) Rental of facilities, equipment, or other assets. . . . .
- (4) Reimbursement arrangements. . . . .
- (5) Loans or loan guarantees. . . . .
- (6) Performance of services or membership or fundraising solicitations. . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.**

**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.

**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

**Sign** 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 or fiduciary) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2014-05-13

\* \* \* \* \*

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

---

**Signature of officer or trustee**

---

Date \_\_\_\_\_

---

**Title**

Print/Type preparer's name **Preparer's Signature** Date **Check if self-employed**  PTIN **P0016051**

MARK PARIS		employed	FO0100319
Firm's name	MCMULLEN MCPHEE & COMPANY LLC	Firm's EIN	88-0181596
Firm's address	215 BLUFFS AVENUE SUITE 300 ELKO, NV 89801	Phone no	(775) 738-7157

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

(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.)
SHORT TERM COVERED SECURITIES	P	2013-06-30	2013-07-01
ALLEGION PUB LTD CO	P	2013-10-31	2013-12-03
CST BRANDS INC COM	P	2013-04-15	2013-05-15
NEWS CORPORATION CL A	P	2013-03-15	2013-07-08
LONG TERM COVERED SECURITIES	D	2012-06-30	2013-07-01
ALLEGION PUB LTD CO	D	2012-08-15	2013-12-03
AMAZON COM INC	D	2010-08-06	2013-09-25
AMERICAN TOWER REIT COM	D	2010-09-24	2013-09-13
APPLE INC	D	2010-08-06	2013-02-20
BLACKROCK INFLAT PROT BOND I	D	2010-11-19	2013-03-08
BORG WARNER INC	D	2010-09-24	2013-09-13
CAMBIAR SMALL CAP INV	D	2010-08-06	2013-05-17
CERNER CORP	D	2010-08-06	2013-05-10
COSTCO WHOLESALE CORP NEW	D	2010-09-24	2013-11-04
CVS CAREMARK CORP	D	2010-08-06	2013-01-24
DANAHER CORPORATION	D	2010-09-24	2013-09-13
E V INCOME FUND OF BOSTON	D	2010-08-06	2013-03-08
ECOLAB INC	D	2010-09-24	2013-05-31
EMC CORP MASS	D	2010-09-24	2013-06-27
ESTEE LAUDER CO INC CL A	D	2010-09-24	2013-09-13
EXPRESS SCRIPTS HLDG CO COM	D	2010-09-24	2013-06-05
FLUOR CORP NEW	D	2010-09-24	2013-04-15
FMC TECHNOLOGIES INC	D	2010-09-24	2013-10-28
FRANKLIN RESOURCES INC	D	2010-09-24	2013-06-30
GOLDMAN SACHS ABSLT RET TRCK I	D	2010-08-06	2013-09-25
GOOGLE INC CL A	D	2010-09-24	2013-11-04
ING GLOBAL REAL ESTATE FD I	D	2010-08-06	2013-09-25
INTUIT INC	D	2010-09-24	2013-02-04
IVY MID CAP GROWTH I	D	2011-06-03	2013-09-15
JP MORGAN DYNAMIC SM CP GR SEL	D	2010-08-06	2013-09-30

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo, day, yr)	<b>(d)</b> Date sold (mo, day, yr)
JPMORGAN CHASE & CO	D	2010-09-24	2013-10-02
MANAGERS AMG SYS MDCAP VAL INT	D	2011-06-03	2013-09-13
MERCK & CO INC NEW COM	D	2010-08-06	2013-01-24
METLIFE INCORPORATED	D	2010-08-06	2013-09-13
METROPOLITAN WEST TOT RET BD I	D	2010-08-06	2013-09-25
MICROSOFT CORP	D	2010-08-06	2013-11-04
OCCIDENTAL PETROLEUM CORP DE	D	2010-11-12	2013-12-09
PFIZER INC	D	2010-02-07	2013-09-25
QUALCOMM INC	D	2010-09-24	2013-07-09
SALESFORCE COM INC	D	2010-11-24	2013-11-04
THORNBURG INTL VALUE I	D	2010-08-06	2013-10-15
UNION PACIFIC CORP	D	2010-02-07	2013-09-13
UNITED TECHNOLOGIES CORP	D	2010-08-06	2013-10-18
VISA INC CL A	D	2010-09-24	2013-09-13
WELLS FARGO & CO NEW	D	2010-08-06	2013-07-16
YUM BRANDS INC	D	2010-09-24	2013-04-23
CAPITAL GAINS DIVIDENDS	P		

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
300,743		286,377	14,366
113		53	60
134		128	6
275		234	41
132,820		114,015	18,805
300		206	94
971		380	591
682		465	217
1,322		777	545
18,190		17,421	769
295		148	147
20,324		13,779	6,545
848		347	501
358		190	168
1,646		858	788
1,650		990	660
27,655		25,966	1,689
1,565		966	599
1,517		1,403	114
71		29	42
1,238		987	251
1,561		1,378	183
1,203		773	430
1,133		861	272
16,416		15,847	569
1,025		523	502
3,322		2,657	665
1,483		1,092	391
18,986		15,071	3,915
7,393		4,358	3,035

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h**

(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)
1,492		1,152	340
5,204		4,428	776
688		553	135
1,151		983	168
121,028		118,224	2,804
179		126	53
372		350	22
547		322	225
2,586		1,834	752
1,392		955	437
18,324		15,373	2,951
1,399		554	845
1,080		718	362
2,337		939	1,398
2,365		1,506	859
848		606	242
9,025			9,025

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			14,366
			60
			6
			41
			18,805
			94
			591
			217
			545
			769
			147
			6,545
			501
			168
			788
			660
			1,689
			599
			114
			42
			251
			183
			430
			272
			569
			502
			665
			391
			3,915
			3,035

**Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I**

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>	
			340
			776
			135
			168
			2,804
			53
			22
			225
			752
			437
			2,951
			845
			362
			1,398
			859
			242
			9,025

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
BANK OF AMERICA PO BOX 982234 EL PASO, TX 799982234	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	943
HEAR NOW 6700 WASHINGTON AVE SOUTH EDEN PRAIRIE, MN 55344	NA	POF	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	225
BATH LUMBER 1800 AVE G ELY, NV 89301	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	355
NEVADA HEALTH CENTERS 762 14TH ST ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	1,672
CITY OF ELY 501 MILL ST ELY, NV 89301	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	199
COPENHAVER & MCCONNELL 950 IDAHO ST ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	1,630
EDEN MEDICAL SERVICES 643 COURT ST ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	650
HOUSE CALLS HC 60 BOX 135 WELLS, NV 89835	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	4,800
HUNT ELETRIC 1305 AVE I ELY, NV 89301	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	50
JACK KULM DDS 410 N IDAHO ST WENDELL, ID 83355	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	761
KAFOURY ARMSTRONG & CO 975 5TH ST 1 ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	985
MAGIC VALLEY DENTURE CENTER 253 5TH AVE N TWIN FALLS, ID 83301	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	450
MCMULLEN MCPHEE & CO 215 BLUFFS AVE STE 300 ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	501
NEVADA RURAL COUNTIES RETIRED AND SENIOR VOLUNTEER PROGRAM 2621 NORTHGATE LN 6 CARSON CITY, NV 89706	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	11,000
ORTHOPRO OF ELKO 997 COURT ST ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	300
<b>Total . . . . .</b>			<b>► 3a</b>	<b>33,012</b>

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ROCKY MOUNTAIN RETINA CONSULTANTS 4400 S 700 E 200 MURRAY, UT 84107	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	1,957
ROSEVIEW TOWER - RENOWN REGIONAL MEDICAL CENTER 1155 MILL ST RENO, NV 89502	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	4,000
SENIOR SERVICES - JANE HISTED 702 SPRING CREEK PKWY SPRING CREEK, NV 89815	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	975
SILVER SAGE SENIOR CITIZENS CENTER 213 1ST ST WELLS, NV 89835	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	857
SMITHS 1740 MOUTAIN CITY HWY ELKO, NV 89801	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	256
STARKEY FOUNDATION 6700 WASHINGTON AVE SOUTH EDEN PRAIRIE, MN 55344	NA	OPERATING PRIVATE FO	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	250
TONY CORTEZ C/O 950 IDAHO ST ELKO, NV 89801	NA	NA	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	96
WHITE PINE CARE CENTER 1500 AVE G ELY, NV 89301	NA	NC	TO ASSIST AN INDIVIDUAL IN MEETING THEIR MEDICAL NEEDS	100
<b>Total. . . . .</b>			► 3a	33,012

## TY 2013 Accounting Fees Schedule

**Name:** EJC FOUNDATION

**EIN:** 27-4686217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,250	0		1,250

**TY 2013 Investments Corporate  
Stock Schedule****Name:** EJC FOUNDATION**EIN:** 27-4686217

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY - STOCKS	368,775	445,917

## TY 2013 Investments - Other Schedule

**Name:** EJC FOUNDATION**EIN:** 27-4686217

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MORGAN STANLEY - MUTUAL FUNDS	FMV	516,726	557,484

## TY 2013 Legal Fees Schedule

**Name:** EJC FOUNDATION

**EIN:** 27-4686217

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	60,556	0		60,556

## TY 2013 Other Decreases Schedule

**Name:** EJC FOUNDATION**EIN:** 27-4686217

Description	Amount
UNREALIZED GAINS PREVIOUSLY IN NET ASSETS	81,229
NONDEDUCTIBLE INCOME TAX PAID	491

## TY 2013 Other Expenses Schedule

**Name:** EJC FOUNDATION**EIN:** 27-4686217

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXPENSE	13,553	13,553		0

## TY 2013 Other Income Schedule

**Name:** EJC FOUNDATION**EIN:** 27-4686217

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NON-DIVIDEND DISTRIBUTION	4	4	4

## TY 2013 IRS Payment

**Name:** EJC FOUNDATION

**EIN:** 27-4686217

**Routing Transit Number:** 044000804

**Bank Account Number:** 2417422885833

**Type of Account:** Checking

**Payment Amount in Dollars and** 820

**Cents:**

**Requested Payment Date:** 2014-05-13

**Taxpayer's Daytime Phone** (775) 738-1951

**Number:**