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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.

OMB No 1545-0052

Department of the Treasury

| 1111 | eman | Revenue Service Information about Form | i 990-PF and its separat | te ilistructions | is at www irs. | govionii 330pi. | pento i abne inspection |
|---------|---|---|----------------------------|------------------|----------------|--|---|
| _ | | lendar year 2014 or tax year beginning | _ | , 2014, | and ending | | , 20 |
| | | of foundation | | | | A Employer Identi | |
| _ | | JAMES FAMILY FOUNDATION INC. | | | | 20-552500 | |
| | Numb | er and street (or P O box number if mail is not delivered | to street address) | | Room/suite | · · | ber (see instructions) |
| | | | | | | (7 | 04) 376-5219 |
| _ | 219 | CHEROKEE ROAD | | | | | |
| | City o | r town, state or province, country, and ZIP or foreign po | stal code | | | | |
| | | | | | | C If exemption applied pending, check he | cation is |
| | CHA: | RLOTTE, NC 28207 | | | | ponjuning, unious no | • |
| G | Che | ck all that apply Initial return | Initial return of | of a former p | ublic charity | D 1 Foreign organiz | ations check here |
| | | Final return | Amended ret | turn | | 2 Foreign organiz | |
| | | Address change | Name change | e | | 85% test, check | here and attach |
| H | Che | ck type of organization X Section 501(| c)(3) exempt private f | oundation | | | |
| Γ | $\overline{}$ | ection 4947(a)(1) nonexempt charitable trust | Other taxable pr | | ion | | on status was terminated |
| \perp | | | unting method X Ca | | | | (b)(1)(A), check here . P |
| • | | 1, | ther (specify) | | | ì | s in a 60-month termination b)(1)(B), check here |
| | | · · · · · · · · · · · · · · · · · · · | olumn (d) must be on cas | | | - under section 507(| D)(1)(B); Clieck field . |
| ſ. | | | olullin (a) mast be on cas | il basis j | | | (d) Disbursements |
| نا | वार | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) | (a) Revenue and | (b) Net inve | stment | (c) Adjusted net | for charitable |
| | | may not necessarily equal the amounts in | expenses per books | incom | | income | purposes |
| - | | column (a) (see instructions)) | | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule). | 1,400,000. | | | | |
| | 2 | Check ► attach Sch B | 246 | | 346 | | |
| | 3 | Interest on savings and temporary cash investments. | 346. | | 346. | | |
| | 4 | Dividends and interest from securities | 237,360. | 23 | 7,360. | | |
| | 5a | Gross rents | | <u> </u> | | | |
| | b | Net rental income or (loss) | | | | | |
| ē | 6a | Net gain or (loss) from sale of assets not on line 10 | 12,217. | | | | |
| Ĭ | b | Gross sales price for all 2,277,158. | | | } | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2). | | 1 | 2,217. | | |
| ď | 8 | Net short-term capital gain | | - | | | * |
| | 9 | Income modifications | | | | | |
| | 10 a | Gross sales less returns | | | | | |
| | ь | Less Cost of goods sold | | | | | |
| | | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 1,649,923. | 24 | 9,923. | | |
| _ | 13 | Compensation of officers, directors, trustees, etc. | 0 | | | | |
| es | 14 | Other employee salaries and wages | | | | | |
| S | 4- | | | | | | |
| ē | 15 | Pension plans, employee benefits | | | | | |
| Exper | 16 a | Legal fees (attach schedule) | 4,950. | | + | | 4,950 |
| ē | ь | Accounting fees (attach schedule)ATCH . 1 | 4,550. | | | | 3, 930 |
| 츷 | 17 18 9 10 11 27 27 23 24 H 25 26 25 18 18 18 18 18 18 18 18 18 18 18 18 18 | Other professional fees (attach schedule) | · · - · · · | | | | |
| ij | 17 | Interest | 5,956. | | | | |
| nis | 18 | Taxes (attach schedule) (see instructions)[2]. | ٥,956. | | | · | |
| ijĒ | 19 | Depreciation (attach schedule) and depletion. | | - | | | |
| 2 | 20 | Occupancy | | | | | |
| ē | 21 | Travel, conferences, and meetings | | | | | |
| Ē | 22 | Printing and pull a SEIVED. | | | | | |
| gu | 23 | Other expenses (attach schedule) | | | | | |
| ati | 24 | Total operating Adadministrative expenses. | | | | | |
| ě | 1 | Add lines 13 through 23. | 10,906. | | | | 4,950 |
| Q | 25 | Contributions, gmale paid UT | 500,000. | | | | 500,000 |
| | 26 | Total expenses and disbursements Add lines 24 and 25 | 510,906. | | 0 | | 0 504,950 |
| | 270 | Subtract line 26 from line 12 | | | | | |
| | Ta | Excess of revenue over expenses and disbursements | 1,139,017. | | | | |
| | G | Net investment income (if negative, enter -0-) | | 24 | 9,923. | | |
| | က္ခ်ာ | Adjusted net income (if negative, enter -0-). | | | ' | | |
| | | , /, /, // // // // // // // // // // // // | | L. | | | i . |

| _ | | Palance Sheets | Attached schedules and amounts in the | Beginning of year | E | nd of y | year |
|----------------------|----------|---|--|-------------------------------|-----------------|---------|---------------------------------------|
| <u>ئا</u> | art II | pararice Sneets | description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ing | | | | |
| | | | cash investments | 830,838. | 819,53 | .2. | 819,532 |
| | 3 | Accounts receivable | | | | | |
| | | Less allowance for dou | ubtful accounts ▶ | | | | |
| | | | | | | | |
| | | Less allowance for dou | ubtful accounts ▶ | | | | |
| | | | | | | | |
| | | | officers, directors, trustees, and other | | | | |
| ssets | | | ttach schedule) (see instructions) | | | | |
| | | , , , | receivable (attach schedule) | | | | |
| | | | ubtful accounts ▶ | | | | |
| | | | se | 1 | | | |
| | | | deferred charges | | | | |
| AS | 1 | · · | te government obligations (attach schedule) | | | \neg | |
| | | | e stock (attach schedule) ATCH 3 | | 908,94 | 3. | 1,162,728. |
| | | | e bonds (attach schedule) | | | - | |
| | 11 | Investments - land, building | | | | \neg | |
| | | and equipment basis Less accumulated depreci | | | | | |
| | | (attach schedule) | | | | - | |
| | 12 | Investments - mortgage | e loans | 8,313,613. | 9,238,61 | Ω I | 12,055,960 |
| | 13 14 | Land, buildings, and | ach schedule) ATCH 4 | | 9,230,01 | - | 12,033,900 |
| | | equipment basis Less accumulated depreci- | ation > | | | | |
| | | (attach schedule) | | | | + | |
| | | | >) | | | + | |
| | 16 | • | completed by all filers - see the | 0 000 076 | 10 067 00 | , | 14 020 220 |
| _ | _ | | page 1, item I) | 9,828,076. | 10,967,09 | 3. | 14,038,220 |
| | | | accrued expenses | - | | | |
| | | | | | | | |
| ies | 19 | Deferred revenue | | | | | |
| Ħ | 20 | • | ors, trustees, and other disqualified persons | | | | |
| Liabilities | 21 | | otes payable (attach schedule) | | | | |
| ۰ | 22 | Other liabilities (describ | xe ▶) | | | _ | |
| | | | | ; | | | |
| _ | 23 | | es 17 through 22) | 0 | | _9 | |
| | | | llow SFAS 117, check here . ▶ | | | | |
| S | | and complete lines | 24 through 26 and lines 30 and 31. | | | | |
| ž | 24 | Unrestricted | | | | | |
| alances | 25 | Temporarily restricted | | | | | |
| | | | | | | | |
| Š | | Foundations that do | not follow SFAS 117, ▶ 🗓 | | | | |
| T. | | check here and con | plete lines 27 through 31. | | | ļ | |
| Net Assets or Fund B | 27 | Capital stock, trust prin | ncipal, or current funds | | | | |
| set | 28 | Paid-in or capital surplus, o | or land, bldg , and equipment fund | | | | |
| Ą | 29 | Retained earnings, accum | nulated income, endowment, or other funds | 9,828,076. | 10,967,09 | 3. | |
| et | 30 | Total net assets or fun | d balances (see instructions) | 9,828,076. | 10,967,09 | 3. | |
| Z | 31 | Total liabilities and | net assets/fund balances (see | | | | |
| | | instructions) | | 9,828,076. | 10,967,09 | 3. | |
| C | art II | Analysis of Cha | anges in Net Assets or Fund Bala | inces | | | |
| | | | balances at beginning of year - Part | | must agree with | \Box | |
| | | | ed on prior year's return). | | | 1 | 9,828,076 |
| 2 | | | I, line 27a | | | 2 | 1,139,017 |
| | | | | | | 3 | |
| | | | | | | 4 | 10,967,093 |
| _ | n | | l ? /.t | | | 5 | · · · · · · · · · · · · · · · · · · · |
| 6 | Tota | al net assets or fund | balances at end of year (line 4 minus | s line 5) - Part II, column (| b), line 30 | 6 | 10,967,093 |

| | 1000-11 (2014) | | | | | - ugo o |
|----------|---|---|---------------------------------------|------------------------------|---------------------------------------|-----------------|
| Рa | rt IV Capital Gains | and Losses for Tax on Inve | estment Income | | | |
| | (a) List and | d describe the kind(s) of property sold (| e g , real estate, | (b) How acquired | (c) Date | (d) Date sold |
| | 2-story b | rick warehouse, or common stock, 200 | shs MLC Co) | P - Purchase D - Donation | acquired (mo , day, yr) | (mo , day, yr) |
| 1a | SEE PART IV SCHE | | | D - Donadon | | |
| | BEE TAKE IV BEILD | | | | | |
| <u>b</u> | | | | | | |
| <u></u> | | | | | | |
| <u>d</u> | | | | | | |
| е | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed | (g) Cost or other basis | | (h) Gain or (lo | ss) |
| | (e) Gross sales price | (or allowable) | plus expense of sale | | (e) plus (f) mint | ıs (g) |
| | | | | | | |
| b b | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| d | | | | | | |
| е | | | | | | |
| | Complete only for assets | showing gain in column (h) and owner | d by the foundation on 12/31/69 | (I) | Gains (Col (h) g | ain minus |
| | W. F. M. V. an of 12/21/60 | (j) Adjusted basis | (k) Excess of col (i) | col | (k), but not less t | |
| 1 | (i) F M V as of 12/31/69 | as of 12/31/69 | over col (j), if any | | Losses (from co | l (h)) |
| а | | | | | | |
| | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| <u>d</u> | | | | | | |
| <u>e</u> | | | | | | |
| 2 | Capital gain net income | or / not canital loce \ | gain, also enter in Part I, line 7 | | | |
| 2 | Capital gain liet income | or (net capital loss) | (loss), enter -0- in Part I, line 7 | 2 | | 12,217. |
| 3 | Net short-term capital ga | ain or (loss) as defined in sections | 1222(5) and (6) | | | |
| | | art I, line 8, column (c) (see inst | | | | |
| | • | | · · · · · · · · · · · · · · · · · · · | 3 | | 0 |
| 0. | | | duced Tax on Net Investment I | acome | | |
| | | | e section 4940(a) tax on net investi | | · · · · · · · · · · · · · · · · · · · | |
| Wa | | the section 4942 tax on the distrib | outable amount of any year in the b | ase perio | d۶ [| Yes X No |
| <u> </u> | | not qualify under section 4940(e) | | | | |
| 1 | Enter the appropriate an | nount in each column for each yea | r, see the instructions before makin | g any ent | ries | |
| | (a) | (b) | (c) | | (d) Distribution ra | atio |
| Ca | Base period years lendar year (or tax year beginning in) | Adjusted qualifying distributions | Net value of noncharitable-use assets | | (col (b) divided by | |
| | 2013 | 404,950. | 9,707,518. | | | 0.041715 |
| | 2012 | 350,176. | 8,063,978. | | | 0.043425 |
| | 2011 | 274,288. | 7,075,033. | | | 0.038768 |
| | | 214,709. | 5,273,372. | | | 0.040716 |
| | 2010 | | 3,929,191. | | | |
| | 2009 | 214,325. | 3,929,191. | | | 0.054547 |
| | | | | | | |
| 2 | Total of line 1, column (c | d) | | 2 | | 0.219171 |
| | | o for the 5-year base period - divid | | 1 | | |
| • | | ndation has been in existence if les | | 3 | | 0.043834 |
| | namber of years the real | | | | | |
| | make the control of the | | an Dart V. Iran E | 4 | 12 | 031,376. |
| 4 | Enter the net value of no | oncharitable-use assets for 2014 from | om Part A, inte 5 | | | 031,370. |
| | | | | _ | | E07 202 |
| 5 | Multiply line 4 by line 3 | | | 5 | | 527,383. |
| | | | | | | |
| 6 | Enter 1% of net investme | ent income (1% of Part I, line 27b) | | 6 | | 2,499. |
| - | | , | | | | |
| 7 | Add lines 5 and 6 | | | 7 | | 529,882. |
| 7 | Add lines 5 and 6 | | | | | |
| _ | بالمحاجب المراجب | form Don't VIII lime 4 | | ۾ | | 504,950. |
| 8 | If line 8 is equal to or g | ions from Part XII, line 4 ireater than line 7, check the box | in Part VI, line 1b, and complete | L8 that part | using a 1% ta | |
| | Part VI instructions | | | | | |

| | 990-PF (2014) THE JAMES FAMILY FOUNDATION INC. 20-5523 | | | age 4 |
|---------------|--|-------|--------|-------------|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in | nstru | ctions | <u>s)</u> |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 4,9 | 98. |
| | here and enter 1% of Part I, line 27b | | | |
| С | 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 | | | |
| 3 | Add lines 1 and 2 | | 4,9 | 98. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 4,9 | 98. |
| 6 | Credits/Payments | | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6,800. | | | |
| 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 | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 6,8 | 00. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | - | |
| 9 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 1,8 | 02. |
| 10 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax 1,802. Refunded 11 | | | |
| $\overline{}$ | t VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| та | participate or intervene in any political campaign? | 1a | | X |
| | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | | | |
| D | | 1b | | Х |
| | Instructions for the definition)? | | | |
| | | | | |
| | published or distributed by the foundation in connection with the activities | 1c | | Х |
| C | Did the foundation file Form 1120-POL for this year? | | | |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation > \$ (2) On foundation managers > \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers > \$ | 2 | | x |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | , | | х |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | N/ | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | 11/ | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | |
| | If "Yes," attach the statement required by General Instruction T | | | ľ |
| 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 | | v | |
| | conflict with the state law remain in the governing instrument? | 6_ | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | <u> </u> |
| 8a | · · · · · · · · · · · · · · · · · · · | | | |
| | NC, | | | [|
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | ا ا | v | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8b | Х | ├ |
| 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," | | | , |
| | complete Part XIV | 9_ | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | " |
| | names and addresses | 10 | | X |

| 1 01111 | adu-Pr (2014) THE DAMES FAMILI FOUNDATION INC. 20 3323 | ,005 | | - |
|---------|--|------|----------|-----------|
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► NONE | | | |
| 14 | The books are in care of ▶ R MICHAEL JAMES Telephone no ▶ (704) 37 | 6-52 | 19 | |
| | Located at ▶219 CHEROKEE ROAD, CHARLOTTE, NC ZIP+4 ▶ 28207 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) If | | | |
| | "Yes," enter the name of the foreign country | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | 1 | | |
| | foundation agreed to make a grant to or to employ the official for a period after | 1 | | |
| | termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | N/ | Α |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| 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 2014? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a | At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2014? | | | |
| | If "Yes," list the years ▶ | | | |
| t | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | i | |
| | (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 | N/F | <u> </u> |
| c | : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | ŀ |
| | > | | | |
| 3 a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| t | olf "Yes," did it have excess business holdings in 2014 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 | | N7 | }_ |
| | foundation had excess business holdings in 2014) | 3b | N, | \vdash |
| 4 a | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u>X</u> |
| t | 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 2014? | 4b | | <u> X</u> |
| | Fo | m 99 | U-PF | (2014) |

Form 990-PF(2014)

Total. Add lines 1 through 3.

Page 8

| Part | Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.) | gn foundations, | |
|----------|---|-------------------|------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | | 11,548,741. |
| b | Average of monthly cash balances | 1b | 665,854. |
| С | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d : | 12,214,595. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 12,214,595. |
| 4 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 183,219. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 12,031,376. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 601,569. |
| Part | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ ☐ and do not complete this part) | dations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 601,569. |
| ' 2 а | Tax on investment income for 2014 from Part VI, line 5 | | |
| Z a | Income tax for 2014 (This does not include the tax from Part VI). | | |
| | | 2c | 4,998. |
| С 3 | Add lines 2a and 2b | 3 | 596,571. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 596,571. |
| | Deduction from distributable amount (see instructions). | 6 | 0,0,0.11 |
| 6 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| 7 | | 7 | 596,571. |
| | line 1 | 1 1 | 330,371. |
| Par | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 504,950. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 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 | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 504,950. |
| 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) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 504,950. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when conqualifies for the section 4940(e) reduction of tax in those years | alculating whethe | r the foundation |

Form 990-PF (2014)

Form 990-PF (2014) Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) (a) 2013 Corpus Years prior to 2013 2014 Distributable amount for 2014 from Part XI, 596,571. Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only . . . b Total for prior years 20_12 ,20_11 ,20_10 Excess distributions carryover, if any, to 2014 From 2009 **b** From 2010 c From 2011 d From 2012 e From 2013 f Total of lines 3a through e 19,187. Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ ___ 504,950. a Applied to 2013, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election 504,950. d Applied to 2014 distributable amount e Remaining amount distributed out of corpus . . 19,187. 19,187. Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be 72,434. distributed in 2015 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2015. 0 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9

Form 990-PF(2014)

a Excess from 2010 . . . b Excess from 2011 . . . c Excess from 2012 . . . d Excess from 2013 . . . e Excess from 2014 . . .

JSA 4E1490 1 000

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| 3 Grants and Contributions Paid Duri | ng the Year or Appr | oved for F | uture Payment | |
|--|---|-------------|----------------------------------|----------|
| 3 Grants and Contributions Paid Duri Recipient Name and address (home or business) | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | Amount |
| a Paid during the year | | | | |
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| Total | | | ▶ 3a | 500,000. |
| b Approved for future payment | | | | |
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| | 1 | l | | NONE |
| Total <u></u> | | | ▶ 3b | I WOME |

JSA 4E1491 1 000 Form 990-PF (2014)

Page 12

| Part XVI- | A Analysis of Income-Produ | cing Activ | vities | | | |
|-------------|---|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|--|
| | amounts unless otherwise indicated | | ated business income | Excluded b | y section 512, 513, or 514 | (e) |
| 1 Program | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| - | | | | | | |
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| с | | | | | | |
| d | | | | | | |
| | | | | | | <u> </u> |
| f | | | | | | |
| g Feesa | and contracts from government agencies | | | | | ···· |
| 2 Members | hip dues and assessments | | | | | |
| | savings and temporary cash investments | | | 14 | 346. | |
| | s and interest from securities | | | 14 | 237,360. | |
| | il income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | income or (loss) from personal property . | · · · · · · · · · · · · · · · · · · · | | | | |
| | restment income | | | 18 | 12,217. | |
| • | oss) from sales of assets other than inventory | | | 10 | 12,217. | |
| | me or (loss) from special events | | | | | |
| | ofit or (loss) from sales of inventory | - · | | | | |
| | renue a | | | <u>-</u> | | |
| | | | <u> </u> | | | |
| - | | | | | | |
| e | | | | | | |
| | Add columns (b), (d), and (e) | | | - | 249,923. | ***** |
| | d line 12, columns (b), (d), and (e) | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | 249,923. |
| | eet in line 13 instructions to verify calc | | | | | |
| Part XVI-I | Relationship of Activities | to the Ac | complishment of E | xempt Purp | oses | |
| Line No. ▼ | Explain below how each activit accomplishment of the foundation | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | ···· |
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| Form 99 | | | | S FAMILY FO | | | | 20-552 | | | ge 13 |
|----------|-----------------------|--|--|---------------------|-------------------|--|----------------------|--------------------------|--------------|------------|-----------------|
| Part | XVII | Information R Exempt Orga | | ansfers To a | nd Transac | tions and | d Relations | nips With Non | chari | itable |) |
| 1 C | old the | organization direct | tly or indirectly | engage in any | of the following | ng with an | y other organi | zation described | | Yes | No |
| 11 | n secti | on 501(c) of the Co | ode (other than | section 501(c)(| (3) organizatio | ns) or in s | ection 527, re | ating to political | | | |
| | • | ations? | | | | | | | | | |
| a T | ransfe | ers from the reporting | ng foundation to | o a noncharitabl | e exempt orga | nization of | | | | | |
| (| 1) Cas | sh | | | | | | | 1a(1) | | X |
| (| Oth | er assets | | | | | | | 1a(2) | ļ | X |
| | | ransactions | | | | | | | | | |
| | | es of assets to a no | | | | | | | | | X_ |
| | | chases of assets fr | | | | | | | | | X |
| | | ntal of facilities, equ | | | | | | | | | X |
| | | mbursement arrang | | | | | | | | | X |
| | | ins or loan guarante | | | | | | | | | X |
| | | formance of service | | | | | | | |) | X |
| | | of facilities, equipr | | | | | | | | Ļ | X |
| | | answer to any of th | | | | | | | | | |
| | | of the goods, other n any transaction o | | | | | | | | | |
| | | (b) Amount involved | | | | | | s, transactions, and sha | | | |
| (a) Line | e no | | (c) Name or | noncharitable exemp | pt organization | N/A | cription of transfer | s, transactions, and sna | ring arra | angeme | nis |
| | | N/A | | - | | N/A | | | | - | |
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| 2a | s the | foundation directly | or indirectly a | ffiliated with, or | related to. or | ne or mor | e tax-exempt | organizations | | | |
| | | ed in section 501(c | | | | | | | \neg | es X | No |
| | | " complete the follo | | | | | | | | | _ |
| | | (a) Name of organization | | | e of organization | | (c) | Description of relation | ship | | |
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| | | penalties of perjury, I decli t and complete Declaration of | | | | | | the best of my knowled | ge and | belief, it | is true |
| Sign | Correc | t and complete Declaration (| on preparer (other triair | | _ | T preparer rias a | * - | May the IB | S decu | ee this | soturo |
| | | Kauteune H G | xones | mai. | .30,2015 | pre | <u>udent</u> | 1 . | S discus | | return below |
| Here | Sign | nature of officer or trustee | 7 | Date | | Title | | (see instruction | 15)? | Yes | X No |
| | | | | | | | | | | | |
| Paid | | Print/Type preparer's na | ame | Freparer's sign | natur Lhin | baire | Date 03/17/15 | Cited " | PTIN | | |
| | | JENNIFER D. R | | / | | | | sell-elliployed | | 3957 | 35 |
| Prep | | | RNST & YOUN | | | | F | rirm's EIN ► 34-6 | <u> 5655</u> | 96 | |
| Use (| Only | Firm's address > 11 | 11 MONUMENT | r circle, s | UITE 4000 | | | | | | |

317-681-7000

Phone no

46204

INDIANAPOLIS,

IN

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

Name of the organization

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

Department of the Treasury Internal Revenue Service

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990.

Employer Identification number

| THE JAMES FAMILY FOUND | ATION INC. | 20-5525003 |
|---|---|--|
| Organization type (check one) | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private fou | ndation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundat | ion |
| | 501(c)(3) taxable private foundation | |
| General Rule X For an organization fili | 8), or (10) organization can check boxes for both the General Rule and a S | tions totaling \$5,000 |
| or more (in money or p contributor's total conf | property) from any one contributor. Complete Parts I and II. See instruction in the contributions. | ns for determining a |
| Special Rules | | |
| regulations under sect 13, 16a, or 16b, and the | escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/2 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 on the form any one contributor, during the year, total contributions be amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co | or 990-EZ), Part II, line of the greater of (1) |
| contributor, during the | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that review, total contributions of more than \$1,000 exclusively for religious, chapurposes, or the prevention of cruelty to children or animals. Complete P | aritable, scientific, |
| contributor, during the contributions totaled m during the year for an General Rule applies t | escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, contributions exclusively for religious, charitable, etc., purposes, but note than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Do not complete any of the othis organization because it received nonexclusively religious, charitable reduring the year. | t no such that were received parts unless the , etc , contributions |
| 990-EZ, or 990-PF), but it must a | not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990, or check the box on line F ertify that it does not meet the filing requirements of Schedule B (Form 990 | l of its Form 990-EZ or on its |

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE JAMES FAMILY FOUNDATION INC.

Employer identification number 20-5525003

| Part I | Contributors (see instructions) Use duplicate copies of Pa | art I if additional space is nee | ded. |
|------------|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 _ | R MICHAEL AND KATHERINE H JAMES 219 CHEROKEE ROAD CHARLOTTE, NC 28207 | \$1,400,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer Identification number 20-5525003

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization THE JAMES FAMILY FOUNDATION INC.

Employer identification number

| 20 | -55 | 25 | 000 | ١. |
|----|-----|----|-----|----|
| | | | | |

| | following line entry For organizations contributions of \$1,000 or less for the | s completing Part III, | enter the total of | exclusively religious, charitable, etc, |
|---------------------------|---|------------------------|--------------------|--|
| | Use duplicate copies of Part III if addit | | | , oo mon denomen, saar variable variabl |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | (e) Transf | fer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | onship of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | onship of transferor to transferee |
| | | | | |
| | | | | |
| (a) Na | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | | | |
| | | | · | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | onship of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. | (1) Pourson of the | 4-5.44 | - 5 | 1 |
| from Part I | (b) Purpose of gift | (c) Use | or gift | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | (e) Transf | er of gift | <u> </u> |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | onship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

1

| CHARITABLE PURPOSES | 4,950. | 4,950. |
|---|------------------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 4,950. | 4,950. |
| | | TOTALS |
| DESCRIPTION | TAX RETURN PREPARATION | |

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

2014 ESTIMATED TAX

DESCRIPTION

5,956.

TOTALS

5,956.

;

:

| DESCRIPTION | WELLS FARGO & CO NEW (WFC) BERKSHIRE HATHAWAY INC CL A |
|-------------|---|
| DES | WELLS BERKS |

| | د ما |
|------|-------|
| DING | VALUE |
| ENL | BOOK |

ENDING

| | 728 |
|---------|-----|
| FMV | 32, |
| <u></u> | , |
| | |

1,162,728.

908,943.

TOTALS

:

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ENDING

ENDING BOOK VALUE

| DESCRIPTION |
|--------------------------------|
| |
| MSCI AUSTRALILA INDEX FUND |
| MSCI CANADA INDEX FUND |
| MSCI GERMANY INDEX FUND |
| MSCI UK INDEX FUND |
| RUSSELL 1000 VALUE INDEX FUND |
| RUSSELL 2000 VALUE INDEX FUND |
| COHEN & STERNS REALTY MAJORS |
| INDEX FUND |
| RUSSELL MIDCAP VALUE INDEX FND |
| MSCI EMERGING MKTS INDEX FUND |
| DJ SELECT DIVID INDEX FUND |
| SPDR TRUST SERIES 1 |
| SPDR GOLD TR SHS |

TOTALS

| NONE NONE NONE NONE NONE NONE NONE 478, 190. NONE 1, 250, 664 677, 880 | 993,031. 1,379,312. | 2,136,296. 2,961,620. 4,558,791. 5,672,904. 169,723. 113,580. | 9,238,618. |
|--|---------------------|---|------------|
|--|---------------------|---|------------|

ATTACHMENT 4

ATTACHMENT 5

:

| EXPENSE ACCT AND OTHER ALLOWANCES | 0 | 0 | 0 |
|---|---|---|--------------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | 0 | 0 | 0 |
| COMPENSATION | 0 | 0 | 0 |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESIDENT 3.00 | VP/SECRETARY/TREASURER 3.00 | GRAND TOTALS |
| NAME AND ADDRESS | KATHERINE H JAMES 219 CHEROKEE ROAD CHARLOTTE, NC 28207 | R MICHAEL JAMES 219 CHEROKEE ROAD CHARLOTTE, NC 28207 | |

;

ATTACHMENT 6

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | · |
|---|---|---------|
| AND STATES OF DECEMBENT | NOTATIBLE OF CONTENTS OF TANGET | FNIICMA |
| FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AETOON |
| UNRELATED | SUPPORT PROGRAM SVCS | 65,000 |
| UNRELATED PC | SUPPORT PROGRAM SVCS | 15,000 |
| UNRELATED PC | TO FUND SCIENTIFIC RESEARCH | 15,000 |
| UNRELATED | SUPPORT TEACHERS IN HIGH POVERTY CLASSROOMS | 30,000 |
| UNRELATED PC | ASSISTANCE TO THE HOMELESS | 15,000. |
| UNRELATED | PROVIDE FOOD AND SUPPORT OF FOOD PANTRIES | 15,000. |

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ATTACHMENT 6 (CONT'D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | • |
|--|---|---|---------|
| RECIPIENT NAME AND ADDRESS | AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| WAKE FOREST UNIVERSITY P O BOX 7227 WINSTON-SALEM, NC 27109 | UNRELATED PC | SUPPORT SCHOLARSHIP FUND | 10,000 |
| CHARLOTTE FAMILY HOUSING 300 HAWTHORNE LANE CHARLOTTE, NC 28204 | UNRELATED PC | SUPPORT PROGRAMMING FOR HOMELESS FAMILIES | 10,000. |
| CHARLOTTE COUNTRY DAY SCHOOL 1440 CARMEL ROAD CHARLOTTE, NC 28226 | UNRELATED PC | SUPPORT ANNUAL FUND DRIVE | 5,000 |
| FRIENDSHIP TRAYS 2401-A DISTRIBUTION ST CHARLOTTE, NC 28203 | UNRELATED PC | SUPPORT MEALS TO ELDERLY & HOME-BOUND | 2,000 |
| SC PRESBYTERIAN RETIREMENT COMMUNITIES 2817 ASHLAND ROAD COLUMBIA, SC 29210 | UNRELATED SO I | SUPPORT SVCS FOR RETIREMENT COMMUNITIES | 3,000 |
| UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVE SUITE 100 ATHENS, GA 30602 | UNRELATED PC | SUPPORT UNDERGRADUATE RESEARCH | 5,000. |

:

ATTACHMENT 6 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|---|---|--|---------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| ALBEMARLE ROAD ELEMENTARY SCHOOL 7800 RIDING TRAIL ROAD CHARLOTTE, NC 28212 | UNRELATED P.C | SUPPORT PROGRAMS AND TECHNOLOGY NEEDS FOR HIGH POVERTY CLASSROOMS | 100,000 |
| EMPOWERED WOMEN INTERNATIONAL 320 S HENRY STREET ALEXANDRIA, VA 22314 | UNRELATED PC | SUPPORT PROGRAM SERVICES FOR IMMIGRANT AND REFUGEE WOMEN | 1,000 |
| CLASSROOM CENTRAL 2116 WILKINSON BLVD CHARLOTTE, NC 28208 | UNRELATED | SUPPORT PROGRAM TO MAKE SCHOOL SUPPLIES AVAILABLE TO HIGH-POVERTY SCHOOLS | 2,000 |
| ST PETER'S EPISCOPAL CHURCH - AUGUSTINE 115 WEST 7TH STREET CHARLOTTE, NC 28202 | UNRELATED | SUPPORT AUGUSTINE PROJECT FOR LITERACY - TUTORING OF LOW INCOME STRUGGLING READERS | 10,000 |
| TREES CHARLOTTE 220 N. TRYON STREET CHARLOTTE, NC 28202 | UNRELATED PC | SUPPORT PUBLIC/PRIVATE PROGRAM TO PLANT TREES AND RAISE AWARENESS ABOUT TREE CANOPY | 10,000 |
| TOSTAN 2121 DECATUR PLACE NW WASHINGTON, DC 20008 | UNRELATED PC | SUPPORT COMMUNITY HUMAN RIGHTS BASED EDUCAITON PROGRAMS IN WEST AFRICA | 40,000 |

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ATTACHMENT 6 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | AMOUNT | 7,000 | 1,000 | 1,000 | 2,000 | 40,000 | 5,000. |
|---|----------------------------------|--|--|--|---|--|---|
| | PURPOSE OF GRANT OR CONTRIBUTION | SUPPORT MATH TUTORING PROGRAM FOR HIGH-POVERTY AT-RISK STUDENTS | SUPPORT RELIGIOUS PROGRAMMING ON THE WAKE FOREST UNIVERSITY CAMPUS | SUPPORT THE RELIGIOUS PROGRAMMING OF THE CHURCH | SUPPORT EARLY CHILDHOOD EDUCATION PROGRAM FOR | SUPPORT SUMMER CAMPS, TV MINISTRY, MISSION TRIPS AND WEEKDAY SCHOOL OF THE CHURCH. | SUPPORT PROGRAMMING ON PUBLIC RADIO |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | FOUNDATION STATUS OF RECIPIENT | UNRELATED PC | UNRELATED PC | UNRELATED PC | UNRELATED PC | UNRELATED | UNRELATED PC |
| | RECIPIENT NAME AND ADDRESS | SOCIAL VENTURE PARTNERS HEART TUTORING 610 E MOREHEAD STREET SUITE 103 CHARLOTTE, NC 28202 | REFORMED UNIVERSITY FELLOMSHIP PO BOX 890004 CHARLOTTE, NC 28289 | CLASSIC CITY COMMUNITY CHURCH P O BOX 329 ATHENS, GA 30603 | CHARLOTTE BILINGUAL PRESCHOOL 4019 CENTRAL AVENUE CHARLOTTE, NC 28205 | FIRST PRESBYTERIAN CHURCH 200 W TRADE STREET CHARLOTTE, NC 28202 | WFAE 8801 JM KEYNES DRIVE, SUITE 91 CHARLOTTE, NC 28262 |

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ATTACHMENT 6 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| AMOUNT | AND 20,000 | 10,000 | 2,000 | 5,000 | 2,000 | ASE 6,000 |
|--|---|---|---|---|---|---|
| PURPOSE OF GRANT OR CONTRIBUTION | SUPPORT OPERATIONS AND PROGRAMMING OF GARDENS AND BIRD SANCTUARY | PROVIDE SUMMER CAMP AND LEARNING PROGRAMS FOR AT-RISK, LOW INCOME STUDENTS | SUPPORT CHARLOTTE MECKLENBURG LIBRARY PROGRAMS AND SERVICES | SUPPORT SCHOOL FOR IMPOVERISHED CHILDREN OF MIGRANT WORKERS IN SHANTOU, CHINA | SUPPORT OUTREACH PROGRAMS OF THE YMCA | PROVIDE TOYS FOR LOW INCOME FAMILIES TO PURCHASE AT DISCOUNTED PRICES |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | UNRELATED PC | UNRELATED PC | UNRELATED SO I | UNRELATED | UNRELATED | UNRELATED PC |
| RECIPIENT NAME AND ADDRESS | WING HAVEN FOUNDATION 248 RIDGEWOOD AVE CHARLOTTE, NC 28209 | FIRST PRESBYTERIAN CHURCH SUMMER CAMP 200 w TRADE ST. CHARLOTTE, NC 28202 | CHARLOTTE MECKLENBURG LIBRARY FOUNDATION 310 N TRYON STREET CHARLOTTE, NC 28202 | SCHOOL OF DREAMS INC 429 N COLLEGE ST. SPARTANBURG, SC 29303 | YMCA OF GREATER CHARLOTTE 500 E. MOREHEAD ST. CHARLOTTE, NC 28202 | WAREHOUSE 242-CHRISTMAS VILLAGE TOY 2307 WILKINSON BLVD CHARLOTTE, NC 28208 |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | |
|-----------------------------------|---|--|
| | AND | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION |
| CHARLOTTE NEUROSCIENCE FOUNDATION | UNRELATED | SUPPORT COMPREHENSIVE MEMORY CARE TO ELDERLY |
| 2711 RANDOLPH RD , #505 | PC | PATIENTS AND THEIR FAMILIES |
| CHARLOTTE, NC 28207 | | |

10,000

AMOUNT

ATTACHMENT 6 (CONT'D)

5,000

PROVIDE CARE OF PEOPLE LIVING WITH MEMORY LOSS

AND SUPPORT FOR THEIR FAMILIES

UNRELATED

THE IVEY MEMORY WELLNESS DAY CENTER

6030 PARK SOUTH DR

| CHARLOTTE, NC 28210 | | | |
|-------------------------------------|-----------|--|--------|
| DONORSCHOOSE | UNRELATED | PROVIDE FUNDING FOR CLASSROOM NEEDS IN PUBLIC | 10,000 |
| 134 W 37TH ST , FLOOR 11 | PC | SCHOOLS | |
| NEW YORK, NY 10018 | | | |
| BOWERY RESIDENTS COMMITTEE | UNRELATED | SUPPORT PROGRAMS FOR HOMELESS MEN AND WOMEN IN | 5,000 |
| 131 W. 25TH ST , 12TH FLOOR | PC | NEW YORK CITY | |
| NEW YORK, NY 10001 | | | |
| CARE RING- NURSE-FAMILY PARTNERSHIP | UNRELATED | SUPPORT NURSE FAMILY PARTNERSHIP PROGRAM FOR | 10,000 |
| 601 E 5TH ST, SUITE 140 | PC | AT-RISK MOTHERS AND NEWBORNS | |

CHARLOTTE, NC 28202

| PAID | |
|---------------|--|
| CONTRIBUTIONS | |
| TOTAL | |

500,000

THE JAMES FAMILY FOUNDATION INC. 20-5525003 FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of I | | NS AND LO | | ription | | <u>ام</u> | Date acquired | Date sold |
|-----------------------|-----------------------|--------------------------|--------------|--------------------|--------------------|-----------|------------------|------------|
| Gross sale price less | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | ١ | Gain or | |
| expenses of sale | allowable | basis | 12/31/69 | 12/31/69 | adı basıs | $oxed{H}$ | (loss) | |
| 346,157. | | ISHARES MSCI 329,976. | GERMANY E | rf | | | VAR 16,181. | 01/21/2014 |
| 517,599. | | ISHARES RUSS 446,176. | SELL 1000 V | ALUE ETF | | | VAR 71,423. | 01/15/2014 |
| 282,679. | | ISHARES MSCI 317,085. | UNTD KING | OOM EFT | | | VAR -34,406. | 01/21/2014 |
| 400,627. | | ISHARES MSCI 410,042. | AUSTRALIA | ETF | | | VAR -9,415. | 02/26/2014 |
| 377,378. | | ISHARES MSCI 373,087. | CANADA ETI | F | | | VAR 4,291. | 02/26/2014 |
| 352,718. | | ISHARES MSCI 388,575. | EMERGING N | MKTS ETF | | | VAR -35,857. | 02/26/2014 |
| TOTAL GAIN(L | oss) | | | | | | 12,217. | |
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