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DLN: 93491214000505

OMB No 1545-0052

Department of the Treasury

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

> Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Internal Revenue Service ► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 A Employer identification number Name of foundation WILLIAM A STERN FOUNDATION 56-1841856 **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) C/O A J JACOBSONCPA 4100 WELL SPRIN (336) 274-3027 C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27410 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation **J** Accounting method **F** If the foundation is in a 60-month termination I Fair market value of all assets at end **▶** □ under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16)▶\$ 1,678,444 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see for charitable expenses per books (cash basis only) Contributions, gifts, grants, etc , received (attach Check ► ✓ If the foundation is **not** required to attach Interest on savings and temporary cash investments 4,169 Dividends and interest from securities. . . 4,169 Net rental income or (loss)_ Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . 320.320 Net short-term capital gain . . Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 匆 11 12 Total. Add lines 1 through 11 . . 4,169 324.489 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . Operating and Administrative Expenses 15 Pension plans, employee benefits . . 93 500 Legal fees (attach schedule). 16a 1,500 匆 1.500 Accounting fees (attach schedule). Other professional fees (attach schedule) **17** Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion . 19 20 Travel, conferences, and meetings. 21 22 Printing and publications Other expenses (attach schedule) . . . 993 Total operating and administrative expenses. 24 Add lines 13 through 23 2.000 2.000 25 Contributions, gifts, grants paid. . . . 97,000 97,000 26 Total expenses and disbursements. Add lines 24 and 99,000 99,000 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements -94.831 324,489 Net investment income (if negative, enter -0-)

Adjusted net income (If negative, enter -0-)

Pa	rt II	Balance Sheets Attached schedules and amounts in the 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-bearing	11,091	5,947	5,947
	2	Savings and temporary cash investments			
	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			
	Ü	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			
sets	9	Prepaid expenses and deferred charges			
ASS		Investments—U S and state government obligations (attach schedule)			
۳,			1,872,545	1,672,497	1,672,497
		Investments—corporate stock (attach schedule)	1,072,343	1,072,437	1,072,437
	_	· · · · · · · · · · · · · · · · · · ·			
	11	Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
		Investments—mortgage loans			
		Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the	1 002 626	1 679 444	1 670 444
		Instructions Also, see page 1, item I)	1,883,636	1,678,444	1,678,444
	17	Accounts payable and accrued expenses			
φŞ	18	Grants payable			
	19	Loans from officers, directors, trustees, and other disqualified persons			
abiliti	20	Mortgages and other notes payable (attach schedule)			
	21	Other liabilities (describe			
	22 23	Total liabilities (add lines 17 through 22)		0	
	23	Foundations that follow SFAS 117, check here			
S do		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted	1,883,636	1,678,444	
ପ୍ର	25	Temporarily restricted	2,555,555	_,_,,,,,	
8	26	Permanently restricted			
n	20	Foundations that do not follow SFAS 117, check here			
ľF		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	1,883,636	1,678,444	
Z	31	Total liabilities and net assets/fund balances (see instructions)	1,883,636	1,678,444	
Do			1,003,030	1,070,444	
	rt II		(a) line 20 /mint a		
1		Total net assets or fund balances at beginning of year—Part II, column with end-of-year figure reported on prior year's return)	(a), line 30 (must agre		1 002 626
2					1,883,636
3		Other increases not included in line 2 (itemize)		3	77,031
<i>3</i> 4		Add lines 1, 2, and 3		- 3	1,788,805
5		Decreases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	110,361
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P		·- 	1,678,444
_		The state of the s		<u> </u>	

1 a	2-story brick warehou	e kınd(s) of property sold (e g , re se, or common stock, 200 shs M		P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_ 4	schedule available			Р	2013-01-01	2014-12-31
ь						
С						
d						
		(f) Depreciation allowed	d (a) Co	st or other basis	(h) Gaun	or (loss)
(e) Gross sales price	(or allowable)	, , , ,	expense of sale	(e) plus (f)	
а	667	,610	0	347,29	0	320,320
ь						
С						
d						
	mplete only for accets sho	I owing gain in column (h) and owne	d by the foundati	on on 12/31/60	(I) Coine (Col	(h)
		(j) Adjusted basis		xcess of col (i)	(I) Gains (Col col (k), but not l	
(i)	FM V as of 12/31/69	as of 12/31/69		rcol (j), if any	Losses (fro	
а		0	0		0	320,320
b						
С						
d						
			If gain, also onto	er in Part I, line 7		
2	Capital gain net income			0 - in Part I, line 7		220 220
		l.		j	2	320,320
3	Net short-term capital (gain or (loss) as defined in sectioi	nc 1777/51 and /			
3		- , ,	115 1222(J) aliu (6)		
J		rt I, line 8, column (c) (see instru	ctions) If(loss),			
	ın Part I, line 8	rt I, line 8, column (c) (see instru			3	
Part	ın Part I, line 8	rt I, line 8, column (c) (see instru	ctions) If (loss),	enter -0 -		
Part '	In Part I, line 8 V Qualification Un	rt I, line 8, column (c) (see instru	ctions) If (loss),	enter -0 -	ent Income	
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Part (For opt	In Part I, line 8 V Qualification Un	rt I, line 8, column (c) (see instru	ctions) If (loss),	enter -0 -	ent Income	
Part For opt f section Was the	Qualification Unional use by domestic private 4940(d)(2) applies, lead foundation liable for the s	rt I, line 8, column (c) (see instru	ctions) If (loss), educed Tax of the control of an area of the control of	enter -0 - on Net Investment x on net investment y year in the base p	income)	┌ Yes ┌ No
Part For opt f section Was the f "Yes,"	Qualification Unional use by domestic private 4940(d)(2) applies, lead foundation liable for the state of the foundation does not	rt I, line 8, column (c) (see instruction of the section 4940(e) for Revate foundations subject to the section 4942 tax on the distribute qualify under section 4940(e) Do	ections) If (loss), educed Tax of the control of the complete the control of the	enter -0 -	ent Income Income) eriod?	Γ Yes Γ No
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Part For opt f section Vas the f "Yes, 1 Ent Base year (0)	Qualification Unional use by domestic private and 4940 (d)(2) applies, lead foundation liable for the state the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rate the number of years the Enter the net value of new total column (a)	rt I, line 8, column (c) (see instruction of the second subject to	ctions) If (loss), ceduced Tax of the ceduced Tax	enter -0- on Net Investment x on net investment y year in the base p is part efore making any ent c) naritable-use assets 1,576,000 1,453,873 1,322,903 1,120,424 ine 2 by 5, or by ears	ent Income Incom	n ratio by col (c)) 0 000000 0 047367 0 058867 0 051514 0 047259 0 205007 0 041001 1,842,052
Part For opt f section Vas the f "Yes," 1 Ent Base year (c)	Qualification Unional use by domestic private and 4940 (d)(2) applies, lead foundation liable for the state of the foundation does not the foundation does not the foundation does not the appropriate amount (a) period years Calendar for tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rate the number of years the Enter the net value of near the Multiply line 4 by line 3	rt I, line 8, column (c) (see instruction of the second subject to	ctions) If (loss), ceduced Tax of the ceduced Tax	enter -0- on Net Investment by year in the base properties assets 1,576,000 1,453,873 1,322,903 1,120,424 ine 2 by 5, or by ears 255	ent Income Incom	0 041001 1,842,052 75,526
Part For opt f section Was the f "Yes, 1 Ent Base year (0)	Qualification Unional use by domestic private and 4940 (d)(2) applies, lead foundation liable for the state of the foundation does not the foundation does not the foundation does not the appropriate amount (a) period years Calendar for tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rate the number of years the Enter the net value of near the Multiply line 4 by line 3	rt I, line 8, column (c) (see instruction of the second subject to	ctions) If (loss), ceduced Tax of the ceduced Tax	enter -0- on Net Investment by year in the base properties assets 1,576,000 1,453,873 1,322,903 1,120,424 ine 2 by 5, or by ears 255	ent Income Incom	0 041001 1,842,052 75,526
Part For opt f section Was the f "Yes," 1 Ent Base year (of	Qualification Unional use by domestic private in 4940 (d)(2) applies, lead foundation liable for the state foundation does not der the appropriate amount (a) period years Calendar or tax year beginning in) 2013 2012 2011 2010 2009 Total of line 1, column (A verage distribution rate the number of years the Enter the net value of not Multiply line 4 by line 3 Enter 1% of net investrice Add lines 5 and 6.	rt I, line 8, column (c) (see instruction of the second subject to	ctions) If (loss), educed Tax cection 4940(a) ta able amount of an or not complete the enstructions be Net value of noncection of the influence that the total on least than 5 years from Part X, lines to the cection of the influence that the cection is a fine part X, lines than 5 years from Part X, lines than 5 yea	enter -0	ent Income Incom	0 000000 0 047367 0 058867 0 051514 0 047259

	990-PF (2014) Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	rustis		age 4
1a		ructio	ns)	
14	on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary–see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			3,245
	here ▶ 🔽 and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
2	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others			
2	enter -0-)			0
3	Add lines 1 and 2		:	3,245
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			
5	enter - 0 -) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter - 0			3,245
6	Credits/Payments			,,,,,,,
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			
Ь	Exempt foreign organizations—tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c 1,000			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			1,000
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 if Form 2220 is attached. 🕏 8			72
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			2,317
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 0 Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	It participate or intervene in any political campaign?	1a		No
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	10		110
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
	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	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	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 incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ü	By language in the governing instrument, or	 	 	1
	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? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<u>►NC</u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			-10
	and addresses.	10		No

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 ► <u>N/A</u>			
14	The books are in care of ►ALBERT J JACOBSON CPA Telephone no ►(336)	274-	3027	
	Located at 10 WELL SPRING DR APT 2219 GREENSBORO NC ZIP +4 27410			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		1	► □
	and enter the amount of tax-exempt interest received or accrued during the year			,
16	<u> </u>		v	l Na
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	ا ء د	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Do.				
1261	rt 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
4			res	NO
Ia	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 Vo			
	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes ▼ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 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)			
ь	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		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	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		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))			
а	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 🕨 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		No
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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "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 foundation had excess business holdings in 2014.)	3b		No
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 2014?	4b	1	No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	√ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry										
	on, directly or indirectly, any voter registration drive?						√ No				
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes					√ No					
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				┌ Yes ┌	√ No		
	(5) Provide for a	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.			√ No		
b	If any answer is	"Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [
С				4), does the foundat							
								T Yes [- _{No}		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? TYes F	- No		
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1	(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
					_				-		
			-								
2	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
/	. N			(b) Title, and aver	age			(d) Contributions to	(-) [
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	F	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı l number of other	employees paid o	vers	\$50,000					1		0

Form 990-PF (2014)		Page /
Part VIII Information About Officers, Directors, True and Contractors (continued)	ıstees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (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		
		· 0
Total number of others receiving over \$50,000 for professional service	es	-
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include organizations and other beneficiaries served, conferences convened, research papers		Expenses
1	produced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investment		1
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2	A mount
1		1
		-
2		
		1
All other program-related investments See instructions		
3		
		4
Total. Add lines 1 through 3		
Total , ad in ough 5		I

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 1.870.104 1h Λ 1c O 1d 1.870.104 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 1.870.104 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 28.052 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 1.842.052 5 92,103 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 92.103 1 Tax on investment income for 2014 from Part VI, line 5. 3.245 2a Income tax for 2014 (This does not include the tax from Part VI). . . 2c 3.245 3 3 88.858 4 4 5 5 88.858 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 88.858 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 99.000 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 99,000 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 3,245 95,755 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

	olidistributed filcollie (see liisti	actions			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	Distributable amount for 2014 from Part XI, line 7	Сограз	rears prior to 2013	2013	88,858
	· •				00,030
	Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only				
	· · · · · · · · · · · · · · · · · · ·				
	Total for prior years 20, 20, 20				
	Excess distributions carryover, if any, to 2014 From 2009				
	From 2009				
	From 2011				
	From 2012				
	From 2013				
	Total of lines 3a through e	287,687			
	Qualifying distributions for 2014 from Part				
7	XII, line 4 \$ 99,000				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				
b	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2014 distributable amount				
е	Remaining amount distributed out of corpus	99,000			
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the				
	same amount must be shown ın column (a).)				
6	Enter the net total of each column as				
	indicated below:	205 507			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	386,687			
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				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount—see				
f	Undistributed income for 2014 Subtract				
•	lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				88,858
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
0	be required - see instructions)				+
0	applied on line 5 or line 7 (see instructions)	59,304			
9	Excess distributions carryover to 2015.				
_	Subtract lines 7 and 8 from line 6a	327,383			
10	Analysis of line 9				
а	Excess from 2010				
b	Excess from 2011 85,585				
C	Excess from 2012				
d	Excess from 2013				
е	Excess from 2014 99,000				

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

See Additional Data Table

See Additional Data Table

c Any submission deadlines

See Additional Data Table

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager	recipient	contribution	Amount
Name and address (home or business) a Paid during the year See Additional Data Table	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Total				97,00
b Approved for future payment				
	-	•	line on the	

Form 990-I	PF (2014) -A Analysis of Income-Produci	na Activitie				Page 12
	s amounts unless otherwise indicated	_	usiness income	Excluded by section	n 512, 513, or 514	(e)
-	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
						,
с						
f						
2 Membe 3 Interes	and contracts from government agencies rship dues and assessments					
	nds and interest from securities					
a Debt-	financed property					
6 Net rer	ebt-financed property					
8 Gain or	nvestment income					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory evenue a					
b						
е						
	al Add columns (b), (d), and (e)					
(See w	orksheet in line 13 instructions to verify ca	alculations)				
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)	h income is re	ported ın column ((e) of Part XVI-A c	ontributed import	

1 Diet te organization directly or indirectly engage in any of the following with any other organization described in section 512 (c) of the Code (city of the Code (city (c)) a granizations or an election 527, relating to political organizations? 3 Transfers from the reporting foundation to a nonchantable exempt organization of (3) Cash. 4 Capture assets: 4 Capture assets: 5 Capture assets: 6 Capture assets: 6 Capture assets: 6 Capture assets: 6 Capture assets: 7 Capture assets: 7 Capture assets: 8 Capture assets: 9 Capture assets: 9 Capture assets: 9 Capture assets: 10 Cap	Рагт	XVII	Noncharitable				actioi	ns and Relations	onips with			
a Transfers from the reporting foundation to a noncharitable exempt organization of (13) Cash. (2) Other assets. (3) Cash. (4) Cash. (5) Other transactions (6) Senate of assets to a noncharitable exempt organization. (7) Purchases of assets from a noncharitable exempt organization. (8) Renate of facilities, equipment, or other assets. (9) Loans or loan guarantees. (9) Loans or loan guarantees. (9) Performance of services or membership or fundraising solicitations. (10) Performance of services or membership or fundraising solicitations. (10) Loans or loan guarantees. (10) Loans or loans guarantees. (10) Loans for loans guarantees. (11) Type of organization of transfers, transactions, and sharing arrangaments. (11) Loans guarantees. (12) Loans guarantees. (13) Loans guarantees. (14) Loans guarantees. (15) Loans guarantees. (16) Loans for loans guarantees. (17) Loans guarantees. (ganization directly or i	ndırectly eng	age in any of t	he following wit					Yes	No
(1) Cash. (2) Other assets. (3) Sales of assets to a nonchantable exempt organization. (3) Sales of assets from a nonchantable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Rentalizament arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) It is 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 present but reporting fundation if the foundation received less than fair market value in any transaction or sharing arrangement, shown in column (d) the value of the goods, other assets, or services received 20) Lie Bio (b) Amoust avoided (c) liene of noncharable exempt organization (a) Lie Bio (b) Amoust avoided (c) liene of noncharable exempt organization (b) Type of urganization (c) Description of institutionly (c) Description of institutionly (d) None of urganization (e) Type of urganization (f) Description of institutionly (e) Type of urganization (f) Description of institutionly (g) None of urganization (h) Performance 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 texpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Prints address P ALBERT JJACOBSON CPA Prints address P Firm's address P Phone no (336) 274-	orga	nızatıd	ons?									
(2) Other assets. Iai.(2) No Other transactions (1) Sales of assets to a nonchantable exempt organization. Iai.(3) No Other transactions (2) Purchases of assets from a nonchantable exempt organization. Iai.(3) No Other transactions Iai.(4) No Other transactions Iai.(5) No Other transport of tra	a Tran	sfers	from the reporting four	ndation to a n	oncharitable e	exempt organiza	ation of					
District transactions 16 10 No No No No No No No N												No
(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. (7) Reimbursement arrangements. (8) Performance of services or membership or fundraising solicitations. (9) Reimbursement arrangement, between the services or membership or fundraising solicitations. (9) Performance of services or membership or fundraising solicitations. (10) Loans or to solicitude, equipment, melling lists, other assets, or paid employees. (10) Loans or to any of the above is "Yes," Complete the following schedule Collumn (b) should always show the fair merket value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in enty trans-ection or sharing arrangement, shown in column (d) the value of the goods, other assets, or services every complete the following in column (d) the value of the goods, other assets, or services every complete the following shown in column (d) the value of the goods, other assets, or services every complete the following shown in column (d) the value of the goods, other assets, or services every complete the following schedule (a) the code (other than section 501(c)(3)) or in section 527? 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? 2b If Yes, Complete the following schedule (a) Reimbursement (d) Percention of described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? 2reported the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than tax appray) is based on all information of which prepare shown the preparer shown the preparer shown the preparer s	• •											No
(2) Purchases of assets from a nonchantable exempt organization. (3) Remail of facilities, equipment, or other assets. (4) Reimburgement strangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) In the answer to any of the above is "Yes," complete the following schedule Column (b) should slivays show the fair market value of the goods, other assets, or paid employees. (8) Lee No. 4 If the answer to any of the above is "Yes," complete the following schedule Column (b) should slivays show the fair market value in the good of the special of the goods, other assets, or services green led in any transaction of sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Lie No. (b) Amount involved (c) Riame of nonchantable exempt organization (a) Lie No. (b) Amount mode organization (c) Lie No. (d) Description of transfers, transactions, and sharing arrangements asserting the school of transfers, transactions, and sharing arrangements asserting the school of transfers, transactions, and sharing arrangements asserting to the goods, other assets, or services received (a) Lie No. (b) Amount mode organization (c) Description of relationship arrangements and statements, and the following schedules and statements, and the following schedules and statements, and the following schedules are described in section 501(c) of the Code (other than section 501(c)(3)) or in section 5277. (e) Description of relationship (b) Time's estimated this factor of preparer (other than taxpayer) is based on all information of which preparer has any knowledge (a) Title (b) Riame of organization (c) Description of relationship (d) State of the described in section 501(c) of relationship (e) Name of organization (f) Type of organization (g) Name of organization (h) Type of organization (g) Name of organization (g) Name of organization (h) Typ										41.44		l <u>.</u> .
(4) Reimbursement arrangements				•	=							
(4) Reimbursement arrangements												
(5) Loens or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (6) Up Anount my of the above is "ves," complete the following schedule. Collumn (b) should always show the fair market value of the goods, other assets, or services given by the reporting fundation. 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. (a) Line No. (b) Anount involved. (c) Rome of noncharitable exempt organization. (a) Up the No. (b) Anount involved. (c) Rome of noncharitable exempt organization. (a) Up the No. (b) Anount involved. (c) Rome of noncharitable exempt organization of the selection, and sharing arrangements of the goods, other assets, or services received. (a) Up the No. (b) Anount involved. (c) Rome of noncharitable exempt organization. (c) Description of transfers, transactions, and sharing arrangements of the goods, other assets, or services received. (a) Up the No. (b) Anount involved. (c) Rome of noncharitable exempt organization. (c) Description of transfers, transactions, and sharing arrangements. (a) Up the No. (b) Anount involved (c) Rome of noncharitable exempt organization. (c) Description of relationship. (d) Description of transfers, transactions, and sharing arrangements. (e) Up the No. (f) None of organization. (b) Type of organization. (c) Description of relationship. (c) Description of relationship. (d) Description of relationship. (e) Description of relationship. (e) Description of relationship. (e) Description of relationship. (f) None of organization. (g) None of organization. (g) None of organization. (h) Type of organization. (g) Description of relationship. (h) Description of relationship. (g) Description of relationship. (h) Description of relationship. (g) D												-
(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 "tes," complete the following schedule 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 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. (a) Line No (b) Amount involved (c) Name of nonchardable exempt organization (d) Description of transfers, transactions, and sharing arrangements a 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? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penaltities of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penaltities of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Pont Type preparer is name ALBERT JJACOBSON CPA Firm's address ► Phone no (336) 274- 3027												
c Shanng 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 in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line No (b) Amount avoived (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line No (b) Amount avoived (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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)33) or in section 527?												
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Za 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?	of th	e good	ds, other assets, or se	rvices given	by the reportii	ng foundation I	f the fou	ındatıon received les	s than fair marke	et value		
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	(a) Line I	No	(b) Amount involved	(c) Name of n	oncharitable exe	mpt organization	(d)	Description of transfers,	transactions, and sha	rıng arra	ngemer	nts
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?												
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described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?												
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Print/Type preparer's name ALBERT J JACOBSON CPA Primt's address ALBERT J JACOBSON CPA Firm's address ALBERT J JACOBSON CPA Firm's address Aloo wellspring dr apt 2219 GREENSBORO, NC Title Proparer's Signature Date 2015-08-02 Check if self-employed PTIN Firm's EIN Phone no (336) 274-3027	desc	rıbed	in section 501(c) of the omplete the following :	ne Code (othe schedule	r than section	n 501(c)(3)) or	ın sectı	on 527?			es F	No
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Print/Type preparer's name ALBERT J JACOBSON CPA Primt's address ALBERT J JACOBSON CPA Firm's address ALBERT J JACOBSON CPA Firm's address Aloo wellspring dr apt 2219 GREENSBORO, NC Title Proparer's Signature Date 2015-08-02 Check if self-employed PTIN Firm's EIN Phone no (336) 274-3027												
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the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Print/Type preparer's name ALBERT J JACOBSON CPA Primt's address ALBERT J JACOBSON CPA Firm's address ALBERT J JACOBSON CPA Firm's address Aloo wellspring dr apt 2219 GREENSBORO, NC Title Proparer's Signature Date 2015-08-02 Check if self-employed PTIN Firm's EIN Phone no (336) 274-3027												
the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** Signature of officer or trustee Date Print/Type preparer's name ALBERT J JACOBSON CPA Primt's address ALBERT J JACOBSON CPA Firm's address ALBERT J JACOBSON CPA Firm's address Aloo wellspring dr apt 2219 GREENSBORO, NC Title Proparer's Signature Date 2015-08-02 Check if self-employed PTIN Firm's EIN Phone no (336) 274-3027												
Firm's name ► ALBERT J JACOBSON CPA Firm's name ► ALBERT J JACOBSON CPA Firm's address ► 4100 wellspring dr apt 2219 GREENSBORO, NC ALBERT J GREENSBORO, NC ALBERT J GREENSBORO, NC Firm's address ► ALBERT J GREENSBORO, NC Title Title Title Title Title Title Date 2015-08-02 Check if self-employed ► ✓ PTIN Firm's EIN ► Phone no (336) 274- 3027	Sign	the b infori	est of my knowledge a mation of which prepar	and belief, it is	s true, correct	, and complete			ner than taxpaye	r) is bas	sed on	all
Print/Type preparer's name ALBERT J JACOBSON CPA Firm's name ALBERT J JACOBSON CPA Firm's name ALBERT J JACOBSON CPA Firm's address ► 4100 wellspring dr apt 2219 GREENSBORO, NC Preparer's Signature Date 2015-08-02 Check if self-employed ► ✓ PTIN	Here) -					-)		with the	preparei	rshown	
Print/l ype preparer's name ALBERT J JACOBSON CPA Firm's name ALBERT J JACOBSON CPA Firm's name ALBERT J JACOBSON CPA Firm's address Firm's address Firm's address Firm's address Albert J JACOBSON CPA Firm's EIN F Phone no (336) 274- 3027		. 5	ignature of officer or t	rustee	Γ	Date			-			No
Preparer Use Only Firm's address 4100 wellspring dr apt 2219 GREENSBORO, NC ALBERT J JACOBSON CPA Phone no (336) 274- 3027			ALBERT J JACOBS		Preparer's S	ignature				PIIN		
4100 wellspring dr apt 2219 GREENSBORO, NC 3027	Paid Prepa	Pald ALBERT J JACOBSON CPA										
	Preparer Use Only		Firm's address F Pho 4100 wellspring dr apt 2219 GREENSBORO, NC 302							5)274-		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KATHERINE G STERN	PRES/TREAS/DIR	0	0	0
2304 PRINCESS ANN ST GREENSBORO,NC 27408	2 0 0			
SUSAN STERN	VP/DIR	0	0	0
120 COQUINA DRIVE WILMINGTON,NC 28411	0			
ALBERT J JACOBSON	ASST SECTY/DIR	0	0	0
4100 WELL SPRING DR APT 2219 GREENSBORO,NC 27410	0			
BRINTON D WRIGHT	SECTY/DIR	0	0	0
2306 BRANDT TRACE FARM RD GREENSBORO,NC 27455	0			
KATHERINE O STERN	VP/DIR	0	0	0
NOTTINGHAM DRIVE GREENSBORO,NC 24408	1 00			
SIDNEY J STERN III	ASST TREAS/DIR	0	0	0
215 N EDGEWORTH ST GREENSBORO, NC 27401	0			

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed

ALBERT J JACOBSON CPA TRUSTEE 4100 WELL SPRING DR APT 2219 GREENSBORO,NC 27410 (336) 274-3027

 ${f b}$ The form in which applications should be submitted and information and materials they should include

WRITTEN APPLICATION-TWO YEARS AUDITED STATEMENTS-FULL MISSION

c Any submission deadlines

NONE

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

NO GRANTS TO INDIVIDUALS

а	The name, address, and telephone number of the person to whom applications should be addressed
	ALBERT J JACOBSON CPA ASST SECTY 1002 DOVER ROAD GREENSBORO,NC 27408 (336) 274-3027
b	The form in which applications should be submitted and information and materials they should include
	STATEMENT OF GOALS AND OBJECTIVES OF ORGANIZATION
С	Any submission deadlines
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	BASICALLY GUILFORD COUNTY, AND STATE OF NORTH CAROLINA

			The real of Approved for the	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CAROLINA THEATRE 310 sS GREENE ST Greensboro,NC 27401		PC501C3	general support	15,000
U N C PRESS 116 BOUNDARY ST CHAPEL HILL, NC 275143808		PC501C3	GENERAL SUPPORT	1,000
MAMAFRICA 705 N GREENE ST 8 CARRBORO,NC 27520		PC501C3	GENERAL SUPPORT	1,000
AMERICAN HEBREW ACADEMY 1334 HOBBS GREENSBORO,NC 27410		PC501C3	GENERAL SUPPOTRT	500
AMERICAN JEWISH COMMITTEE 165 E 55TH NEW YORK,NY 10022		PC501 C 3	GENERAL SUPPORT	500
BENNETT COLLEGE 500 E WASHINGTON GREENSBORO,NC 27401		PC501C3	GENERAL SUPPORT	1,000
BETH DAVID SYNAGOGUE 804 WINVIEW DR GREENSBORO,NC 27410		PC501C3	GENERAL SUPPORT	1,000
BIRTHRIGHT ISRAEL FOUND 33 E 33RD ST NY,NY 10075		PC501C 3	GENERAL SUPPORT	1,000
CAPE FEAR COMM COLLEGE 411 N FRONT ST WILMINGTON, NC 284013993		PC501 C 3	S J STERN SCHOL FDGENERAL SUPPORT	3,000
CAPE FEAR COMM COLLEGE 411 N FRONT ST WILMINGTON,NC 284013993		PC501 C3	M G ANDERSON TEACHING AWARDGENERAL SUPPORT	2,000
CHILDRENS HOME P O BOX 14300 GREENSBORO,NC 27415		PC501 C 3	IN MEMORY KEN TUTHEROWGEN SUPPORT	3,000
COMM THEATRE OF GREENSBORO 200 N DAVIE ST 9 GREENSBORO,NC 27401		PC501 C 3	GEN SUPPORT	1,000
DANBURY VOL FIRE DEPT 102 OLD CHURCH RD DANBURY,NC 27016		PC501 C 3	GEN SUPPORT	500
DUKE UNIV CLASSIC DEPT 236 ALLEN BLDG DURHAM,NC 27708		PC501 C3	GEN SUPPORT	1,000
ELON UNIV LAW SCHOOL 201 N GREENE GREENSBORO,NC 27401		PC501 C 3	S J STERN ENDOWGEN SUPPORT	1,000
Total				97,000

			ne real of Approved for the	
Recipient	If recipient is an individual, show any relationship to	status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ELON UNIV CLASSICS DEPT 2185 CAMPUS BOX ELON,NC 27244		PC501 C3	GEN SUPPORT	1,000
ELON UNIV HILLEL 2960 CAMPUS BOX ELON,NC 27444		PC501 C 3	GEN SUPPORT	2,000
FRIENDS OF CENTER CITY PARK 317 S ELM GREENSBORO, NC 27401		PC501 C 3	GEN SUPPORT	1,000
FRIENDS OF LIBRARY 219 N CHURCH ST GREENSBORO,NC 27401		PC501 C 3	MCGIRT HORTONGEN SUPPORT	1,000
FRIENDS OF GLENWOOD LIBRARY 210 N CHURCH GREENSBORO,NC 27401		PC501 C3	GEN SUPPORT	1,000
GREENSBORO COLLEGE 815 W MKT GREENSBORO,NC 27401		PC501 C 3	GENERAL SUPPORT	2,000
GREENSBORO JEWISH FEDERATION 5509 C WEST FRIENDLY GREENSBORO,NC 27410		PC501 C 3	GEN SUPPORT	3,500
GREENSBORO JEWISH FED 5509 C WEST FRIENDLY GREENSBORO,NC 27410		PC501 C 3	CONG NURSEGEN SUPPORT	1,000
GREENSBORO URBAN MINISTRY 305 WEST LEE GREENSBORO,NC 27406		PC501 C 3	IN HONOR MIKE AIKENGEN SUPPORT	5,000
GUILFORD COLLEGE 6800 W FRIENDLY AVE GREENSBORO,NC 27410		PC501 C 3	GEN SUPPORT	1,000
HILLEL UNC 210 W CAMERON CHAPEL HILL, NC 27516		PC501 C 3	GEN SUPPORT	3,000
JEWISH HERITAGE FOUND NC BOX 51245 DURHAM,NC 277171245		PC501 C 3	GEN SUPPORT	1,000
JEWISH EDUC LOAN FUND 4549 CHAMBLEE DUNWOODY ATLANTA,GA 30338		PC501 C3	GEN SUPPORT	1,000
N C MUSEUM OF ART 4630 MAIL SVC CNTR RALEIGH,NC 276994630		PC501 C 3	JUDAICA GALLERYGEN SUPPORT	1,000
NEWCOMERS SCHOOL 411 FREEDWAY RD GREENSBORO,NC 27410		PC501 C 3	GEN SUPPORT	1,000
Total				97,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEW HANOVER FIRE SVC 320 GOV CNTR DR SUITE 130 WILMINGTON,NC 28403		PC501 C 3	OGDEN STATION 62GEN SUPPORT	1,000
PRESERVATION GBORO BOX 13136 GREENSBORO,NC 27405		PC501 C 3	GEN SUPPORT	2,000
S J STERN SR MEMORIAL FUND CB 3380 CHAPEL HILL,NC 27516		PC501 C 3	GEN SUPPORT	1,000
STOKES COUNTY HISTORICAL SOC BOX 304 DANBURY,NC 27016		PC501 C 3	GEN SUPPORT	500
STOKES COUNTY SHERIFFS DEPT BOX 118 DANBURY,NC 27016		PC501 C 3	GEN SUPPORT	500
TEMPLE EMANUEL 1129 JEFFERSON GREENSBORO,NC 27410		PC501 C 3	FRIENDSHIP CIRCLEGEN SUPPORT	1,000
TEMPLE OF ISRAEL CEMETARY FUND BOX 4022 WILMINGTON,NC 25406		PC501 C 3	IN HONOR LORRAINE OPPENHEIMERGEN SUPPORT	1,000
UNITED WAY GREENSBORO BOX 14998 GREENSBORO,NC 274154998		PC501 C 3	GEN SUPPORT	2,500
UNC CH CLASSICS DEPT 206 W FRANKLIN CHAPEL HILL,NC 27899		PC501 C 3	GEN SUPPORT	500
U N C PRESS 115 BOUNDARY ST CHAPEL HILL, NC 27514		PC501 C 3	GEN SUPPORT	1,000
UNC G CLASSICS DEPT BOX 26170 GREENSBORO, NC 25170		PC501 C 3	SOLES MOCHLOS PROJGEN SUPPORT	500
UNCG CLASSICS DEPT BOX 26170 GREENSBORO,NC 261706170		PC501 C 3	GEN SUPPORT	2,000
UNCG FLORA STERN SCHOL BOX 26170 GREENSBORO,NC 27402		PC501 C 3	GEN SUPPORT	2,000
UNC W 601 S COLLEGE RD WILMINGTON,NC 28403		PC501 C 3	SUSAN STERN GRAD HIST SCHOLGEN SUPPORT	2,000
WAKE FOREST UNIV CLASSICS BOX 7343 WINSTON SALEM,NC 27109		PC501 C 3	GEN SUPPORT	500
Total				97,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WOMANS RESOURCE CNTR 628 SUMMIT GREENSBORO,NC 27405		PC501 C 3	GEN SUPPORT	1,000
YMCA 820 GREEN VALLEY GREENSBORO,NC 27403		PC501 C 3	HAYES TAYLOR 1 OF 3GEN SUPPORT	5,000
INTERACTIVE RESOURCE CNTR BOX 20568 GREENSBORO,NC 27420		PC501 C 3	GEN SUPPORT	1,000
CONE HEALTH HEALING GARDEN 1200 N ELM GREENSBORO,NC 27401		PC501 C 3	1 OF 2GEN SUPPORT	5,000
CAPE FEAR COMM COLLEGE 411 N FRONT ST WILMINGTON, NC 284013993		PC501 C 3	GOODMAN INTER CNTRGEN SUPPORT	5,000
HILLEL UNC 210 WEST CAMERON CHAPEL HILL, NC 27616		PC501 C 3	MATCHING AJJGEN SUPPORT	125
HILLEL UNC G 210 W CAMERON CHAPEL HILL, NC 27616		PC501 C	GEN SUPPORTMATCHING AJJ	125
HILLEL U OF VT 411 MAIN ST BURLINGTON,VT 05401		PC501 C 3	MATCHING AJJGEN SUPPORT	125
HILLEL HIGH PT U 210 W CAMERON CHAPEL HILL,NC 27616		PC501 C 3	MATCHING AJJGEN SUPPORT	125
HILLEL ELON U 210 E CAMERON CHAPEL HILL, NC 27616		PC501 C 3	GEN SUPPORTMATCHING AJJ	125
HILLELS OF GA 735 GATEWOOD RD NE ATLANTA, GA 30322		PC501 C3	MATCHING AJJGEN SUPPORT	125
GSO SYMPHONY 200 N DAVIE SUITE 328 GREENSBORO,NC 27401		PC501 C3	GEN SUPPORTMATCHING AJJ	125
GREESBORO URBAN MINISTRY 305 W LEE ST GREENSBORO,NC 27406		PC501 C 3	MATCHING AJJGEN SUPPORT	125
UNITED WAY GSO BOX 14998 GREENSBORO,NC 274154998		PC501 C3	MATCHING AJJGEN SUPPORT	125
ARTS GSO BOX 877 GREENSBORO,NC 27402		PC501 C3	MATCHING AJJGEN SUPPORT	125
Total				97,000

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
STOP HUNGER 615 HILLSBOROUGH SUITE 200 RALEIGH,NC 27603		PC501 C3	MATCHING AJJGEN SUPPORT	125
COMM THEATRE OF GSO 200 N DAVIE 9 GREENSBORO, NC 27401		PC501 C 3	MATCHING AJJGEN SUPPORT	125
CHABBAD JEWISH CNTR GSO 5203 W FRIENDLY GREENSBORO, NC 274103606		PC501 C 3	MATCHING AJJGEN SUPPORT	125
JEWISH EDUC LOAN FUND 4549 CHAMBLEE DUNWOODY ATLANTA,GA 30338		PC501 C3	MATCHING AJJGEN SUPPORT	125
DEPT OF JEWISH STUDIES PETTIGREW SUITE 100 CB 3152 CHAPEL HILL, NC 275993152		PC501 C3	MATCHING AJJGEN SUPPORT	125
OPEN SPACE THEATRE 316 S GREENE GREENSBORO, NC 27401		PC501 C3	MATCHING AJJGEN SUPPORT	125
GUILFORD COLLEGE 5800 W FRIENDLY GREENSBORO,NC 27410		PC501 C3	MATCHING KSWGEN SUPPORT	1,000
FAITH ACTION INTER HOUSE 705 N GREENE GREENSBORO,NC 27401		PC501 C3	MATCHING KSWGEN SUPPORT	500
WOMANS RESOURCE CNTR 628 SUMMIT GREENSBORO, NC 27405		PC501 C3	MATCHING KSWGEN SUPPORT	500
Total	·			97,000

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TY 2014 Accounting Fees Schedule

Name: WILLIAM A STERN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ALBERT J JACOBSON, CPA BOOKKEEPING, ACCOUNTING AND TAX SERVICES	1,500			

TY 2014 Legal Fees Schedule

Name: WILLIAM A STERN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BRINTON WRIGHT ADVICE & COUNSEL	500			500

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TY 2014 Other Decreases Schedule

Name: WILLIAM A STERN FOUNDATION

Description	Amount
change in FMV of investments	110,361

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TY 2014 Other Expenses Schedule

Name: WILLIAM A STERN FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES				
INVESTMENT MANAGEMENT				
PUBLICATION OF NOTICE				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491214000505

TY 2014 Other Income Schedule

Name: WILLIAM A STERN FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
0			
0			
0			
0			

TY 2014 Taxes Schedule

Name: WILLIAM A STERN FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX				