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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

OMB No 1545-0052

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning **07/01/09**, and ending **06/30/10**G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation CATHERINE KENNEDY HOME FOUNDATION,		A Employer identification number 52-2282843
	Number and street (or P O box number if mail is not delivered to street address) PO BOX 4782	Room/suite	B Telephone number (see page 10 of the instructions)
	City or town, state, and ZIP code WILMINGTON NC 28406		C If exemption application is pending, check here <input type="checkbox"/>
			D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,193,077		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	11,152	11,152		
4 Dividends and interest from securities	54,756	54,756		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-9,798			
b Gross sales price for all assets on line 6a 241,573				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	56,110	65,908	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) STMT 1	1,810	905		905
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) STMT 2	1,168			
19 Depreciation (attach schedule) and depletion STMT 3	560			
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att. sch) STMT 4	8,006	6,600		1,406
24 Total operating and administrative expenses. Add lines 13 through 23	11,544	7,505		2,311
25 Contributions, gifts, grants paid	152,500			152,500
26 Total expenses and disbursements. Add lines 24 and 25	164,044	7,505	0	154,811
27 Subtract line 26 from line 12	-107,934			
a Excess of revenue over expenses and disbursements		58,403		
b Net investment income (if negative, enter -0-)				
c Adjusted net income (if negative, enter -0-)			0	

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Form **990-PF** (2009)

DAA

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	34,059	33,375	33,375
	3	Accounts receivable ▶ Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (att. schedule) ▶ Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule) SEE STMT	512,740	476,639	476,639
	b	Investments—corporate stock (attach schedule) SEE STMT	2,465,603	2,678,584	2,678,584
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment, basis ▶ Less accumulated depreciation (attach sch.) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
Liabilities	14	Land, buildings, and equipment, basis ▶ 15,371 Less accumulated depreciation (attach sch.) ▶ SEE STMT 12,687	3,244	2,684	2,684
	15	Other assets (describe ▶ SEE STATEMENT)	2,963	1,795	1,795
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	3,018,609	3,193,077	3,193,077
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	349,410	523,878	
	25	Temporarily restricted	2,669,199	2,669,199	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see page 17 of the instructions)	3,018,609	3,193,077	
	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	3,018,609	3,193,077	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,018,609
2	Enter amount from Part I, line 27a	2	-107,934
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT	3	282,402
4	Add lines 1, 2, and 3	4	3,193,077
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	3,193,077

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE 'WORKSHEET'				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

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

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

2 Capital gain net income or (net capital loss)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>	2	-9,798
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 </div>	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	186,493	3,050,034	0.061145
2007	184,860	3,762,940	0.049126
2006	213,638	3,699,214	0.057752
2005	138,431	3,439,013	0.040253
2004	167,946	3,171,754	0.052951

2 Total of line 1, column (d)	2	0.261227
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.052245
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	3,290,001
5 Multiply line 4 by line 3	5	171,886
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	584
7 Add lines 5 and 6	7	172,470
8 Enter qualifying distributions from Part XII, line 4	8	154,811

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	1,168
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	1,168
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-	5	1,168
6	Credits/Payments		
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	2,963
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	2,963
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,795
11	Enter the amount of line 10 to be Credited to 2010 estimated tax 1,795 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ _____ (2) On foundation managers \$ _____		
e 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? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	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	X	
8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) NC		
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	X	
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► ANNA ERWIN, CPA 2508 INDEPENDENCE BLVD. Located at ► WILMINGTON, NC	Telephone no ► 910-452-0611 ZIP+4 ► 28412		
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	► 15 <input type="checkbox"/>		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here N/A <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? N/A	1c	
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 , 20 , 20 , 20		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 , 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 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 2009) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2009?	4b	X

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

5a During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5b	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).**

(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
SEE LIST OF DIRECTORS ATTACHED	SEE ATTACHED	0	0	0
DIRECTORS RECEIVE NO COMPENSATION	0.00	0	0	0
OR FRINGE BENEFITS	0.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."**

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

Total number of others receiving over \$50,000 for professional services ▶**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 N/A	
2	
All other program-related investments. See page 24 of the instructions	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	3,337,419
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see page 24 of the instructions)	1c	2,684
d	Total (add lines 1a, b, and c)	1d	3,340,103
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,340,103
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	50,102
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,290,001
6	Minimum investment return. Enter 5% of line 5	6	164,500

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	164,500
2a	Tax on investment income for 2009 from Part VI, line 5	2a	1,168
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,168
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	163,332
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	163,332
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	163,332

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	154,811
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		
a	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	154,811
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 page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	154,811

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				163,332
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			81,351	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 154,811				
a Applied to 2008, but not more than line 2a			81,351	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				73,460
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 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 page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				89,872
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year				(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed
CATHERINE KENNEDY HOME FDN
PO BOX 4782 WILMINGTON NC 28406

b The form in which applications should be submitted and information and materials they should include
SEE COPY OF APPLICATION ATTACHED

c Any submission deadlines
FEBRUARY 28

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE SCHEDULE ATTACHED OF ALL GRANTS MADE DURING YR				152,500
Total			▶ 3a	152,500
b Approved for future payment N/A				
Total			▶ 3b	

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
 - a** Transfers from the reporting foundation to a noncharitable exempt organization of:
 - (1)** Cash
 - (2)** Other assets
 - b** Other transactions
 - (1)** Sales of assets to a noncharitable exempt organization
 - (2)** Purchases of assets from a noncharitable exempt organization
 - (3)** Rental of facilities, equipment, or other assets
 - (4)** Reimbursement arrangements
 - (5)** Loans or loan guarantees
 - (6)** Performance of services or membership or fundraising solicitations
 - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
 - d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

(1) Name of Organisation	(2) Type of Organisation	(3) Description of Relationship
N/A		

Sign Here

Signature of officer or trustee

1-27-11
Date

► TREASURY
Title

**Paid
Preparer's
Use Only**

Preparer's
signature

ROBERT H ORRELL III CPA

Date _____

Date
1.24.11

Check if self-employed ☐

Preparer's identifying
number (see **Signature** on
page 30 of the instructions)
P00288728

Firm's name (or yours if self-employed), address, and ZIP code

ORRELL & REINER, P.C.

PO BOX 4054

WILMINGTON, NC 28406-4054

EIN ▶ 03-0552326

Phone no **910-799-3611**

Federal Statements

Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
OVERPAID EXCISE TAX	\$ 2,963	\$ 1,795	\$ 1,795
TOTAL	\$ 2,963	\$ 1,795	\$ 1,795

Statement 9 - Form 990-PF, Part III, Line 3 - Other Increases

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN IN VALUE OF INVESTMENTS RECORDED ON BOOKS NOT RECOGNIZED FOR TAX	\$ 282,119
TAX BASIS DIFFERENCE OF INVESTMENT SOLD	283
TOTAL	\$ 282,402

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

<u>Description</u>
SEE COPY OF APPLICATION ATTACHED

Form 990-PF, Part XV, Line 2c - Submission Deadlines

<u>Description</u>
FEBRUARY 28

Catherine Kennedy Home Foundation				
Grants Paid from 07/01/2009 to 06/30/2010				
Date	Check #	Payee	Purpose	Payment
5/17/2010	1329	Assistance League of Grtr Wilmington 1319-CC Military Cutoff Rd PMB 155, Wilm, NC	Exercise program - Residents AHEPA 408 Apts	1,000 00
5/17/2010	1330	Bread for Life Ministries Wilmington, NC	Freezers for food pantry	3,500 00
5/17/2010	1332	Cape Fear Literacy Council 1012 S 17th Street, Wilmington, NC 28401	Basic Literacy for Seniors	300 00
5/17/2010	1333	C A R E Wilmington, NC	Advocacy for women over 50 with HIV or AIDS	1,500 00
5/17/2010	1334	Child Advocacy & Parenting Place Exchange 1401 S 39th Street, Wilmington, NC 28403	Grandparent program	10,000 00
5/17/2010	1335	Davis Health Care Center 1011 Porters Neck Rd , Wilmington, NC	Exercise equipment purchase	2,000 00
5/17/2010	1336	Domestic Violence Shelter & Services P O Box 4782, Wilmington, NC 28406	Program support for Elder Support Group(s)	1,000 00
5/17/2010	1337	Elderhaus 1950 Amphitheatre Dr , Wilmington, NC 28401	16 Lifeline Security systems	5,500 00
5/17/2010	1338	Good Shepherd Center 811 Martin St., Wilmington, NC 28401	Homeless services for elderly guests	15,000 00
5/17/2010	1339	Kate B Hines Sr Center 308 Cape Fear Blvd , Carolina Beach, NC 28428	Food supplies for lunch program	6,000 00
5/17/2010	1340	Livingstones Tabernacle 127 Sloop Point Loop Rd , Hampstead, NC 28443	Food pantry purchases	5,000 00
5/17/2010	1341	Mother Hubbard's Cupboard 313 N 5th Ave , Wilmington, NC 28401	Non-perishable food for elderly diabetics	15,000 00
5/17/2010	1342	Oak Island Sr Center, Inc 5918 East Oak Island Dr , Oak Island, NC 28465	Construction of new entrance to meet code req's	6,500 00
5/17/2010	1343	Pender Adult Services 910 S Walker St., Burgaw, NC 28425	Meals on Wheels vehicle	5,000 00
5/17/2010	1344	Pender County Christian Services P O Box 84, Burgaw, NC 28425	Renovations to facility	10,000 00
5/17/2010	1345	Pilot Club of Wilmington Wilmington, NC	Upgrades to "Project Lifesaver" transmitters	2,500 00
5/17/2010	1346	St Mary/Tileston Outreach Ministry 412 Ann St., Wilmington, NC 28401	Financial assistance to elderly	15,000 00
5/17/2010	1347	South Brunswick Interchurch Council P O Box 1461, Shallotte, NC 28459	Food pantry purchases	5,000 00
5/17/2010	1348	Southport/Oak Island Interchurch Fellowship P O Box 711, Oak Island, NC 28465	Food pantry purchases	2,500 00
5/17/2010	1349	Tileston Health Clinic 1605 Doctors Circle, Wilmington, NC 28401	Medication, diabetic & medical supplies for elderly	10,000 00
5/17/2010	1350	VOCAL Wilmington, NC	Prescription Drug Assistance Program	5,000 00
5/17/2010	1351	Wilmington Area Rebuilding Ministry 20 N 4th Street, Wilmington, NC 28401	Operating Support	20,000 00
5/17/2010	1352	Wilmington Family YMCA 2710 Market St., Wilmington, NC 28405	Trainer for physability and Elderhaus programs	5,000 00
5/28/2010	1355	First Presbyterian Church 125 S. Third St., Wilmington, NC 28401	Memorial gift - E Taylor	100 00
6/4/2010	1357	First Presbyterian Church 125 S. Third St., Wilmington, NC 28401	Gift for use of meeting space	100 00
				152,500 00

**THE CATHERINE KENNEDY HOME FOUNDATION
BOARD OF DIRECTORS 2010**

Mrs. Walter Craven
1805 Azalea Drive 28403
763-8451
wcraven@ec.rr.com

Mrs John W. Parker (Ann J.)
518 Macon Court 28412
799-3702
Ann-John@ec.rr.com

Mrs Matthew Erwin (Anna)
129 Stoneybrook Road 28411
686-0738 (H), 452-0611(O),
470-1162(C)
Anna@cfmfdn.org

Muff Clark (Martha)
1223 Pembroke Jones Drive
256-1202
Mgpurvis1@aol.com

Mr. Garry Garris
3212 Bouganvillea Way 28409
794-4452(H), 520-7554(C)
ggarris50@gmail.com

Mrs. Bennett Steelman(Elizabeth W.)
1610 Chesnut Street 28401
762-6417(H), 619-9130(C)
bwhite16@earthlink.net

Mrs James D. Hundley (Linda B.)
1727 Fairway Drive 28403
762-3119(H), 520-5422(C)
lbhundley@ec.rr.com

Mrs. Thomas H. Wright (Elizabeth)
2232 Acacia Drive 28403
762-0224(T), 256-2694(B)
ewright@ec.rr.com

Mrs Robert W. Johnson (Christianna L.)
5649 Dalkeith Road 28409
452-0575(H), 233-2244(C)
chrisjohnson@ec.rr.com

Mrs John L. Leonard
7915 Masonboro Sound Road 28409
392-0635(H), 233-5350(C)
Fax 392-2699
betsyleonard@ec.rr.com

Mrs Thomas H. Maloy (Jane R.)
2521 Mimosa Place 343-8122(H),
520-6989(C), Fax 251-0044
janem@ec.rr.com

Honorary Board Member:
Mrs Julien K. Taylor(Elizabeth W.)
8150 Lee Buck Road
Winnabow, NC 28479
371-6916(H), 256-6644 (WR.B.)

THE CATHERINE KENNEDY HOME FOUNDATION

GRANT APPLICATION FORM

PART ONE: YOUR ORGANIZATION

COPY

1. Basic Information

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E MAIL ADDRESS: _____

WEB SITE: _____

NAME OF CONTACT PERSON: _____

TITLE OF CONTACT PERSON: _____

PHONE: _____ FAX: _____

2. Is your organization a nonprofit, tax-exempt organization qualified under IRS Code Section 501(c)(3), or a governmental unit? If qualified under 501(c)(3), please attach a copy of your current IRS tax-exemption letter.
Note: A private, non-operating foundation does not qualify for a grant.

3. List the officers and directors of your organization. Include phone numbers and applicable professional titles of each.

4. Summarize your organization's background, mission, programs and services as provided in the past, as well as its future goals, as they relate to services provided to benefit the elderly.

PART TWO: PROJECT/PROGRAM

1. State the amount of money requested from the Catherine Kennedy Home Foundation, and the period of time covered by your request.

Amount Requested: _____

COPY

Time Period Covered By Use of Grant Monies:

From: _____ To: _____

2. Specifically discuss ways in which the Catherine Kennedy Home Foundation could assist your organization in achieving its goals by providing services to the elderly. Clearly outline the program or project your group or organization wishes to have funded, including the probable number of persons impacted. Describe the strategies you will employ to accomplish your stated goals.

THREE: FINANCIAL INFORMATION

1. Attach hereto a copy of your organization's financial statement from the prior fiscal year.

2. Provide budget information for your organization, including income and expenses for the period you are requesting funds.

Expenses (By Category – salaries, supplies, rent, transportation, travel)

Total Expenses: _____

Income (List of sources)

Total Income: _____

2. List the organizations to whom you have applied for support for this specific program (as described in Part Two, Question Two above). Show the amount requested from each, and the status (pending, approved, disapproved) of each request.

<u>Organization</u>	<u>Amount</u>	<u>Status</u>
---------------------	---------------	---------------

3. If the funds are to be used for construction or equipment acquisition, will there be a bidding process? If so, explain the bidding process.

COPY

PART FOUR: CONTRACT SIGNED BY APPLICANT

As a part of this grant application process, applicant organization agrees to execute and be bound by the below incorporated Contract between The Catherine Kennedy Home Foundation (hereinafter referred to as CKHF) and applicant organization. Terms of this contract become binding upon applicant organization at such time as applicant organization is awarded grant money. Granting of said monies by The CKHF is consideration for this contract.

THE CATHERINE KENNEDY HOME FOUNDATION GRANT CONTRACT

Applicants for grant monies from The Catherine Kennedy Home Foundation agree to the following terms as conditions to receipt of any grant monies:

1. At the time of receipt of any monies, applicant organization's tax exempt status, as verified at time of application, remains valid; any future changes in your organization that could cause a change in tax-exempt status, will be reported to CKHF immediately. Failure to do so will cause obligations set out in sentence five below to occur.
2. The funds granted by CKHF will be used by applicant organization solely for purposes described in the grant application.

3. Applicant organization will keep and maintain records of expenses, and program development associated with grant from CKHF. The records will be kept readily available, and provided to CKHF without delay, upon its request.
4. Applicant organization will send to CKHF copies of any printed publicity regarding the awarding of the grant or the program supported by grant monies. Applicant organization hereby has permission of CKHF to refer to the award of grant money in any such publicity.
5. Should applicant organization not use funds granted by CKHF for the stated purpose, or if any of the terms of this contract are not complied with, the applicant organization will repay CKHF an amount equal to the value of the grant awarded. If applicant organization is sold or loses its tax-exempt status, applicant organization agrees to repay to CKHF either the full amount of grant monies, or the value of assets purchased with said grant.

The above contract, all of its terms and obligations having been agreed to by the undersigned, is hereby executed,

THIS THE _____ DAY OF _____, 20__

COPY

THE CATHERINE KENNEDY HOME FOUNDATION

BY: _____
ANN PARKER, PRESIDENT

APPLICANT ORGANIZATION: _____

BY: _____
PRESIDENT

BY: _____
CHAIRMAN, BOARD OF DIRECTORS

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
OFFICE EQUIP & IMPROVEMENTS	\$ 3,244	\$ 15,371	\$ 12,687	\$ 2,684
TOTAL	\$ 3,244	\$ 15,371	\$ 12,687	\$ 2,684

Federal Statements

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
US TREASURY NOTES	\$ 512,740	\$ 476,639	MARKET	\$ 476,639
TOTAL	<u>\$ 512,740</u>	<u>\$ 476,639</u>		<u>\$ 476,639</u>

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
AMERICAN FUNDS MUTUAL FUNDS	\$ 669,068	\$ 758,407	MARKET	\$ 758,407
FRANK RUSSELL MUTUAL FUNDS	716,476	1,185,564	MARKET	1,185,564
PIMCO UNCONSTRAINED BOND FD A	1,080,059	734,613	MARKET	734,613
TOTAL	<u>\$ 2,465,603</u>	<u>\$ 2,678,584</u>		<u>\$ 2,678,584</u>

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	\$ 1,810	\$ 905	\$	\$ 905
TOTAL	\$ 1,810	\$ 905	\$ 0	\$ 905

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FORM 990PF EXCISE TAX ON INVESTM INCOME	\$ 1,168	\$	\$	\$
TOTAL	\$ 1,168	\$ 0	\$ 0	\$ 0

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation

Date Acquired	Description	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
10/26/01	HP DESKJET PRINTER	54			5		\$	\$
10/26/01	PLAIN PAPER FAX MACHINE	65			5			
10/26/01	GATEWAY MMX 233 COMPUTER	472			5			
10/26/01	KONICA 3135 COPIER	2,857			5			
10/26/01	GATEWAY P5-133 COMPUTER	173			5			
10/26/01	FILE CABINETS	24			5			
10/26/01	DELL DIMEN. 4500 SER. PENT. 4 COMPUTER	1,520			5			
9/16/02	OFFICE IMPROVE. OLD CKH BLDG.	4,580			39		59	
5/04/04	RECOVERED COUCH & 14 CHAIRS	2,416			7		215	
9/14/04								

Federal Statements

Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Adjusted Net Income
BOARDROOM TABLE 7/01/04	\$ 1,498	\$ 1,164	200DB	7	\$ 133	\$
LAMPS 12/03/04	482	374	200DB	7	43	
TEAK TABLE 12/03/04	931	723	200DB	7	83	
END TABLE 12/03/04	300	233	200DB	7	27	
TOTAL	\$ 15,372	\$ 12,127			\$ 560	\$ 0

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES		\$	\$	
INSURANCE	1,123			1,123
INVESTMENT MANAGEMENT FEES	6,600	6,600		
OFFICE SUPPLIES	195			195
POSTAGE	88			88
TOTAL	\$ 8,006	\$ 6,600	\$ 0	\$ 1,406

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

CATHERINE KENNEDY HOME FOUNDATION,

Identifying number

52-2282843

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	560
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	560
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990-PF	Capital Gains and Losses for Tax on Investment Income	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		

Name CATHERINE KENNEDY HOME FOUNDATION,	Employer Identification Number 52-2282843
---	---

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 70,000 SH US TREASURY BOND	P	04/29/09	05/17/10
(2) 236.407 SH RUSSELL EMERGING MKTS	P	09/24/01	05/18/10
(3) 773.994 SH RUSSELL US QUANT EQTY	P	02/09/04	05/18/10
(4) 1,019.992 SH RUSSELL US CORE EQUITY	P	02/09/04	05/18/10
(5) 384.813 SH RUSSELL US SMALL MID CAP	P	02/09/04	05/18/10
(6) 9,580.419 SH RUSSELL US SEL GROWTH	P	05/24/07	05/18/10
(7) 562.852 SH RUSSELL INTL DEV MKTS	P	02/09/04	05/18/10
(8) MUTUAL FUND CAP. GAIN DISTRIB			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 75,479		74,019	1,460
(2) 4,000		3,173	827
(3) 20,000		25,517	-5,517
(4) 25,000		29,057	-4,057
(5) 7,500		12,951	-5,451
(6) 68,500		85,857	-17,357
(7) 15,000		20,797	-5,797
(8) 26,094			26,094
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(1)			1,460
(2)			827
(3)			-5,517
(4)			-4,057
(5)			-5,451
(6)			-17,357
(7)			-5,797
(8)			26,094
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization CATHERINE KENNEDY HOME FOUNDATION,	Employer identification number 52-2282843
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 4782	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON NC 28406	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **ANNA ERWIN, CPA**

Telephone No. ► **910-452-0611**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **07/01/09**, and ending **06/30/10**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 1,690
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 2,963
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)