

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



Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

LOI	Cale	idar year 2012 or tax year beginning		, and ending		
		foundation	- ··· -		A Employer identification	n number
1	HE	PETER & KAREN IACOVELL	I CHARITABLE			
_F	<u>''OU</u>	NDATION .			11-3568113	3
		and street (or P O box number if mail is not delivered to street	•	Room/suite	B Telephone number	
	48	MILESTONE WAY, SUITE C	·		864-272-29	931
Cit	y or t	own, state, and ZIP code			C If exemption application is	pending, check here
_(RE	ENVILLE, SC 29615				
G	Checl	all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
_		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test, omputation
H_ (Check	type of organization X Section 501(c)(3) ex	kempt private foundation		E if private foundation sta	itus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition	under section 507(b)(1	
I F	air ma	arket value of all assets at end of year J Accounti	ing method X Cash	Accrual	F If the foundation is in a	60-month termination
(f	rom i		ther (specify)		under section 507(b)(1	
	\$	2,796,423. (Part I, colu	mn (d) must be on cash t	oasis)		
P	art 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))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		necessarily equal the amounts in column (a)	expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received	500,000.		N/A	
	2	Check It if the foundation is not required to attach Sch B				, , , , , , , , , , , , , , , , , , , ,
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	4,968.	4,968.		STATEMENT 1
	5a	Gross rents	169,274.	169,274.	- "	STATEMENT 2
	b	Net rental income or (loss) 133, 151.				STATEMENT 3
0	6a	Net gain or (loss) from sale of assets not on line 10	4,213.			
Revenue	b	Gross sales price for all assets on line 6a 74,673.				
ě	7	Capital gain net income (from Part IV, line 2)		4,213.		
ш	8	Net short-term capital gain 3				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income	1,039.	1,039.		STATEMENT 4
	12	Total Add lines 1 through 11	679,494.	179,494.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
y,	I	Pension plans, employee benefits				
ses		Legal fees STMT 5	302.	302.		0.
ē	b	Accounting fees STMT 6	2,750.	1,375.		0.
Ä	C	Other professional fees STMT 7	2,165.	2,165.		0.
tive	17	Interest			<u> </u>	
tra	18	Taxes STMT 8	3,855.	50.		0.
inis	19	Depreciation and depletion	35,749.	35,749.		
Ę	20	Occupancy	82.	82.		0.
2 4	21	Travel, conferences, and meetings		 		
ğì	22	Printing and publications				
) i	23	Other expenses STMT 9	250.	0.		0.
1 <u>f</u>	24	Total operating and administrative				
Operating and Administrative Expens		expenses Add lines 13 through 23	45,153.	39,723.		0.
: `	25	Contributions, gifts, grants paid	138,140.	·····		138,140.
1	26	Total expenses and disbursements.	100 000	00 -0-		
!		Add lines 24 and 25	183,293.	39,723.		138,140.
;	27	Subtract line 26 from line 12	406 000			
	į.	Excess of revenue over expenses and disbursements	496,201.	100 ===		
	1	Net investment income (if negative, enter -0-)		139,771.		
		Adjusted net income (if negative, enter -0-)			N/A	

FOUNDATION Form 990-PF (2012) 11-3568113 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 33,300. 577,036. 577,036. 2 Savings and temporary cash investments 18,341. 3 Accounts receivable ► 10,698. 18,341. 18,341. 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 7 Other notes and loans receivable 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 245,853. 248,780. STMT 10 282,295. b Investments - corporate stock c Investments - corporate bonds tequipment basis ► 1,991,739.
STMT 11► 72,988. 11 Investments - land, buildings, and equipment basis 1,954,500. 1,918,751. 1,918,751. Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe 2,762,908. 2,244,351. 2,796,423. 16 Total assets (to be completed by all filers) 14,869. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 8,529. STATEMENT 12) 16,141. 22 Other liabilities (describe 8,654. 23 Total liabilities (add lines 17 through 22) 31,010. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Assets or Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ightharpoonsFoundations that do not follow SFAS 117, check here and complete lines 27 through 31 539,032. 539,032 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund Ο. 29 Retained earnings, accumulated income, endowment, or other funds 1,696,665. 2,192,866. 2,235,697. 2,731,898. 30 Total net assets or fund balances 2,244,351. 2,762,908. 31 Total liabilities and net assets/fund balances

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	T	
	(must agree with end-of-year figure reported on prior year's return)	1	2,235,697.
2	Enter amount from Part I, line 27a	2	496,201.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,731,898.
5	Decreases not included in line 2 (itemize)	5	0.
<u>6</u>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,731,898.

11-3568113

Page 3

		d(s) of property sold (e g r common stock, 200 shs			(b) How acq P - Purch D - Donat	uired ase ion	c) Date acqui (mo , day, yr	red (d) Date sold r) (mo, day, yr)
<u>1a</u>								
b SEE ATTACHED	STAT	EMENT						
<u>C ' '</u>								
<u>d</u>					_			
<u>e</u>	1							
(e) Gross sales price	1 ''	epreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (e) plus (f) n	
<u>a</u>							· · · · · ·	
<u>c</u>								
d								
e 74,673.		l		70,460).			4,213.
Complete only for assets show	T) gain minus
(i) F M V as of 12/31/69		Adjusted basis is of 12/31/69	, ,	cess of col (I) col (j), if any			k), but not les Losses (from	ss than -0-) or I col (h))
a	ļ			· ·				
<u>b</u>		<u>'</u>						****
C	ļ							
<u>d</u>	ļ	· · · · · · · · · · · · · · · · · · ·						4 010
e	<u> </u>							4,213.
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	} 2			4,213.
3 Net short-term capital gain or (lo	ss) as define	ed in sections 1222(5) and	d (6)					
If gain, also enter in Part I, line 8	, column (c)		. ,					- 1.
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ction 4940(e) for] 3		1	1/A
If section 4940(d)(2) applies, leave to was the foundation liable for the sectif "Yes," the foundation does not quarter to the section of the	ction 4942 ta ulify under se	x on the distributable ame	ount of any ye	ear in the base perio	ıd?			
1 Enter the appropriate amount in	each column							Yes X No
(2)		n for each year, see the in			ries		·	
(a) Base period years Calendar year (or tax year beginni		n for each year, see the in (b) Adjusted qualifying dist	structions be ributions		ries (c) charitable-us		(col ((d) Distribution ratio b) divided by col (c))
Base periód years Calendar year (or tax year beginni 2011		n for each year, see the in (b) Adjusted qualifying dist 132	structions be ributions 2,600.	fore making any ent	(c) charitable-us	,596.	(col ((d) Distribution ratio b) divided by col (c)) • 0 5 9 9 5 7
Base periód years Calendar year (or tax year beginni 2011 2010		n for each year, see the in- (b) Adjusted qualifying disti 132	ributions be 2,600.	fore making any ent	(c) charitable-us 2,211 2,118	,596.	(col ((d) Distribution ratio b) divided by col (c)) • 059957
Base periód years Calendar year (or tax year beginni 2011 2010 2009		n for each year, see the in (b) Adjusted qualifying dist 132 146 79	ributions be 2,600. 5,446. 9,711.	fore making any ent	(c) charitable-us 2,211 2,118 450	,596. ,443. ,598.	(col ((d) Distribution ratio (b) divided by col (c)) .059957 .069129 .176900
Base periód years Calendar year (or tax year beginni 2011 2010 2009 2008		Adjusted qualifying distributed for each year, see the incomparation (b) Adjusted qualifying distributed for each year, see the incomparation (b) Adjusted qualifying distributed for each year, see the incomparation (b) 132 146 75 31	ributions be 2,600. 6,446. 9,711. 1,072.	fore making any ent	(c) charitable-us 2,211 2,118 450 446	,596. ,443. ,598.	(col (Distribution ratio (c)) .059957 .069129 .176900 .069623
Base periód years Calendar year (or tax year beginni 2011 2010 2009		Adjusted qualifying distributed for each year, see the incomparation (b) Adjusted qualifying distributed for each year, see the incomparation (b) Adjusted qualifying distributed for each year, see the incomparation (b) 132 146 75 31	ributions be 2,600. 5,446. 9,711.	fore making any ent	(c) charitable-us 2,211 2,118 450 446	,596. ,443. ,598.	(col ((d) Distribution ratio (b) divided by col (c)) .059957 .069129 .176900
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 Total of line 1, column (d)	ing in)	n for each year, see the interpretation (b) Adjusted qualifying distribution (b) 1 3 2 1 4 6 7 9 3 2 4	structions be ributions 2,600. 6,446. 9,711. 1,072. 1,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	(col {	Distribution ratio (c)) .059957 .069129 .176900 .069623
Base periód years Calendar year (or tax year beginni 2011 2010 2009 2008 2007	ing in) 5-year base	n for each year, see the interpretation (b) Adjusted qualifying distribution (b) 1 3 2 1 4 6 7 9 3 2 4 4 6 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	structions be ributions 2,600. 6,446. 9,711. 1,072. 1,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	(col (Distribution ratio b) divided by col (c)) • 059957 • 069129 • 176900 • 069623 • 049220
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) Average distribution ratio for the	5-year base	Adjusted qualifying distribution (b) Adjusted qualifying distribution (b) 1 3 3 1 4 6 7 9 3 3 2 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ributions be 2,600. 5,446. 9,711. 1,072. 4,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	2	(d) Distribution ratio b) divided by col (c)) .059957 .069129 .176900 .069623 .049220
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	5-year base	Adjusted qualifying distribution (b) Adjusted qualifying distribution (b) 1 3 3 1 4 6 7 9 3 3 2 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ributions be 2,600. 5,446. 9,711. 1,072. 4,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	2	Obstribution ratio b) divided by col (c)) .059957 .069129 .176900 .069623 .049220 .424829
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3	5-year base ence if less th	n for each year, see the interpretation (b) Adjusted qualifying distribution (b) 1 3 2 1 4 6 7 9 3 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ributions be 2,600. 5,446. 9,711. 1,072. 4,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	2 3	Distribution ratio b) divided by col (c)) .059957 .069129 .176900 .069623 .049220 .424829 .084966 2,293,798.
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	5-year base ence if less th	n for each year, see the interpretation (b) Adjusted qualifying distribution (b) 1 3 2 1 4 6 7 9 3 2 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ributions be 2,600. 5,446. 9,711. 1,072. 4,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	2 3 4 5	Distribution ratio b) divided by col (c)) .059957 .069129 .176900 .069623 .049220 .424829 .084966 2,293,798.
Base period years Calendar year (or tax year beginn) 2011 2010 2009 2008 2007 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor	5-year base ence if less th ble-use asset	n for each year, see the interpretation (b) Adjusted qualifying distribution (b) 1 3 2 1 4 6 7 9 3 3 2 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ributions be 2,600. 5,446. 9,711. 1,072. 4,250.	fore making any ent	(c) charitable-us 2,211 2,118 450 446 492	,596. ,443. ,598.	2 3 4 5 5	Distribution ratio b) divided by col (c)) .059957 .069129 .176900 .069623 .049220 .424829 .084966 2,293,798. 194,895. 1,398.

Form	n 990-PF (2012) FOUNDATION		11-	356811	3	Page 4
Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(e), or 4	1948 -	see inst	ructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)				
	Date of ruling or determination letter (attach copy of letter if necessary-see instruc	tions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1	%	1		2,	795.
	of Part I, line 27b				•	
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, c	ol (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		<u>2,</u>	795.
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		2,	795.
	Credits/Payments	0 600				
	a 2012 estimated tax payments and 2011 overpayment credited to 2012	2,680.				
	Exempt foreign organizations - tax withheld at source	670	- 1			
	: Tax paid with application for extension of time to file (Form 8868)	670.	- 1			
	1 Backup withholding erroneously withheld		┥_		2	250
	Total credits and payments Add lines 6a through 6d		7		<u> </u>	350.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			555.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			0.
	Enter the amount of line 10 to be Credited to 2013 estimated tax ► 555 art VII-A Statements Regarding Activities	- Refunded ►	11			
					Vo	s No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partic	cipate or intervene) III	1.		X
h	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction:	e for definition\2		11		X
U	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any m		ad or	"	-	1
	distributed by the foundation in connection with the activities.	iateriais publisir	eu or			
	Did the foundation file Form 1120-POL for this year?			10		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ļ''	-	-
	(1) On the foundation ► \$ (2) On foundation managers ► \$	0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or		-			
_	managers ▶\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	İ	X
	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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	o If "Yes," has it filed a tax return on Form 990-T for this year?		N.	/A 4t		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
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 corr	offict with the state	e law			
	remain in the governing instrument?			6		
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NY					
b	o 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	40.40/3/25 2		8t	X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4		endar	_		v
40	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names an	nd addresses		10		F (2012)
				1 01111 9	, w = 1 I	12012)

FOUNDATION 11-3568113 Form 990-PF (2012) Page 5 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 X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 Did the foundation comply-with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ PETER IACOVELLI Telephone no > 864 - 346 - 2754Located at ▶ 148 MILESTONE WAY, SUITE C, GREENVILLE, SC ZIP+4 ▶29615 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, Yes No securities, or other financial account in a foreign country? 16 Х See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country > Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No 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 Yes X No termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected Х before the first day of the tax year beginning in 2012? 10 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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? __ Yes 🗓 No If "Yes," list the years ▶ 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 N/A statement - see instructions) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2012 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2012.) 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that X had not been removed from jeopardy before the first day of the tax year beginning in 2012?

THE PETER & KAREN IACOVELLI CHARITABLE 11-3568113 FOUNDATION Form 990-PF (2012) Page 6 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 Yes X No (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, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a great to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No 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 N/A 5b section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address allowances PETER IACOVELLI PRESIDENT 148 MILESTONE WAY, SUITE 0. 0 0 GREENVILLE, SC 29615 1.00 VICE PRESIDENT/TREASURER KAREN IACOVELLI 148 MILESTONE WAY, SUITE C 1.00 0 0 0. GREENVILLE, SC 29615 SECRETARY TODD LINEBERGER 148 MILESTONE WAY, SUITE C 0. GREENVILLE, SC 29615 1.00 0 0 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to (b) Title, and average (e) Expense ployee benefit plans and deferred compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation ccount, other allowances NONE

Form **990-PF** (2012)

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

Form 990-PF (2012) FOUNDATION	11-	·3568113 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en	nter "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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the	Expenses
1 N/A	77000000, 010	
I N/A		1
		1
2		
		1
		•
3		
		1
4		
Part IX-B Summary of Program-Related Investments		
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 instructions	***************************************	
		1

Form **990-PF** (2012)

Total. Add lines 1 through 3

11-3568113

Page 8

Form 990-PF (2012)

FOUNDATION

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1 F	air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a A	verage monthly fair market value of securities	1a	271,082. 65,908.
b A	verage of monthly cash balances	1b	<u>6</u> 5,908.
C F	air market value of all other assets	10	1,991,739. 2,328,729.
_d 1	otal (add lines 1a, b, and c)	1 d	2,328,729.
e F	Reduction claimed for blockage or other factors reported on lines 1a and		
1	c (attach detailed explanation) 1e 0 •		
2 /	Acquisition indebtedness applicable to line 1 assets	2	0.
3 8	Subtract line 2 from line 1d	3	2,328,729.
4 (Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	34,931.
5 N	let value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	34,931. 2,293,798.
6 1	Ainimum investment return. Enter 5% of line 5	6	114,690.
Рa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1 N	Ainimum investment return from Part X, line 6	1	114,690.
2a 1	ax on investment income for 2012 from Part VI, line 5 2, 795.		
b I	ncome tax for 2012 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	2,795.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,795. 111,895.
	Recoveries of amounts treated as qualifying distributions	4	0.
	add lines 3 and 4	5	111,895.
6 [Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	111,895.
Pa	rt XII Qualifying Distributions (see instructions)		
1 /	smounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a E	expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	138,140.
b F	rogram-related investments - total from Part IX-B	1b	0.
2 <i>F</i>	smounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 <i>F</i>	mounts set aside for specific charitable projects that satisfy the		
a 9	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	138,140.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
II	ncome Enter 1% of Part I, line 27b	5	0.
6 <i>F</i>	djusted qualifying distributions. Subtract line 5 from line 4	6	138,140.
١	lote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies fo	or the section

Form **990-PF** (2012)

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				111,895.
2 Undistributed income, if any, as of the end of 2012	.,. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	111,033.
a Enter amount for 2011 only			0.	
b Total for prior years				
D Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012		· ·		
a From 2007				
b From 2008				
c From 2009 42,044.				
d From 2010 42,064.				
e From 2011 24,680.	100 700			
f Total of lines 3a through e	108,788.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$ 138, 140.				
a Applied to 2011, but not more than line 2a		··············	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				111,895.
e Remaining amount distributed out of corpus	26,245.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	135,033.			
b Prior years' undistributed income Subtract	133,033.			
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line			***************************************	·
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				1
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.	[
9 Excess distributions carryover to 2013.				***************************************
Subtract lines 7 and 8 from line 6a	135,033.			
10 Analysis of line 9				······
a Excess from 2008				
b Excess from 2009 42,044.		•		
c Excess from 2010 42,064.	1			
d Excess from 2011 24,680.				
e Excess from 2012 26, 245.				

Form 990-PF (2012) FOUNDAT					68113 Page
Part XIV Private Operating I	Foundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	or 2012, enter the date of	the ruling	>		
b Check box to indicate whether the foun	dation is a private operati	ng foundation described i	n section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		_
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					<u> </u>
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 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 Info	ormation (Comple the year-see inst	ete this part only in ructions.)	if the foundation	had \$5,000 or m	ore in assets
Information Regarding Foundation a List any managers of the foundation where year (but only if they have contributed in NONE	no have contributed more		ributions received by the	foundation before the clo	ose of any tax
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc	only makes contributions	to preselected charitable (organizations and does i	not accept unsolicited requ omplete items 2a, b, c, an	uests for funds If d d
a The name, address, and telephone num NOT APPLICABLE	nber or e-mail of the perso	n to whom applications s	hould be addressed		
b The form in which applications should NOT APPLICABLE	be submitted and informa	tion and materials they sh	ould include		
c Any submission deadlines NOT APPLICABLE					
d Any restrictions or limitations on award NOT APPLICABLE	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors	

Page 10

Form 990-PF (2012)

FOUNDATION

11-3568113

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year . BOYS HOME OF THE SOUTH NONE PUBLIC CHARITY UNRESTRICTED 10612 AUGUSTA ROAD CONTRIBUTION TO BELTON, SC 29627 SUPPORT GEN OPERATIONS 47,215. CAMPERDOWN ACADEMY NONE PUBLIC CHARITY UNRESTRICTED 501 HOWELL ROAD CONTRIBUTION TO GREENVILLE, SC 29615 SUPPORT GEN OPERATIONS 500. CANCER SOCIETY OF GVL CTY NONE PUBLIC CHARITY UNRESTRICTED 113 MILLS AVENUE CONTRIBUTION TO GREENVILLE, SC 29605 SUPPORT GEN OPERATIONS 30,000. NONE COMMUNITY FOR THE MARINES PUBLIC CHARITY UNRESTRICTED PO BOX 607 CONTRIBUTION TO SALEM, SC 29676 SUPPORT GEN OPERATIONS 475. HARVEST HOPE FOOD BANK NONE PUBLIC CHARITY UNRESTRICTED 2818 WHITE HORSE ROAD CONTRIBUTION TO GREENVILLE, SC 29611 SUPPORT GEN OPERATIONS 2,000. SEE CONTINUATION SHEET(S) Total ▶ 3a 138,140. b Approved for future payment NONE Total

Form 990-PF (2012)

11-3568113 Page 12 FOUNDATION

	Unrelated b	usiness income		y section 512, 513, or 514	(e)
ter gross amounts unless otherwise indicated Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exemp
-					.
·					
1					
	1 1			*	•
Fees and contracts from government agencies			-		
Membership dues and assessments			-		
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	4,968.	
Net rental income or (loss) from real estate				, , , , , , , , , , , , , , , , , , , ,	117
Debt-financed property					
Not debt-financed property			16	133,151.	
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	4,213.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a ADMINISTRATIVE FEES	_		114	1 0 20	
b COLLECTED			14	1,039.	
c					
d					
d				142 271	
d e Subtotal Add columns (b), (d), and (e)		0	•	143,371.	1/3 3
d Bubtotal Add columns (b), (d), and (e) Fotal, Add line 12, columns (b), (d), and (e)		0	•	143,371.	143,3
d Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	3)			13	143,3
d	3)			13	143,3
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie	es to the Accom	plishment of I	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie The No. Explain below how each activity for which in the second columns.	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie E No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie E No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie Be No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie E No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie Be No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Subtotal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie B No. Explain below how each activity for which in	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Subtotal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie BNO. Explain below how each activity for which in	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Subtotal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations THE XVI-B Relationship of Activitie B No. Explain below how each activity for which in	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie Be No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie E No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie E No. Explain below how each activity for which i	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie The No. Explain below how each activity for which in the second columns.	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie The No. Explain below how each activity for which in the second columns.	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie The No. Explain below how each activity for which in the second columns.	es to the Accom	aplishment of E	Exempt P	13	
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations Art XVI-B Relationship of Activitie The No. Explain below how each activity for which in the second columns.	es to the Accom	aplishment of E	Exempt P	13	

orm 990-PF (2012)	FOUNDATION

11-3568113 Page 13

Part XV	Information Re Exempt Organ		nsfers To	and Transactions a	and Relationsh	nips With Nonchar	itabl	е	
1 Did the	organization directly or indi		y of the follows	on with any other organization	on described in section	on 501(c) of	1	Yes	No
	de (other than section 501(c		-	• •		301(0) 01			
	ers from the reporting found								
(1) Ca				3			1a(1)		Х
• • •	her assets						1a(2)		Х
• •	ransactions								
(1) Sa	les of assets to a noncharita	ble exempt organi	zation				16(1)		Х
	rchases of assets from a no						1b(2)		Х
(3) Re	ntal of facilities, equipment,	or other assets	•				1b(3)		Х
(4) Re	imbursement arrangements						1b(4)		Х
(5) Lo	ans or loan guarantees						1b(5)		X
(6) Pe	rformance of services or me	embership or fundi	raising solicitation	ons			1b(6)		Х
c Sharing	g of facilities, equipment, ma	uling lists, other as	sets, or paid em	nployees			10		X
or servi	nswer to any of the above is ices given by the reporting f i (d) the value of the goods,	oundation If the fo	oundation receiv					sets,	
a) Line no	(b) Amount involved	,		e exempt organization	(d) Description	of transfers, transactions, and s	hanng ai	rangeme	ents
			N/A					-	
								,	
									
		İ							
ın secti	oundation directly or indirec on 501(c) of the Code (othe ' complete the following sch	r than section 501			zations described		Yes	X] No
,	(a) Name of org			(b) Type of organization	(4	c) Description of relationsh	ıp		
	N/A								
						,,			
			_						
		f		<u> </u>	<u> </u>	<u> </u>			
Sign Here	der penalties of perjury. I declare to belief, it is true reorrect, and con ignature of officer or trustee	riplete Declaration of	this cetum, includir pretiater (other tha	in taxpayer) is based on all inform	Public preparer	has any knowledge return	n with the	discuss t e prepar (see ins	er
	Print/Type preparer's na		Dranarar's s	Date /	Title Date	Check If PTIN			
	RICHARD AN		Preparer's s	I I I I I I I I I I I I I I I I I I I	1	self- employed			
Paid	RICHARD AN ROGERS	NVEW	YM	TEAK-	Tiklin	· • I	271	117	
Prepare		TOTT DAY	TS LLC	PLIC	mbin T	Firm's EIN ► 57-03	271		
Use Onl	1 // / / / / / / / / / / / / / / / / /	TOII DAV	TO TITC			FITTIN'S EIN P 37-03	013	υZ	
	Firm's address ▶ PO	BOX 628	6						
	GR	EENVILLE	, SC 29	606-6286		Phone no 864-2	42-	337	0

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Employer identification number

11-3568113

Organization t	type (check on	e):													
Filers of:		Section:													
Form 990 or 99	90-EZ	501(c)() (enter number) organization													
		494	47(a)(1) n	onexempt ch	arıtable trust	t not trea	ated as a	private	found	ation					
		<u> </u>	7 political	organization											
Form 990-PF		X 501(c)(3) exempt private foundation													
		<u> </u>	47(a)(1) n	onexempt cha	arıtable trust	t treated	as a priv	/ate fou	ndatio	n					
	,	<u> </u>	1(c)(3) tax	able private f	oundation										
Check if your o Note. Only a se	ection 501(c)(7	'), (8), or (⁻	10) organ	ization can cl	heck boxes t	for both									
	n organization f butor Comple	-		0-EZ, or 990-l	PF that recei	ived, du	ring the y	/ear, \$ 5	,000 o	r more (in mone	y or pro	perty) fro	om any o	ne
Special Rules															
509(a)	section 501(c)()(1) and 170(b) amount on (i)	(1)(A)(vi) a	and receiv	ved from any	one contribu	utor, dur	ing the y	ear, a c	ontribu	ition of					%
total c	section 501(c)(contributions of evention of cru	f more tha	an \$1,000	o for use excl	usively for re	igious, e	charitable						-		
contril If this purpo	section 501(c)(butions for use box is checked se. Do not con us, charitable,	e <i>exclusive</i> d, enter h nplete any	ely for rel ere the to y of the p	igious, charita otal contributi parts unless th	able, etc., pu lons that we he General F	irposes, re receiv Rule app	but thes ed durin blies to th	e contri g the ye	bution ear for	s did no an <i>excl</i> u	ot total t usively r	o more t eligious,	than \$1,0 charitab	000. ole, etc.,	
Caution. An or but it must ans certify that it do	swer "No" on P	art IV, line	e 2, of its	Form 990; or	r check the b	oox on lii	ne H of it	s Form							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Employer identification number

11-3568113

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	, (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER AND KAREN IACOVELLI 148 MILESTONE WAY, SUITE C GREENVILLE, SC 29615	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Person Payroll Noncash

Type of contribution

(Complete Part II if there is a noncash contribution)

Total contributions

No.

Name of organization

THE PETER & KAREN IACOVELLI CHARITABLE FOUNDATION

Employer identification number

11-3568113

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	• •		
(a) No. from Part I	. (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 12-21-12		 s	90. 990-FZ or 990-PF) (2012

Name of organization

THE PETER & KAREN IACOVELLI CHARITABLE

ĽК	α	VHKUN	IMCOAFTFI	CUAKLIADIE
TON	J			

Employer identification number

'OUNDA	TION		11-3568113					
Part III	Exclusively religious, charitable, etc., individual year. Complete columns (a) through (e) and the for the total of exclusively religious, charitable, etc., co. Use duplicate copies of Part III if additional sp.	llowing line entry. For organization of the first of the following sets of the first of the firs)(7), (8), or (10) organizations that total more than \$1,000 for the ins completing Part III, enter the year (Enter this information once)					
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	t					
-	Transferee's name, address, and Z	ZIP + 4	Relationship of transferor to transferee					
.								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.			<u> </u>					
		(e) Transfer of gift	t					
	Transferee's name, address, and Z	7ID + 4	Relationship of transferor to transferee					
<u> </u>	Transferee & flame, bouress, and z		relationship of transferor to transferee					
			····					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
'								
	(e) Transfer of gift							
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee					
.								
.								
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
.								
.								
	(e) Transfer of gift							
	Transferee's name address and 7	7ID + 4	Polationship of transferes to transferes					
	Transferee's name, address, and Z		Relationship of transferor to transferee					

THE PETER & KAREN IACOVELLI CHARITABLE CONTINUATION FOR 990-PF, PART IV 11-3568113 PAGE FOUNDATION Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) (mo, day, yr) TR S&P MIDCAP 85 SHS 05/15/12/09/14/12 P 1a ISHARES TR RUSSELL 162 SHS P 12/06/1108/24/12 **b** ISHARES c ISHARES TR RUSSELL 125 SHS P 12/06/1109/14/12 d SPDR SER TR S&P 188 SHS P 10/27/1105/15/12 e SPDR SER TR S&P 76 SHS 12/01/1105/15/12 P f SPDR SER TR S&P 78 SHS P 12/06/1105/15/12 g WISDOMTREE 07/15/1101/03/12 TR JAPAN 185 SHS P h WISDOMTREE TR JAPAN 56 SHS P 12/06/1101/03/12 **ISHARES** TRRUSSELL 139 SHS P 04/22/1005/15/12 __ ISHARES 04/22/1005/15/12 RUSSELL 63 SHS P TRk ISHARES TR RUSSELL 88 SHS P 07/15/1108/24/12 | CAPITAL GAINS DIVIDENDS m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 9,858.9,243. 615. а 10,645. 9,494. 1,151. b 8,526. 7,326. 1,200. C 10,379. 10,152. 227. d 4,196. 114. 4,082. е $4,\overline{306}$. 115. 4,191. f 5,902. 6,457. <555.> g 1,787. <244.> 2,031. h $9,\overline{288}$. 8,775. 513. 1 3,996. 3,343. 653. 5,781. 415. 5,366. 9. m п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (I) F M V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any 615. 1,151. b 1,200. C 227. d $\overline{1}14.$ 115. <555.> g <244.>h 513. 653. 415. 9. 1 n 0

{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2

4,213.

N/A

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

FOUNDAT			11-356	8113
Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or šubstantial contributor	recipient		
HOSPICE BY THE SEA	NONE	PUBLIC CHARITY	INDESTRICTED	
1531 W. PALMETTO PARK R			CONTRIBUTION TO	
BOCA RATON, FL 33486			SUPPORT GEN OPERATIONS	500
HOSPICE OF PALM BEACH COUNTY	NONE	PUBLIC CHARITY		
5300 EAST AVENUE			CONTRIBUTION TO	500
WEST PALM BEACH, FL 33407			SUPPORT GEN OPERATIONS	500
ISRAEL AIR FORCE CENTER	NONE	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 492			CONTRIBUTION TO	
WILLOW GROVE, PA 19090			SUPPORT GEN OPERATIONS	20,000.
MIRACLE HILL MINISTRIES	NONE	PUBLIC CHARITY	UNRESTRICTED	
PO BOX 2546			CONTRIBUTION TO	
GREENVILLE, SC 29602			SUPPORT GEN OPERATIONS	5,000.
SPECIAL OLYMPICS SOUTH CAROLINA	NONE	PUBLIC CHARITY	UNRESTRICTED	
1276 ASSEMBLY STREET			CONTRIBUTION TO	
COLUMBIA, SC 29201			SUPPORT GEN OPERATIONS	500.
MORRIS ANIMAL FOUNDATION	NONE	PUBLIC CHARITY	UNRESTRICTED	
10200 EAST GIRARD AVE SUITE B430		1	CONTRIBUTION TO	
DENVER, CO 80231			SUPPORT GEN OPERATIONS	10,000.
ST ANTHONY OF PADUA CATHOLIC CHURCH	NONE	PUBLIC CHARITY	IND ROMP LOWER	
305 DOUTHIT ST	NOME	FOBBIC CHARITI	CONTRIBUTION TO	
GREENVILLE SC 29601			SUPPORT GEN OPERATIONS	1,000.
SHRINE CIRCUS FUND	NONE	PUBLIC CHARITY	1	
PO BOX 2663			CONTRIBUTION TO	
EASLEY, SC 29641			SUPPORT GEN OPERATIONS	350.
ALZHEIMERS ASSOCIATION SC CHAPTER	NONE	PUBLIC CHARITY	UNRESTRICTED	
4124 CLEMSON BLVD			CONTRIBUTION TO	
ANDERSON, SC 29621			SUPPORT GEN OPERATIONS	250.
HONOR FLIGHT	NONE	PUBLIC CHARITY	INDESTRICTED	
PO BOX 838		EOBDIC CHARITY	CONTRIBUTION TO	
SIMPSONVILLE, SC 29681			SUPPORT GEN OPERATIONS	500.
Total from continuation sheets				57,950.
		· · · · · · · · · · · · · · · · · · ·		

11-3568113

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SID JACOBSON JCC'S NACHAS FUND NONE PUBLIC CHARITY UNRESTRICTED 300 FOREST DRIVE CONTRIBUTION TO 500. EAST HILLS, NY 11548 SUPPORT GEN OPERATIONS GIFT OF LIFE BONE MARROW FOUNDATION NONE PUBLIC CHARITY UNRESTRICTED 800 YAMATO RD SUITE 101 CONTRIBUTION TO 500. BOCA RATON, FL 33431 SUPPORT GEN OPERATIONS GREENVILLE COUNTY MUSEUM OF ART PUBLIC CHARITY UNRESTRICTED NONE 420 COLLEGE ST CONTRIBUTION TO GREENVILLE, SC 21 SUPPORT GEN OPERATIONS 5,000. PUBLIC CHARITY UNRESTRICTED THE COLLINGS FOUNDATION NONE 137 BARTON ROAD CONTRIBUTION TO STOW, MA 01775 SUPPORT GEN OPERATIONS 850. GREENVILLE HUMANE SOCIETY NONE PUBLIC CHARITY UNRESTRICTED 305 AIRPORT RD CONTRIBUTION TO GREENVILLE, SC 29607 SUPPORT GEN OPERATIONS 10,000. ANTI DEFAMATION LEAGUE NONE PUBLIC CHARITY UNRESTRICTED 605 THIRD AVENUE CONTRIBUTION TO NEW YORK, NY 10158 SUPPORT GEN OPERATIONS 2,500. Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND	INTERES	T FROM	SECURITIES	STATEMENT	1
SOURCE , ,			GROSS A	MOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
DEUTSCHE BANK #3065 DEUTSCHE BANK #5261 OTHER INTEREST INCO	DIVIDENDS	_		4,994. 10. <27.	0.		85. 10. 27.>
TOTAL TO FM 990-PF,	PART I, LN	4 =		4,977.	9.	4,9	68.
FORM 990-PF		RENT	TAL INCO	ME		STATEMENT	2
KIND AND LOCATION C	F PROPERTY				ACTIVITY NUMBER	GROSS RENTAL INC	OME
COMMERCIAL BUILDING	- MOORESVIL	LE			1	169,2	74.
TOTAL TO FORM 990-F	F, PART I, L	INE	5A			169,2	74.
FORM 990-PF	R	ENTA	AL EXPEN	SES		STATEMENT	3
DESCRIPTION				IVITY MBER	AMOUNT	TOTAL	
DEPRECIATION LIABILITY INSURANCE LEGAL FEES PROPERTY TAX REFUND					35,749. 82. 302. <10.>		
PROPERTI TAX REPUND	- SUB	TOTA	AL -	1	<10.2	36,1	23.
TOTAL RENTAL EXPENS	ES					36,1	23.
NET RENTAL INCOME T	O FORM 990-P	F, F	PART I,	LINE 5	В	133,1	51.

FORM 990-PF	OTHER	INCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
ADMINISTRATIVE FEES COLLECTED	_	1,039.	1,039.		
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	1,039.	1,039.		
FORM 990-PF	LEGA	L FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
LEGAL FEES	302	. 302	•		0.
TO FM 990-PF, PG 1, LN 16A =	302	302	•		0.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
ACCOUNTING FEES	2,750	1,375	•		0.
TO FORM 990-PF, PG 1, LN 16B	2,750	1,375	•		0.
FORM 990-PF C	THER PROFE	SSIONAL FEES		STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT FEES	2,165	2,165	•		0.
TO FORM 990-PF, PG 1, LN 16C	2,165	2,165	•		0.

FORM 990-PF	TAXES					STATEMENT	8
DESCRIPTION	(A EXPENS PER BO	SES	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN TAXES PAID EXCISE TAX PROPERTY TAX REFUND	3	60. ,805. <10.	>	60. 0. <10.>			0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	3	,855.		50.			0.
FORM 990-PF	OTI	HER E	XPENSES	 -		STATEMENT	9
DESCRIPTION	(A EXPENS PER BO	SES	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
NY FILING FEES		250.		0.			0.
TO FORM 990-PF, PG 1, LN 23	-	250.		0.			0.
FORM 990-PF	CORI	PORAT	E STOCK			STATEMENT	10
DESCRIPTION				воо	K VALUE	FAIR MARKET VALUE	?
DEUTSCHE BANK			_		248,780.	282,29	5.
TOTAL TO FORM 990-PF, PART I	I, LINE	10B	=		248,780.	282,29	5.
FORM 990-PF DEPRECIATION O	OF ASSE	rs he	LD FOR INV	/ESTM	ENT	STATEMENT	11
		COS	ST OR		UMULATED RECIATION	BOOK VALU	JE
DESCRIPTION		OTHE	K BASIS				
DESCRIPTION AT&T MOORESVILLE BUILDING AT&T MOORESVILLE LAND	-	OTHE	,394,217. 597,522.		72,988.	1,321,22 597,52	9.

FORM 990-PF	OTHER LIABILITIES		STATEMENT	12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
ESCROW ACCOUNT: CAM ESCROW ACCOUNT: PROPERTY TAXES		4,976. 3,553.	9,0 7,0	
TOTAL TO FORM 990-PF, PART II,	LINE 22	8,529.	16,1	41.

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-1709

 $\triangleright X$

Form 8868 (Rev. 1-2013)

•	re filing for an Additional (Not Automatic) 3-Month Ex			•		
	omplete Part II unless you have already been granted a		· ·	•		
	c filing (e-file). You can electronically file Form 8868 if y					
equired t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file	e Form 8	868 to request an e	xtension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers .	Associated With Ce	rtain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	ctronic filing of this t	form,
ısıt www	irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	ded).		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	omplete		
Part I only	<i>(</i>				•	· 🗀
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to request	an exter	nsion of time	
Гуре ог	Name of exempt organization or other filer, see instruc	ctions.		Employe	r identification num	ber (EIN) or
orint	THE PETER & KAREN IACOVELLI		4			` '
	FOUNDATION				11-356811	L 3
File by the due date for iling your	Number, street, and room or suite no. If a P.O. box, so 148 MILESTONE WAY, SUITE C	ee Instruc	tions.	Social se	ecurity number (SSN	
eturn See nstructions	City, town or post office, state, and ZIP code. For a for GREENVILLE, SC 29615	oreign add	ress, see instructions.	_		
		<u> </u>				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL 02 Form 1041-A					08	
	0 (Individual)	03	Form 4720			09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
01111 9 9 0	PETER IACOVELL	.	1 01111 0070			1 12
Thoba	ooks are in the care of ▶ 148 MILESTONE V		SUITE C - GREENVILL	E S	C 29615	
	one No. ► 864-346-2754	1211 / 1	FAX No. ▶	<u>, .</u>	C 25015	
	organization does not have an office or place of business	un eba lin				
	s for a Group Return, enter the organization's four digit (4h	e dha wa ala awa wa wa	
		1				
oox ► l			ch a list with the names and EINs of		ers the extension is	tor
1 re	quest an automatic 3-month (6 months for a corporation $AUGUST\ 15$, 2013 , to file the exempt	•	tion return for the organization name		The extension	
in fe	or the organization's return for:	i Organiza	non return for the organization harner	J above.	THE EXTERISION	
IS 10 ▶ [X calendar year 2012 or					
	tax year beginning		d ending			
	tax year beginning	, an	a ending		<u> </u>	
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	hack rose	on: Initial return F	inal retur	70	
2 ""	Change in accounting period	HECK TEAS	on miliai return F	mai retur	11	
	Change in accounting period					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tay less any			
	refundable credits. See instructions.	0009, 0	The tentative tax, 1855 dily	За	s 3	3,350.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						7 3 3 0 .
	mated tax payments made. Include any prior year overp			3ь		2,680.
	ance due. Subtract line 3b from line 3a. Include your pa			30	2	.,
	using EFTPS (Electronic Federal Tax Payment System).		· · ·	3с	•	670.
	If you are going to make an electronic fund withdrawal w				FO for payment inci	
	, going to ciootionio forta mitialawai w		2300 J 000 I 01111 0400 LO alla 1 0	501 3	IVI PATIFICITE IIIS	3000113.

	68 (Rev. 1-2013)					Page 2
. ,	are fiting for an Additional (Not Automatic) 3-Month Ex	•	•			
	nly complete Part II if you have already been granted an			iled Form	8868 .	
	are filing for an Automatic 3-Month Extension, comple Additional (Not Automatic) 3-Month E			al /aa a	onico noodo	<u>~~</u>
Part I	Additional (Not Automatic) 3-Month E	Atelialo				
	T		Enter filer's		ing number, see	
Type or	Name of exempt organization or other filer, see instru THE PETER & KAREN IACOVELLI		TM3 D1 &	Employe	er identification r	rumper (EIN) or
print		CIMA	TIMBUE		11-3568	112
File by the	FOUNDATION					
filing your return See	Number, street, and room or suite no. If a P.O. box, s 148 MILESTONE WAY, SUITE C	ee instruc	tions.	Social si	ecunty number (5SN)
instructions	City, town or post office, state, and ZIP code. For a for GREENVILLE, SC 29615	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicat	don	Return	Application		-	Return
ls For_		Code	ls For			Code
Form 99	0 or Form 990-EZ	01				
Form 99	0-BL	02	Form 1041-A		<u>.</u>	08
Form 47	20 (individual)	03	Form 4720			09
Form 99	OPF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously fil	ed Form 8868.	
	PETER IACOVELL					
• The b	cooks are in the care of \triangleright 148 MILESTONE V	MAY,		LE, S	3C 29615	
	hone No. ► 864-346-2754		FAX No. ▶			. —
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit	1			-	•
box ▶ 4 Ine	. If it is for part of the group, check this box		ch a list with the names and EINs of BER 15, 2013	all memi	oers the extension	in is for.
	r calendar year 2012, or other tax year beginning	NO V EPE				
	· · · · · · · · · · · · · · · · · · ·		, and ending			·
יי פ	he tax year entered in line 5 is for less than 12 months, c DChange in accounting period	neck reas	on: L Initial return	Final	return	
7 Sta	Lite in detail why you need the extension					
	DDITIONAL TIME IS NECESSARY	N ORI	DER TO PREPARE A CO	OMDI.E	THE AND	
	CURATE RETURN		DELL'ES ELLEREN II C	OMI DE	TE MID	
						
8a If ti	his application is for Ferm 990-BL, 990-PF, 990-T, 4720, (or 6069 e	nter the tentative tay less any		Υ	
	nrefundable credits. See instructions.	J. 0003, 0	nici dio tantative tax, iess ary	8a	s	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		-	
	payments made. Include any prior year overpayment all				ł	
	eviously with Form 8868.	J	i orodit and any amount paid	8b	s	670.
	lance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form, if required, by using	+		
	IPS (Electronic Federal Tax Payment System). See instru		and terms, in textures, by daining	8c	s	0.
			st be completed for Part II o			
Under pen	alties of perjury, I declare that I have examined this form, includi	ng accomp			i my knowledge ar	nd bekef,
	orrect, and complete, and that I am authorized to prepare this for	4			ا ام	_
Signature	Title >	CKJ-		Date	► ₹121	3
	7	-			Form 8868	(Rev. 1-2013)