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# Form 990-PF

Department of the Treasury

#### **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

2012

Open to Public Inspection

Inter	nal Rev	enue Service Note. The foundation	n may be able to use a copy of this	return to satisfy state reporting re-	quirements	Open to Public Inspection
For	caler	ndar year 2012 or tax year beginning		, 2012, and end	ding	, 20
N	ame o	of foundation			A Employer identif	ication number
		CAROTHERS CONSTR	UCTION CHARIT	ABLE	64-089283	6
	lumbe	r and street (or P O box number if mail	is not delivered to street a	ddress) Room/suite	B Telephone number	er (see instructions)
		P O BOX 189			662-473-2	:525
	ity or	town, state, and ZIP code	·	<del></del>	C If exemption application cneck here	is pending,
	•	TAYLOR MS 38673	Check here			
G	Chec	k all that apply   Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns check here
Final return Amended return					2 Foreign organization test check here and	
		Address change	Name change		E If private foundation star	tus was
H	Chec		01(c)(3) exempt private fou	ndation	terminated under section 507(b)(1)(A) check here	
П		on 4947(a)(1) nonexempt chantable trus				
LI			Accounting method X	<del> </del>	F If the foundation is in a	
		om Part II, col (c), line 16)	Other (specify)	, ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،	termination under section 507(b)(1)(B) check here	
▶.		3,379,826.	(Part I, column (d) must	be on cash basis )		·
Pa	rt I	Analysis of Revenue and Expenses			·	(d) Disbursements
		(The total of amounts in columns (b),	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for charitable
		(c), and (d) may not necessarily equal the amounts in column (a) (see instr.)	books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc received	600,000.			(,,
701	2	(attach schedule)  Check If the foundation is not		<del>  -  </del>	<del></del>	<del>-</del>
20	3	Interest on savings and temp cash investments	53,801.	53,801.	53,801.	<del> </del>
-	4-	-Dividends-and-interest-from-securities-	40 150	-42,170.	42,170.	
	1	Gross rents	12,170.	- 12,170:-	42/1/0.	
5	b	(Net rental			,	
_	1	Net gain/(loss) from sale of assets not on line 10	(3,442.)		<del></del>	
T g	b	Gross sales price for 5/7 0/0	(3,112.)	-		
Revenue Revenue	7	Bil dissets on line de				
<b>30</b>	8	Capital gain net income (from Part IV, line 2)  Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·	-		
3	9	Income modifications		-	<del>-</del>	
Ø	10a	Gross sales less		-		
	b	rns & allowances Less Cost of				
	C	goods sold  Gross profit or (loss) (attach schedule)	_			
	11	Other income (attach schedule)	·		<del></del>	
	12	Total. Add lines 1 through 11	692,529.	95,971.	95,971.	
	13	Compensation of officers,	0,52,525.	33,371.		
	14	Other employee salaries and wages				
Ś	1	Pension plans, employee benefits				
nse	15					
Expense	и.	Accounting fees (attach schedule)	525.			525.
Ü	D E	Other professional fees (attach schedule)	323.	-		
Operating and Administrative	12	الما				
stra		Interest : (m 2f13 Colors (attach schedule) (see instructions)	610.		<del></del>	610.
iri	10-	Depreciation (attach-sch.) and depletion	010.			010.
튱	19	Depreciation (attach-ach-) and depletion			<del>_</del>	<del></del>
<b>₹</b> [	20 (	Justin, UI				
an	21	Travel, conferences, and meetings				<del> </del>
gu	22	Printing and publications	5,210.		<del></del>	E 210
rati	23	Other expenses (attach schedule)	3,210.	-		5,210.
be	24	Total operating and administrative	6 245			C 345
J		expenses Add lines 13 through 23	6,345.		<del></del>	6,345.
	25	Contributions, gifts, grants paid	305,723.			305,753.
	26	Total exp & disbursements Add lines 24 and 25	312,068.		·	312,098.
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses	200 461			
		and disbursements	380,461.	05 073		<del> </del>
	1	Net investment income (if neg , enter -0-	)	95,971.		
	1	Adjusted net income (if nep enter -0-)	Į.	1	95,971.	1

Page 2

Ð	art II	Attached schedules and amounts in the description column should be for	Beginning of year		End of	уеаг
		end-of-year amounts only (See inst )	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	1,249,146.	876,50	7.	876,807.
	3	Accounts receivable ▶				
		Less allowance for doubtful accts				
	4	Pledges receivable ▶				
		Less allowance for doubtful accts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see the instructions)				
		Other notes and loans receivable (attach schedule)   37,555.			-	
		Less allowance for doubtful accounts	37,555.	37,55	5.	37,555.
ţ	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				<del></del>
Ä	10a	Investments - U S and state govt obligations (attach schedule)				· · · · · ·
	1	Investments - corporate stock (attach schedule)	785,900.	901,56	6.	936,189.
	1	Investments - corporate bonds (attach schedule)	906,721.	1,544,15		1,529,275.
		Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
		Investments - other (attach schedule)				
		Land, buildings, and equipment basis				
	ļ · ·	Less accumulated depreciation  (attach schedule)				
	15	Other assets (describe )				· · · · · · · · · · · · · · · · · · ·
		Total assets (to be completed by all filers - see the				<u> </u>
	10	Instructions Also, see page 1, item I)	2,979,322.	3,359,78	3.	3,379,826.
_	17	Accounts payable and accrued expenses				
		Grants payable		-		
S	19	Deferred revenue				
itie	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
Ë	į.	Other liabilities (describe ▶ )				
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
S	24	Unrestricted				
nce	25	Temporarily restricted			$\overline{}$	
ala	1	Permanently restricted				
or Fund Balances	1	Foundations that do not follow SFAS 117, ck. here ▶ 🏻				
Ĕ		and complete lines 27 through 31.				
F		Capital stock, trust principal, or current funds	2,979,322.	3,559,78	3.	
ts	1	Paid-in or capital surplus, or land, bldg, and equipment fund	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Net Assets	1	Retained earnings, accumulated income endowment, or other funds				
Ä		rectained earnings, accumulated meetine endowners, or other faries				
Š	30	Total net assets or fund balances (see instructions)	2,979,322.	3,559,78	3	
	Į.	Total habilities and net assets/fund balances (see		3,333,13	<u> </u>	
	1	instructions)	2,979,322.	3,559,78	3	
P:	art III			3,333,70	<del></del>	
		net assets or fund balances at beginning of year - Part II, column	<del></del>	with 1		<del> </del>
•		f-year figure reported on prior year's return)	(=), mio oo (mast agree	*******	1	2.979.322
2		amount from Part I, line 27a		ŀ	2	2,979,322. 380,461.
		Increases not included in line 2 (itemize) ▶		ļ	3	500,401.
		nes 1, 2, and 3				3,359,783.
		eases not included in line 2 (itemize)			5	<u> </u>
		net assets or fund balances at end of year (line 4 minus line 5) - F	Part II, column (b), line 3	)		3,359,783.

Part IV Capital Gains	and L	osses for Tax on Inve	estment li	ncome				
(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.)					P - Purchase D - Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr )
1 a			<del></del>		- S SUMMENT		— j	
b						Ţ		
c						J		
d				<u></u>	<u> </u>	<u> </u>		
e					<u></u>			
(e) Gross sales price	(f)	) Depreciation allowed (or allowable)	1		ther basis se of sale			or (loss) f) minus (g)
_ a						<u> </u>		
b			<u> </u>					
С						<u> </u>		
d			<u> </u>			<u> </u>		
е			<u> </u>			ļ		
Complete only for assets sho	wing ga	ain in column (h) and owned	by the found	dation or	12/31/69			(h) gain minus
(i) F M.V as of 12/31/69		(j) Adjusted basis as of 12/31/69		Excess ver col (j	of col (i) ), if any	1 '		ess than -0-) or rom co! (h))
a								
b								
С								
d								
e								
2 Capital gain net income or (n	et capit	ai 1055) <b>c</b> -	lso enter in enter0in-			2-		
<ol> <li>Net short-term capital gain or</li> </ol>	(loce)	_ , ,		, air 1, iii	ie'	-		
If gain, also enter in Part I, lir		•	o) and (o)		~			
If (loss), enter -0- in Part I, lin		idiliii (C) (See ilistidetions)			>	3		
		Section 4940(e) for R	educed 7	Fay on	Not Investor			
(For optional use by domestic pri								
If section 4940(d)(2) applies, leav	e this p	oart blank						
Was the foundation liable for the If "Yes," the foundation does not					•	riod?	_	Yes X No
<ol> <li>Enter the appropriate amount</li> </ol>	t in eac	h column for each year, see	the instructi	ons befo	re making any e	entries		
(a) Base period years Calendar year (or tax year beg	ın)	(b) Adjusted qualifying distribut	ions		(c) et value of itable-use asset	s (		(d) nbution ratio vided by col (c))
2011								
2010								
2009								
2008								
2007		<del></del>						
							}	
2 Total of line 1, column (d)						2	<u> </u>	
3 Average distribution ratio for	the 5-ye	ear base period - divide the t	otal on line	2 by 5, o	r by the number		1	
of years the foundation has b	een in	existence if less than 5 years	5			3	<del> </del>	
4 Enter the net value of noncha	arıtable-	-use assets for 2012 from Pa	irt X, line 5			4_		<u>3,378,252.</u>
5 Multiply line 4 by line 3						5	<u> </u>	
6 Enter 1% of net investment in	come (	(1% of Part I, line 27b)				6		960.
								·-
7 Add lines 5 and 6						7_		960.
	f ^-	ant VIII lines A						212 000
8 Enter qualifying distributions If line 8 is equal to or greater			l, line 1b, ar	nd compl	ete that part usii		rate See	312,098. the Part VI
instructions								

·P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruct	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 instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X		96	0.
	and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter			
	4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0 _	
3	Add lines 1 and 2		96	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		96	0.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868)  6c 960.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		96	0.
8	Enter any penalty for underpayment of estimated tax. Check here 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
_	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11			
P	art VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or		Yes	No
	intervene in any political campaign?	1a		X
—р	-Did-it spend-more-than-\$100-during-the-year (either directly-or-indirectly)-for-political-purposes-(see-the-instructions-for-	-		<u> </u>
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		1	1
	or distributed by the foundation in connection with the activities		-	
С	Did the foundation file Form 1120-POL for this year?	1c	ļ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1	
	(1) On the foundation   \$ (2) On foundation managers   \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
_	on foundation managers   \$			\ <b>.</b>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
_	If "Yes," attach a detailed description of the activities	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			X
	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		A
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	-	
6	If "Yes," attach the statement required by General Instruction T  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		l	ļ
U	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<del></del>
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-	11	$\vdash$
Oa	Lines the states to which the foundation reports of with which it is registered (see instructions)	}		1
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or			
U	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	75	<del> </del>	<del> </del>
3	4942(j)(5) for calendar 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	-	<del> </del> -	<u> </u>
- •	names and addresses	10		X
BCA		m <b>990</b>	-PF (2	<del></del>

Form 990-PF (2012)

BCA

Form	990-PF (2012) CAROTHERS CONST	RUCTION CHA	RITABLE	64	-089	2836	Page 6
Par	t VII-B Statements Regarding Acti	vities for Which F	orm 4720 May Be R	equired (co	ntinue	d)	
5a	During the year did the foundation pay or incu	r any amount to					
	(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	n (section 4945(e))?	∏ Ye	s 🗓 N	0	
	(2) Influence the outcome of any specific pub	lic election (see section	4955), or to carry	_	_		
	on, directly or indirectly, any voter registra	tion drive?		∏ Ye	s 🗓 N	o	
	(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	Ye	s 🗓 N	0	Ì
	(4) Provide a grant to an organization other th	nan a chantable, etc., or	ganization described	<u></u>			
	in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instruc	ctions)	Ye	s 🗓 N	0	
	(5) Provide for any purpose other than religion	us, charitable, scientific,	literary, or				
	educational purposes, or for the preventio	n of cruelty to children o	or animals?	Ye	s 🗓 N	。	
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to o	ualify under the exception	ns described in	_		Ì
	Regulations section 53 4945 or in a current no	tice regarding disaster	assistance (see the instru	ctions)?		5b	
	Organizations relying on a current notice rega	rding disaster assistanc	e check here	,	▶ □		
С	If the answer is "Yes" to question 5a(4), does	-			ب		
_	tax because it maintained expenditure respon-			∏ Ye	s $\sqcap$ N	.	
	If "Yes," attach the statement required by Reg		5-5(d)		о <sub>П</sub> .,	"	1
ĥа	Did the foundation, during the year, receive ar		` '				
-	premiums on a personal benefit contract?	ry remote an obtain or man	oony, to pay	□ Ye	s 🗓 N	ا ا	
ь	Did the foundation, during the year, pay premi	ums directly or indirect	ly on a nersonal henefit o		• 🗀 ''	6 <sub>b</sub>	x
~	If "Yes" to 6b, file Form 8870	ame, anosay or manos	ry, on a personal benefit o	omacr.		0.5	
72	At any time during the tax year, was the found	lation a party to a probit	nited tay shelter transaction	n2   \( \nu_0 \)	s 🗓 N	.	
	If "Yes," did the foundation receive any proces				, E. I.	~   <sub>7b</sub>	
_	t VIII Information About Officers	<u>'</u>			nly Pai		VAAS
Į (di	and Contractors	, Directors, Truste	co, i odilation wa	nagers, riig	ily i all	u Linpio	yees,
1 1	_ist all officers, directors, trustees, foundation	on managers and their	compensation (see ins	tructions)			
<u></u>						1	
		illo) Tille, and average	(c) Componentian	I IOI CONTINDU	ions to		CO OCCOLINA
	(a) Name and address	(b) Title, and average hours per week	(o) Compensation	(d) Contribut employee ben	efit plans	1	
		hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee ben and deferred	efit plans	1	ise account, llowances
	SEAN B CAROTHERS	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189	hours per week devoted to position  PRESIDENT  10	(o) Compensation	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS	hours per week devoted to position PRESIDENT 10 SECRETARY	(If not paid, enter -0-)	employee ben	efit plans	1	
]	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189	hours per week devoted to position PRESIDENT 10 SECRETARY 10	(If not paid, enter -0-)	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER	(If not paid, enter -0-)	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189	hours per week devoted to position PRESIDENT 10 SECRETARY 10	(If not paid, enter -0-)	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER	(If not paid, enter -0-)	employee ben	efit plans	1	
	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10	(If not paid, enter -0-)  0  0	employee ben and deferred	efit plans	1	
2 (	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10	(If not paid, enter -0-)  0  0	employee ben and deferred	efit plans	1	
2 (	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	employee ben and deferred	efit plans	1	
2 (	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10 es (other than those in	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	employee ben and deferred structions).	efit plans comp	other a	llowances
2 (	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10 es (other than those in	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee ben	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	llowances
2 (a	SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 SEAN B CAROTHERS PO BOX 189 Compensation of five highest-paid employee f none, enter "NONE."  ) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 10 SECRETARY 10 TREASURER 10  (b) Title, and average hours per week	(If not paid, enter -0-)  0  0  cluded on line 1 - see in	structions).  (d) Contribut employee b plans and deferred	ons to enefit	(e) Exper	ise account

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Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	idation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services (see the	instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	1	
		<u> </u>
Total number of others receiving over \$50,000 for professional services	<b>•</b>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Includ-		Expenses
as the number of organizations and other beneficianes served, conferences convene	d, research papers produced, etc	
1 First Baptist Church		
Water Valley MS		
Operating Expenses		76,900
2 Branch of Hope		
Water Valley MS		
Operating Expenses		60,000
3 Fellowship of Christian Athletes		
Oxford MS		
Operating Expenses		32,000
4 Doors of Hope		
Oxford MS		
		31,318
Part IX-B Summary of Program-Related Investments (see instri	uctions)	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
2		I

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Total Add lines 1 through 3

Minimum investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	$\top$	
a Average monthly fair market value of securities .	1a	2,198,410.
b Average of monthly cash balances	1b	1,231,287.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	3,429,697.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	3,429,697.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
see instructions)	4	51,445.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,378,252.
6 Minimum investment return. Enter 5% of line 5	6	168,913.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ons	
and certain foreign organizations check here ▶ ☐ and do not complete this part )		
1 Minimum investment return from Part X, line 6	1	168,913.
2 a Tax on investment income for 2012 from Part VI, line 5 2a 960.	. 🖂	
b income tax for 2012 (This does not include the tax from Part VI)	$\neg$	
c Add lines 2a and 2b	2c	960.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	167,953.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	167,953.
6 Deduction from distributable amount (see instructions)	6-	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	167,953.
Part XII Qualifying Distributions (see instructions)		
Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26	1a	312,098.
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	312,098.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1% of Part I, line 27b (see instructions)	5	960.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	311,138.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	founda	tion
qualifies for the section 4940(e) reduction of tax in those years		

	Unaistributed income (see ins	structions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				167,953.
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only				
b	Total for pnor yrs. 20 , 20 , 20		_		
3	Excess distribs carryover, if any, to 2012				
а	From 2007 494,918.				
ь	From 2008 151,311.	<u>'</u>			
С	From 2009 223, 409.	'			
	From 2010 269, 533.				
	From 2011 158, 725.				
	Total of lines 3a through e	1,297,896.			
4	Qualifying distributions for 2012 from Part XII,	2/25//050:			
7	line 4 ▶\$ 312,098.				
_					
	Applied to 2011, but not more than line 2a				
D	Applied to undistributed income of prior				
	years (Election required - see instructions)				<del></del>
С	Treated as distributions out of corpus				
	(Election required - see instructions)	<del></del>			1.65 0.50
	Applied to 2012 distributable amount	244 245			167,953.
е	Remaining amt distributed out of corpus	144,145.			<del> </del>
5	Excess distribs carryover applied to 2012				
	(If an amount appears in column (d), the				
	same amount must be shown in col (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, & 4e Subtract line 5	1,442,041.			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency				
	has been issued, or on which the section				
	4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2011 Subtract				
	line 4a from line 2a Taxable amount -				
	see instructions				
f	Undistributed income for 2012 Subtract				
•	lines 4d and 5 from line 1. This amount				
	must be distributed in 2013				
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
	Instructions)	<del></del>	<del></del>		
8	Excess distributions carryover from 2007				
	not applied on line 5 or line 7 (see	494,918.			
	instructions)	7,710.	<u> </u>	<del> </del>	
9	Excess distributions carryover to 2013.	947 122			
	Subtract lines 7 and 8 from line 6a	947,123.		ļ	
	Analysis of line 9		<b>\</b>		
	Excess from 2008 151,311.				
	Excess from 2009 223, 409.				
	Excess from 2010 269, 533.				
d	Excess from 2011 158, 725.				
е	Excess from 2012 144, 145.	_			

. Pa	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)								
1a	1a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for 2012, enter the date of the ruling								
ь	Check box to indicate whether the foundati	on is a private opera	ating foundation desc	cribed in section	X 4942(J)(	3) or 4942(J)(5)			
	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		1			
	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	95,971.	61,042.	82,934.	36,914.	276,861.			
h	85% of line 2a	81,575.	51,886.	70,494.	31,377.	235,332.			
	Qualifying distributions from Part XII,		32,000.	707251	32,3	233/332.			
·	line 4 for each year listed	305,723.	306,946.	374,871.	302,991.	1,290,531.			
d	Amounts included in line 2c not used directly for active conduct of exempt	3037723.	300/310.	3,1,0,1.	302,332.	1,230,331.			
	activities		<u> </u>			<u> </u>			
е	Qualifying distributions made directly								
	for active conduct of exempt activities								
	Subtract line 2d from line 2c	305,723.	306,946.	374,871.	302,991.	1,290,531.			
3	Complete 3a, b, or c for the alternative			ĺ		ļ			
	test relied upon				}				
а	"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	112,614.	99,221.	70,778.	53,301.	335,914.			
r	in Part X, line 6 for each year listed "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)	<del></del>		<u> </u>					
	(2) Support from general public and 5				1				
	or more exempt organizations as		1						
	provided in section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support				1				
	from an exempt organization								
_	(4) Gross investment income		<u> </u>		<u> </u>	<u> </u>			
P	art XV Supplementary Informat			the foundation	had \$5,000 or r	nore in			
_	assets at any time durin	g the year - see	instructions.)						
1	information Regarding Foundation Man								
а	List any managers of the foundation who h				ved by the foundation	n before the close			
	of any tax year (but only if they have contri	buted more than \$5,	.000) (See section 5	07(d)(2))					
b	List any managers of the foundation who o	own 10% or more of	the stock of a corpora	ation (or an equally l	arge portion of the o	wnership of a			
	partnership or other entity) of which the for					,			
2	Information Regarding Contribution, Gr	ant. Gift. Loan. Sch	nolarship, etc., Proc	rams:	<del></del>	<del></del>			
	Check here ▶ ☐ if the foundation onl				and does not accer	ot unsolicited			
	requests for funds. If the foundation makes								
	complete items 2a, b, c, and d			ū					
_	The name, address, and telephone number	er or e-mail of the ne	rson to whom applica	ations should be add	ressed	<del></del>			
u	The hame, address, and telephone hambe	or c-man or the po-	room to whom applied	ations should be add	103300				
Q F	EAN CAROTHERS 662-473-	2525 PO BO	X 189 TAVI	OR MS 3867	<b>'</b> 3				
					<del></del>				
O	The form in which applications should be s	and intotti	वन्तात वात वातिस्थायाऽ [	arey should include					
7\	NARRATIVE EXPLAINING	NEED BENE	יביי ייט כטא	אול עידידאדואו	סיים שיוחו				
<u>A</u>	<del></del>	MEED, DEME	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	INTII, AI	TOOMI FIC	<del></del>			
С	Any submission deadlines								
776	NITE								
	ONE								
	Any restrictions or limitations on awards, s	uch as by geographi	cal areas, chantable	fields, kinds of instit	utions, or other facto	ors			
	ONE				<del></del>				
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Part XV Supplementary Information Grants and Contributions Paid Du	ring the Year or A	pproved fo	r Future Payment	
Recipient	If recipient is an individual, snow any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Berean Mission Alliance				
PO Box 452				
63040 MO Grover		Active	Mission Support	3,600
Branch of Hope				
11709 Highway 7				
38965 MS Water Valley		Active	Operating Exp	60,000
Community Food Pantry				
500 E Wilson				
38930 MS Greenwood		Active	Food Pantry	3,600
Compassion Internationa				
12290 Voyager Parkway		İ		
80921 CO Colorado Sprin		Active	Child Sponsor	304
Compassion Food Ministr				
-3-41CR4-8-5				
38965 MS Water Valley		Active	Food Pantry	22,800
D 5				
Doors of Hope				
924 Van Buren Ave 38655 MS Oxford		7	Onemating From	21 210
38633 MS OXIOIQ		Active	Operating Exp	31,318
Fellowship of Christian				
PO Box 449				
39158 MS Ridgeland		Active	Operating Exp	32,000
•			2 2 1	•
First Baptist Church				
800 N Main Street				
38965 MS Water Valley	<u> </u>	Active	Operating Exp	76,900
Total	1	1	▶ 3a	305,723
<b>b</b> Approved for future payment				
	1			
	<del></del>			,

Total

▶ 3b

nter gross amounts unless otherwise indicated		business income		section 512 513, or 514	(e) Related or exempt
	(a)	(b)	(c)	(d)	function income
	Business	Amount	Excl	Amount	(See instructions)
1 Program service revenue	code		code		
a		<del></del>	_ -		
b				<del></del>	
c					
d					
e	<u> </u>	<del></del>		<del></del> .	
f	-			<del></del>	
<ul><li>g Fees and contracts from government agencies</li><li>2 Membership dues and assessments</li></ul>		-			ļ
					53,801.
Interest on savings and temporary cash investments     Dividends and interest from securities	<del></del>				42,170.
5 Net rental income or (loss) from real estate	_	<del> </del>			42,170.
a Debt-financed property			-		
b Not debt-financed property					
6 Net rental income or (loss) from personal property	, <del>                                    </del>	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	1
7 Other investment income	′ <del>  -</del>				-
8 Gain or (loss) from sales of assets other than inventory		<del></del>	-		(3,442.)
9 Net income or (loss) from special events		·			(3,442.)
Gross profit or (loss) from sales of inventory				<del> </del>	
1 Other revenue a		· · · · · · · · · · · · · · · · · · ·	-		
b					
		·		<del></del>	
				<del>-</del>	
			<del>                                     </del>		
e	1 1				
2 Subtotal Add columns (b) (d) and (e)					92 529
Subtotal. Add columns (b), (d), and (e)				13	92,529.
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)	ons )			13	92,529. 92,529.
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations		lishment of E	xempt Purp	_	
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities to	the Accomp			ooses	92,529.
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculations to verify calculations.  Part XVI-B Relationship of Activities to Explain below how each activity for w	the Accomp	eported in column	(e) of Part XVI	ooses -A contributed impor	92,529.
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's each activity.  RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's each activity.  RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
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Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation.  Telationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ee worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation.  Relationship of Activities to  Explain below how each activity for waccomplishment of the foundation's e  3, 4, 8 RETURN ON INVESTMENTS	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 4 ee worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities to  Line No. Explain below how each activity for watcomplishment of the foundation's each activity is accomplishment of the foundation's each activity is accomplished.	the Accomp which income is re exempt purposes	eported in column (other than by pro	(e) of Part XVI viding funds fo	POSES  -A contributed impor	92,529.  tantly to the See instructions )

	-PF (2012) CAROTH								0892			age 13
Part X			Transfers To a	nd Transac	ctions a	and Re	lations	hips Wi	th No	nchari	table	
1 Dıd th	Exempt Org		ge in any of the follo	lowing with any	other on	manizatii	n descri	ned in sect		<del></del>	Yes	No
	) of the Code (other than		-			-				1	100	
	fers from the reporting for				_	, ,	3					l
	Cash		·	Ü						1a(1)		Х
(2)	Other assets							•		1a(2)	1	X
<b>b</b> Other	transactions											
(1)	Sales of assets to a non	nchantable exem	pt organization							1b(1)		X
(2)	Purchases of assets from	m a nonchantab	le exempt organiza	ation						1b(2)	<u> </u>	X
	Rental of facilities, equip		assets							1b(3)	-	X
	Reimbursement arrange									1b(4)	<del> </del>	X X
	Loans or loan guarantee									1b(5)	<u> </u>	X   X
	Performance of services ng of facilities, equipmen		_							1b(6)	<del>                                     </del>	X
	answer to any of the abo	_			lumo (h) e	chould a	lwave ch	w the for	madiat		tho	A
or sha	(b) Amount involved		ne value of the goo	<del> </del>				nsactions	and sha	arino arra	angem	
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sec	he foundation directly or tion 501(c) of the Code ( Yes," complete the follow	other than section			tax-exer	mpt orga	inizations	described	f in	Y	es 🛚	No
	(a) Name of organiza	ition	(b) Type	of organizatio	n	+	(c)	Descriptio	n of rel	ationship	)	
	<del></del>					+		<del></del>				
					<del></del>	<b>+</b> -						
							-					
Sign	Under penalties of perjury, to belief it is true, correct, and c									ge and		
Here	ton 2	Can Sa	4	6-4-	,, 1	Pine	با . ملى:	_	,	IRS discuss		
	Signature of officer	or trustee		Date	ا <u>د</u> ا	Title	· vit N			preparer shi tructions)?	X Yes	
Paid	Print/Type prep	arer's name	Preparer's sig	nature	AR S	Date		Check	X f	PTIN		
Prepare	Robert J	Scheibe	In Kohnty	Scherkelh	run!	5/20/	<u>いい</u>	self-emplo	yed I	<u> P0013</u>	562	:3

Use Only

Firm's name ▶Bailey Kaufman & Scheibelhut PLL Firm's EIN▶42-1660608 Firm's address ▶288 Germantown Bend Cove Cordova TN 38018-7237

Phone no 901-754-1616

BCA

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

Department of the Treasury Internal Revenue Service

BCA

Name of the organization

# **Schedule of Contributors**

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

OMB No 1545-0047

2012

Employer identification number

CAROTHERS CO	NSTRUCTION CHARITABLE	64-0892836
Organization type (check	one)	
Filers of:	Section.	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundat	tion
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule.	
Note. Only a section 501(c	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule See instructions
General-Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000$ or more outer. Complete Parts I and II	(in money or property)
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the nd 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete	bution of the greater of (1)
total contributions of	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or vention of cruelty to children or animals. Complete Parts I, II, and III	
contributions for use  If this box is checked purpose. Do not com	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of exclusively for religious, chantable, etc., purposes, but these contributions did not did, enter here the total contributions that were received during the year for an exclusive any of the parts unless the <b>General Rule</b> applies to this organization because inbutions of \$5,000 or more during the year	total to more than \$1,000 sively religious, chantable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules do not file Sched n Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or cleet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	
For Paperwork Reduction	Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedu	ile B (Form 990, 990-EZ, or 990-PF) (20

Employer identification number 64 - 0892836

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is needed	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	CAROTHERS CONTRUCTION PO BOX 189	s 600,000.	Person X Payroll Noncash
	TAYLOR MS 38673-		(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) 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)

US 990PF	d Contribution	ns Paid [	Ouring the Year	2012
Recipient name and address	If an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Gap Village PO Box 369				
Ellisville MS 39437		Active	Operating Exp	3,250.
Greenwood Utilities 202 Wright Place Greenwood MS 38930		Active	Operating Exp	2,400.
Interfaith Compassion 904 Lamar Avenue		7		
Oxford MS 38655  Medical Ministries		Active	Operating Exp	1,758.
205 Commerce Drive Oxford MS 38655		Active	Operating Exp	4,163.
Operation Mobilization 285 Lynnwood				
Tyrone GA 30290		Active	Operating Exp	12,000.
Precept Ministries PO Box 182218 Chattanooga TN 37422		Active	Operating Exp	1,200.
The Pantry 713 Molly Barr Road Oxford MS 38655		Active	Tood Donton	6.000
		ACCIVE	Food Pantry	6,000.
Miscellaneous		Active		44,430.
			* 00-7	
Total	<u> </u>			75,201.

64-0892836

US 990	Accol	inting Fees	· · · · · · · · · · · · · · · · · · ·		2012
December :		Expenses	Net investment	Adjusted net	Chantable
Description AILEY KAUFMAN & SCHEIM	BELHUT	per books 525.	income	ıncome	purposes 525
inizi idiorian d benibi	3551101	525.			525
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US 990	Taxes			2012
	Expenses	Net investment	Adjusted net	Chantable
Description EDERAL EXCISE TAX	per books 610	ıncome	ıncome	purposes
ENDIGHT ENCISE THY	610			610 610
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ÙS 990	Other Expenses			2012
	Expenses	Net investment	Adjusted net	Chantable
Description	per books	ıncome	ıncome	purposes
ANAGEMENT FEES	3,502	·		3,502
UBLICATIONS	21	•		21
ANK CHARGES	. 259			259
OREIGN TAX PAID	543			543
ISCELLANEOUS	885	•		885
	5,210			5,210
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, 5 . 6 . . . Other Notes and Loans Receivable as of Year End 990-PF: Page 2, Line 7 (Short Schedule) **US 990** 2012 Balance due 37,555. Name of organization CHARLIE ESTERA 37,555.

## Stocks & Bond Sold - 2012

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					Sales	
	<u>Bought</u>	<u>Sold</u>	# Shares	<u>Cost</u>	<u>Price</u>	Gain/(Loss)
FNMA	06/29/2011	01/27/2012		254,989 44	250,000 00	-4,989 44
FNMA CMO 2006	12/16/2011	03/26/2012		28,970 16	27,939 00	-1,031 16
Exelon Corporation	09/12/2011	04/11/2012	148 00	6,364.30	5,637.73	-726 57
Windstream Corp	09/12/2011	04/11/2012	504	6359 47	5,737 66	-621 81
Fed Home Loan	03/29/2006	04/16/2012		\$ 295 52	642.06	346 54
McDonalds Corp	04/11/2012	05/11/2012	31	3100 09	2,843.79	-256 30
Procter & Gamble	04/11/2012	05/11/2012	45	3080 75	2,837.14	-243 61
3m Company	04/11/2012	05/11/2012	34	3019 90	2,904 19	-115.71
Veolia Environnement	04/11/2012	05/11/2012	206	3079 92	2,762 48	-317 44
Pimco Total Return	01/12/2011	07/16/2012	8477	91996 70	96,644.00	4,647 30
Federal Home Loan Ba	06/14/2012	07/27/2012		150133 50	150,000 00	-133 50

551,389.75	547,948 05	-3,441 70

39
464
465,
\$2,

Bonds	Purchase <u>Date</u>	Maturity <u>Date</u>	Face <u>Amount</u>	Per Unit <u>Cost</u>	Total <u>Cost</u>	Coupon	Estimated Market Value <u>12/31/2012</u>
Bank America  NM Merrill Lynch & Co Lincoln Cnty Miss Hosp GE Capital Lincoln Cnty Miss Hosp Bank Oklahoma FHLMC FNMA Goldman Sachs Group Inc BB&T Corporation Lincoln Cnty Miss Hosp KY Asset/Liability Cmmn	05/08/2006 06/24/2011 09/20/2012 05/08/2006 09/20/2012 05/22/2007 03/20/2012 04/18/2012 05/18/2012 09/20/2012	11/15/2013 \$ 02/03/2014 \$ 04/01/2014 \$ 02/15/2016 \$ 04/01/2016 \$ 05/15/2017 \$ 09/06/2019 \$ 01/01/2021 \$ 03/22/2017 \$ 04/01/2018 \$	15,000 00 50,000 00 25,000 00 50,000 00 100,000 00 34,932 42 100,000 00 100,000 00 170,000 00	92 459 \$ 106.952 \$ 100 753 \$ 93 625 \$ 100 000 \$ 99 885 \$ 99 468749 \$ 90 026 \$ 101 819 \$ 105 480 \$	13,868.85 54,455 17 55,472 21 23,406 25 50,052.78 99,885 00 249,145.83 28,147.90 90,132 41 101,819 00 50,330 17	4 700% 2 240% 2 240% 5 250% 2 000% 5.750% 0 000% 2 150% 3 165%	15,356 55 52,032.50 55,386 65 25,062 50 50,140.50 96,019 00 250,462 50 30,783 19 97,066 00 103,428 00 50,393 00
Fannie Mae Aces CMO 2012 FNMA CMO 2012 Morgan Stanley Mtg Bear Stearns Alt-A GNMA CMO 2011 FNMA CMO 2011	02/29/2012 03/30/2012 08/02/2006 08/02/2006 03/21/2012 06/30/2011 08/04/2006	02/25/2022 \$ 02/25/2025 \$ 02/25/2026 \$ 02/25/2036 \$ 11/20/1938 \$ 06/25/1941 \$ 09/01/2066 \$	100,000 00 150,000.00 26,330 51 31,552.12 200,000.00 59,040 52 50,000.00	98 095 \$ 103 019 \$ 99 71094 \$ 99 60156 \$ 76 63441 \$ 103 781 \$ 101 285 \$	\$ 98,094 91 \$ 154,529 11 \$ 24,914 49 \$ 30,321 18 \$ 153,268 82 \$ 36,351 97 \$ 50,642 50 \$ 1,544,154.76	2 590% 3 500% 6 047% 5 994% 3 170% 6 800%	102,512 22 153,827.49 14,315 75 15,128.05 152,467 92 33,652 76 53,687.50 53,687.50

Equities				Cost		Estimated Market Value
Stock	Symbol	Bought	# Shares	Per Share	Cost	12/31/2012
Aflac Inc		04/11/2011	29	45 46	3,045 57	3,559 04
Air Products & Chem		04/11/2012	33	92 12	3,039 80	2,772.66
Altria Group Inc		09/12/2011	233	27 30	6,360 62	7,325 52
Alto Palermo S A Adr		09/12/2011	244	19 74	4,81689	3,816 16
Alto Palermo S A Adr		09/12/2011	100	19 82	1,981 53	1,564 00
Astrazeneca		04/11/2012	89	44 94	3,055 59	3,214 36
At&t Inc		04/11/2012	86	31 40	3,077 22	3,303 58
At&t Inc		09/12/2011	226	28 18	96 896'9	7,618 46
Bank of Nova Scotia		04/11/2012	54	56 35	3,042 68	3,125 52
Boeing Company		04/11/2012	41	74.89	3,070 47	3,089 76
Bristol Myers Squibb Co		09/12/2011	12	29.98	359 71	391 08
Bristol Myers Squibb Co		09/12/2011	200	29.98	5,995 17	6,518 00
British Amn Tobaco		04/11/2012	30	102 59	3,077 60	3,037 50
CPFL Energia S A Adr		09/12/2011	245	25 98	6,365 02	5,135 20
Cinn Fincl Crp Ohio		09/12/2011	230	27 57	6,341 05	08 900'6
Coco Cola		04/11/2012	82	37 26	3,055 30	2,972 50
Colgate Palmolive		04/11/2012	. 31	99 48	3,083.97	3,240 74
Diageo		04/11/2012	31	76 76	3,037 16	3,613 98
Duke Energy Corp		09/12/2011	112	62 99	6,360 73	7,145 60
R R Donnelley Sons		09/12/2011	445	14.24	6,336 45	4,000 55
Emerson Elec Co		04/11/2012	29	52 09	3,073 15	3,124 64
Entergy Corp New		09/12/2011	5	64 59	321 43	318 75
Entergy Corp New		09/12/2011	94	64 31	6,044 67	5,992 50
Exxon Mobil		04/11/2012	35	86 49	3,027 10	3,029 25
Fly Leasing LTD		09/12/2011	200	12 00	2,400 00	2,464 00
Fly Leasing LTD		09/12/2011	332	12 13	4,027 13	4,090 24
General Mills		04/11/2012	77	39 62	3,053 00	3,112 34
HCP Inc		09/12/2011	174	36 53	6,356 73	7,857 84
Health Care Reit Inc Com		09/12/2011	125	50 84	6,354 38	
Home Depot		04/11/2012	09		3,080 59	3,711 00
Illinois Tool Works		04/11/2012	54	57 24	3,090 74	3,283 74
Integrys Energy Group		09/12/2011	130		6,351 10	6,788 60
Intel Corp		04/11/2012	108	28 20	3,078 16	2,226 96
Johnson & Johnson		04/11/2012	46	66 34	3,051 50	3,224 60
Lorillard Inc		09/12/2011	58			
Leggett & Platt Inc		09/12/2011	289	21 95	6,342 98	7,866 58

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Eli Lilly & Co	09/12/2011	172	36 92	6,350 34	8,483 04
	04/11/2012	42	38 74	3,060 69	3,240 58
v	09/12/2011	193	32 88	6,346 47	7,901 42
Mobile Telesys OJSC ADR	09/12/2011	410	15 57	6,382.70	7,646 50
Nextera Energy Inc	04/11/2012	48	63 72	3,058 64	3,321 12
	04/11/2012	49	62 01	3,038.51	3,193 33
	09/12/2011	295	21 52	6,349 73	7,342 55
Northeast Utilities	04/11/2012	82	37 52	3,076 62	3,204 56
	04/11/2012	55	55 74	3,065 65	3,481 50
NTT Docomo Inc	04/11/2012	184	16.72	3,076 01	2,651 44
	05/11/2012	35	87 51	3,062.80	2,681 35
	04/11/2012	29	18 37	1,231 00	1,309 18
	04/11/2012	100	18 37	1,837 33	1,954 00
	09/12/2011	238	26.69	6,353 12	7,401 80
Pitney Bowes Inc	09/12/2011	321	19 78	6,349 37	3,415 44
Plum Creek Timber Co	09/12/2011	174	36 43	6,339 09	7,720 38
	04/11/2012	58	53 19	3,085 14	3,338 48
	04/11/2012	82	37 57	3,080.72	3,885 16
Southern Company	09/12/2011	153	41 44	6,340 60	6,549 93
Telefonica SA Spain	09/12/2011	337	18 82	6,342 03	4,546 13
Toronto Dominion Bank	04/11/2012	36	85.03	3,061 04	3,035 88
vice	04/11/2012	38	81 29	3,088 86	2,801 74
United Techs Corp	04/11/2012	37	83 26	3,080.67	3,034.37
Verizon Communications	09/12/2011	179	35 37	6,332 11	7,745 33
	05/11/2012	45	67 16	3,022 25	3,280 50
Plains All Amern Pipl Lp	09/12/2011	210	30.22	6,346 29	9,500.40
			<b> </b>	260,688.15	278,636.27
			,		

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12/31/2012
Market Value 12
Cost
1

Mutual Funds				Cost		Estimated Market Value	12/31/2012
Stock	Symbol	Bought	# Shares	Per Share	Cost	12/31/2012	
American Growth Fd of Amer		03/27/2006	926	31 11	29,748 99	32,638 39	
Calamos Growth		03/27/2006	550	54 39	29,903 90	25,904 22	
Fidelity Total Bond Fund		07/18/2012	10,058	11.24	113,087 00	110,144 92	
Perkins Mid Cap		03/27/2006	1,291	22 82	29,450 92	27,555 17	
Jensen Portfolio		03/27/2006	1,065	26 38	28,095 78	31,708.98	
Matthews Asian		03/27/2006	1,695	17 73	30,045 97	31,552 47	
Neuberger Berman Genesis		03/27/2006	623	48 08	29,952 66	31,624 17	
Royce Total Return		03/27/2006	2,274	13 21	30,028 84	31,000 96	
Pimco Total		01/12/2011	9,917	10 90	108,053 30	111,475 23	
Loomis Sayes Bond Fund		01/12/2011	7,810	14 39	112,405 99	118,096 48	
Total S.A.		09/20/2011	552	45 40	25,062 67	28,709 52	
BancorpSouth Cap Trust		09/26/2011	2,941	25 52	75,041 78	77,142.43	
		<b>!</b> ]	39,731 663		640,877 80	657,552.94	

#### Form **8868**

(Rev January 2013)

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

OMB No 1545-1709

Department of the Internal Revenue		► File a	separate ap	oplication for each return.	- 1		
If you ar	e filing for a	n Automatic 3-Month Extension, com	plete only	Part I and check this box			▶ X
•	_			, complete only Part II (on page 2 of this fo	m)		٠ ـ
•	•	,		tic 3-month extension on a previously filed F	•		
Electronic f	iling (e-file)	. You can electronically file Form 8868	ıf you need	a 3-month automatic extension of time to file	e (6 months	s for a co	orporation
required to f	ile Form 990	)-T), or an additional (not automatic) 3-i	nonth exten	sion of time. You can electronically file Form	8868 to re	equest a	in extension
				Form 8870, Information Return for Transfers			
	-			see instructions) For more details on the ele			
		file and click on e-file for Chanties & No				<b>J</b>	
Part I		tic 3-Month Extension of Tim		submit original (no copies needed)			
				onth extension - check this box and complete	Part I onl	v	<b>P</b>
=		_		trusts must use Form 7004 to request an ext		-	
	e tax returns	, , , , , , , , , , , , , , , , , , , ,	·	,			
Type or	mployer ı	dentific	ation number				
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File by the due date for filing your	Number, s	street, and room or suite no If a P O b					<del></del>
return See		or post office, state, and ZIP code Fo	r a foreign a	ddress see instructions			<del></del>
instructions		OR MS 38673	a loreign a	ddiess, see instructions			
	1	010 115 300 73					
Enter_the_Re	eturn_code.fc	or_the_return_that-this application-is-for-(	file-a-separa	te-application-for-each-return)			-04
Application			Return	Application			Return
Is For			Code	Is For			Code
	r Form 990-E	7	01	Form 990-T (corporation)			07
Form 990-B			02	Form 1041-A			08
Form 4720 (			03	Form 4720			09
Form 990-P	`		04	Form 5227			10
		) or 408(a) trust)	05	Form 6069			11
	(trust other	·	06	Form 8870			12
101111 330 1	(ii dat outer	man above;		7 6111 6676			
		e care of SEAN CAROTHER	.s				
Telepho	ne No 🕨	662-473-2525 FA	AX No ►				_
• If the or	ganızatıon d	oes not have an office or place of busin	ess in the U	nited States, check this box			▶ 📗
<ul><li>If this is</li></ul>	for a Group	Return, enter the organization's four di	git Group Ex	temption Number (GEN) If the	nis is for th	e whole	group,
check this b	ox ▶ 📗 If	it is for part of the group, check this bo	x ▶ 📙 an	d attach a list with the names and EINs of al	l members	the exte	ension is for
1 I reques	t an automa	tic 3-month (6 months for a corporation	required to	file Form 990-T) extension of time until			
		AUG 15 , 20 13 , to file the	exempt orga	inization return for the organization named a	bove The	extens	ion is for the
	ation's return						
<b>▶</b> 🛛 (	calendar yea	ar 20 <u>12</u> or					
▶ 📗 1	tax year beg	ar 20 <u>12</u> or	_ , 20	, and ending			, 20
		ed in line 1 is for less than 12 months, o	check reasor	n 📗 Initial return 📙 Final return			
∐ Cha	inge in accor	unting period					
					<del></del>		
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 \$							960.
b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments							
made Include any prior year overpayment allowed as a credit 3b							
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,							060
by using	EFIPS (Ele	ectronic Federal Tax Payment System)	See instruc	xions	3c	\$	960.
Caution. If y	you are goin	g to make an electronic fund withdrawa	il with this F	orm 8868, see Form 8453-EO and Form 887	9-EO for p	ayment	instructions