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Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash – non-interest-bearing				
2	Savings and temporary cash investments		14,504	13,245	13,245
3	Accounts receivable ►				
	Less: allowance for doubtful accounts ►				
4	Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
5	Grants receivable				
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (att. schedule) ►		0		
	Less: allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges				
10a	Investments – U.S. and state government obligations (attach schedule)	SEE STMT 5			
b	Investments – corporate stock (attach schedule)		3,423,400	3,593,484	3,593,484
c	Investments – corporate bonds (attach schedule)				
11	Investments – land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach sch) ►				
12	Investments – mortgage loans				
13	Investments – other (attach schedule)				
14	Land, buildings, and equipment basis ►	15,371			
	Less accumulated depreciation (attach sch) ► STMT 6	13,617			
15	Other assets (describe ►)	1,813	1,754	1,754
16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		3,439,717	3,608,483	3,608,483
17	Accounts payable and accrued expenses			1,900	
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ► SEE STATEMENT 7)		2,114	1,781	
23	Total liabilities (add lines 17 through 22)		2,114	3,681	
Liabilities		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ► <input checked="" type="checkbox"/>			
24	Unrestricted		768,404	935,603	
25	Temporarily restricted		2,669,199	2,669,199	
26	Permanently restricted				
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input type="checkbox"/>			
27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)		3,437,603	3,604,802	
31	Total liabilities and net assets/fund balances (see instructions)		3,439,717	3,608,483	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,437,603
2	Enter amount from Part I, line 27a	2	-91,973
3	Other increases not included in line 2 (itemize) ► SEE STATEMENT 8	3	259,172
4	Add lines 1, 2, and 3	4	3,604,802
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	3,604,802

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE WORKSHEET					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	24,821	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			3		
If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8					

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

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

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	174,200	3,435,405	0.050707
2010	142,534	3,491,172	0.040827
2009	154,811	3,290,001	0.047055
2008	186,493	3,050,034	0.061145
2007	184,860	3,762,940	0.049126

- | | | |
|---|----------|------------------|
| 2 Total of line 1, column (d) | 2 | 0.248860 |
| 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the
number of years the foundation has been in existence if less than 5 years | 3 | 0.049772 |
| 4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 | 4 | 3,596,230 |
| 5 Multiply line 4 by line 3 | 5 | 178,992 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 891 |
| 7 Add lines 5 and 6 | 7 | 179,883 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 179,178 |
- If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1	1,781
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b	2	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	3	1,781
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
3	Add lines 1 and 2	5	1,781
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a	
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	3,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	3,000
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	40
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,179
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ►	11	Refunded

Part 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 intervene in any political campaign?	Yes	No
1a		X	
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	Yes	No
1b		X	
c	Did the foundation file Form 1120-POL for this year?	Yes	No
c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ► \$ _____ (2) On foundation managers ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	Yes	No
2		X	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Yes	No
3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	No
4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	No
4b		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	Yes	No
5		X	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	No
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	Yes	No
7		X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►		
8a	NC		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	Yes	No
8b		X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	Yes	No
9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Yes	No
10		X	

Part VII-A Statements Regarding Activities (continued)

- 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see 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? 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 ► **ANNA ERWIN, CPA**
2508 INDEPENDENCE BLVD.

Telephone no. ► **910-452-0611**

- Located at ► **WILMINGTON** NC ZIP+4 ► **28412**
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► **15** ►
- 16 At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► **16** Yes No

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.

- 1a During the year did the foundation (either directly or indirectly):
 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No
 (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No
 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No
 (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No
 (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No
 (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No
 b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?
Organizations relying on a current notice regarding disaster assistance check here ► **1b** ►
 c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012? **N/A** **1c**
- 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
 a At the end of tax year 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 ► **20 20 20 20**
 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) **N/A** **2b**
 c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
► **20 20 20 20**
- 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No
 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, Form 4720, to determine if the foundation had excess business holdings in 2012.) **N/A** **3b**
- 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 had not been removed from jeopardy before the first day of the tax year beginning in 2012? **4b**

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE LIST OF DIRECTORS ATTACHED	SEE ATTACHED 0.00	0	0	0
DIRECTORS RECEIVE NO COMPENSATION	0.00	0	0	0
OR FRINGE BENEFITS	0.00	0	0	0

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

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

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

▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services ►

Part IX-A Summary of Direct Charitable Activities

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

Expenses

1 N/A

2

3

4

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

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

Amount

1 N/A

2

All other program-related investments. See instructions

3

Total. Add lines 1 through 3 ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,649,241
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	1,754
d	Total (add lines 1a, b, and c)	1d	3,650,995
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,650,995
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	54,765
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,596,230
6	Minimum investment return. Enter 5% of line 5	6	179,812

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

1	Minimum investment return from Part X, line 6	1	179,812
2a	Tax on investment income for 2012 from Part VI, line 5	2a	1,781
b	Income tax for 2012. (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	1,781
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	178,031
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	178,031
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	178,031

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	179,178
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1b	
b	Program-related investments – total from Part IX-B	2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	3a	
3	Amounts set aside for specific charitable projects that satisfy the	3b	
a	Suitability test (prior IRS approval required)	4	179,178
b	Cash distribution test (attach the required schedule)	5	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	6	179,178
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)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4		

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				178,031
2 Undistributed income, if any, as of the end of 2012.			115,558	
a Enter amount for 2011 only				
b Total for prior years 20_____, 20_____, 20_____				
3 Excess distributions carryover, if any, to 2012.				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from Part XII, line 4: ► \$ 179,178			115,558	
a Applied to 2011, but not more than line 2a.				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2012 distributable amount				63,620
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e 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				114,411
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE SCHEDULE ATTACHED OF ALL GRANTS MADE DURING THE YEAR				177,500
Total			► 3a	177,500
b Approved for future payment N/A				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	12	
4 Dividends and interest from securities			14	74,425	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14		
8 Gain or (loss) from sales of assets other than inventory			18	24,821	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		99,258	0
13 Total. Add line 12, columns (b), (d), and (e)		13		99,258	

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
N/A	

GRANTS PAID

The Catherine Kennedy Home Foundation			
2013 Grant Awards			
	check		2013
number	ORGANIZATION	ADDRESS	AWARD
5/22/2013	1413 Bread for Life Ministries	500 Kentwood Ave., Wilmington, NC	12,000.00
5/22/2013	1414 Brunswick Family Assistance	4600 Main St., Shallotte, NC 28470	10,000.00
5/22/2013	1415 Brunswick Senior Resources	P.O. Box 2470, Shallotte, NC 28459	8,000.00
5/22/2013	1416 Cape Fear Clinic	1605 Doctors Circle, Wilmington, NC 28401	4,000.00
5/22/2013	1417 Cape Literacy Council	1012 S 17th St., Wilmington, NC 28401	1,500.00
5/22/2013	1418 Child Advocacy & Parenting	P.O. Box 4305, Wilmington, NC 28406	10,000.00
5/22/2013	1419 Elderhaus, Inc.	1950 Amphitheater Dr., Wilmington, NC 28401	2,000.00
5/22/2013	1420 Food Bank of Central & Eastern NC	1314 Marstellar St., Wilmington, NC 28401	6,500.00
5/22/2013	1421 Good Samaritan Food & Clothing Pantry		2,500.00
5/22/2013	1422 Livingstone Tabernacle	127 Sloop Pt Rd., Hampstead, NC 28443	8,000.00
5/22/2013	1423 Lower Cape Fear Hospice	1414 Physicians Dr., Wilmington, NC 28401	10,000.00
5/22/2013	1424 Mercy Homeless Shelter	411 Red Cross St., Wilmington, NC 28401	7,000.00
5/22/2013	1425 Mother Hubbard's Cupboard	313 N 5th Ave., Wilmington, NC 28401	15,000.00
5/22/2013	1426 North Carolina Dental Health Fund	1600 Evans Rd., Cary, NC 27513	3,000.00
5/22/2013	1427 Good Shepherd Center	811 Martin St., Wilmington, NC 28401	12,500.00
5/22/2013	1428 Oak Island Senior Center	5918 E Oak Island Dr., Oak Island, NC 28465	1,500.00
5/22/2013	1429 Pender County Christian Services	P.O. Box 84, Burgaw, NC 28425	13,000.00
5/22/2013	1430 Pilot Club		2,000.00
5/22/2013	1431 South Brunswick Interchurch Pantry	P.O. Box 1461, Shallotte, NC 28459	8,000.00
5/22/2013	1432 Southport/Oak Island Interchurch Pantry	P.O. Box 71, Oak Island, NC 28465	8,000.00
5/22/2013	1433 St. Mary's Tileston Outreach	412 Ann St., Wilmington, NC 28401	15,000.00
5/22/2013	1434 Wilmington Area Rebuilding Ministry (WARM)	20 N 4th St., Wilmington, NC 28401	15,000.00
		2710 Market St., Wilmington, NC 28405	3,000.00
			\$ 177,500.00

THE CATHERINE KENNEDY HOME FOUNDATION BOARD OF DIRECTORS 2013-2014

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

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

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

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

Mrs. Alex Murchison (Anne)
2826 Columbia
Wilmington, NC 28403
(h)763-7499
ahmurch@hotmail.com

Mrs. James D. Hundley (Linda)
2232 Acacia Drive 28403
762-3119(H), 520-5422(C)
lhundley@ec.rr.com

Ms. Anita Liebscher, Secretary
422 Ridge Rd
Wilmington, NC 28412
©2625638 (w)763-3496 ext 108
Liebscher4cpa@ec.rr.com

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

Mr Ned Marable
3608 Bohicket Way 28409
792-1624(H) 792-6619(W) 520-
ned.marable@firstcitizens.com

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

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2012

For calendar year 2012, or tax year beginning

07/01/12 , and ending 06/30/13

Name

**THE CATHERINE KENNEDY HOME
FOUNDATION**

Employer Identification Number

52-2282843

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) 893.921 SH RUSSELL US DEFENSIVE		P	02/09/04	10/01/12
(2) 972.447 SH RUSSELL US CORE		P	02/09/04	10/01/12
(3) 201.288 SH RUSSELL SMALL CAP		P	02/09/04	10/01/12
(4) 335.233 SH RUSSELL INTL DEV MKTS		P	02/09/04	10/01/12
(5) 3,232.759 SH DELEWARE POOLED		P	10/11/11	05/23/13
(6) 933.558 SH AMCAP FUND		P	VARIOUS	10/01/12
(7) 375.125 SH EUROPACIFIC GRWTH		P	03/15/02	10/01/12
(8) 441.713 SH GROWTH FUND AM		P	VARIOUS	10/01/12
(9) 253.676 SH SMALL CAP WRLD		P	06/19/02	10/01/12
(10) 477.41 SH WASH MUTUAL INVS		P	VARIOUS	10/01/12
(11) MUTUAL FUND CAP. GAIN DISTRIB				
(12)				
(13)				
(14)				
(15)				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 30,000		29,366	634
(2) 30,000		27,666	2,334
(3) 5,000		6,755	-1,755
(4) 10,000		12,293	-2,293
(5) 30,000		29,677	323
(6) 20,000		14,602	5,398
(7) 15,000		11,334	3,666
(8) 15,000		10,100	4,900
(9) 10,000		6,408	3,592
(10) 15,000		13,285	1,715
(11) 6,307			6,307
(12)			
(13)			
(14)			
(15)			

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

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) OR Losses (from col (h))
(1)			634
(2)			2,334
(3)			-1,755
(4)			-2,293
(5)			323
(6)			5,398
(7)			3,666
(8)			4,900
(9)			3,592
(10)			1,715
(11)			6,307
(12)			
(13)			
(14)			
(15)			

Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	\$ 1,900	\$ 950	\$ 950	\$ 950
TOTAL	\$ 1,900	\$ 950	\$ 0	\$ 950

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FORM 990PF EXCISE TAX ON INVESTMENT INCOME	\$ 1,804	\$ 0	\$ 0	\$ 0
TOTAL	\$ 1,804	\$ 0	\$ 0	\$ 0

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

Description		Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Date Acquired	Cost Basis						
HP DESKJET PRINTER							
10/26/01	\$ 54	\$ 54	200DB	5	\$ 5	\$	\$
PLAIN PAPER FAX MACHINE							
10/26/01	65	65	200DB	5			
GATEWAY MMX 233 COMPUTER							
10/26/01	472	472	200DB	5			
KONICA 3135 COPIER							
10/26/01	2,857	2,857	200DB	5			
GATEWAY P5-133 COMPUTER							
10/26/01	173	173	200DB	5			
FILE CABINETS							
10/26/01	24	24	200DB	5			
DELL DIMEN. 4500 SER. PENT.							
9/16/02	1,520	1,520	200DB	5			
OFFICE IMPROVE. OLD CKH BLDG.							
5/04/04	4,580	2,767	S/L	39			
RECOVERED COUCH & 14 CHAIRS							
9/14/04	2,416	2,416	200DB	7			

Federal Statements

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

Description		Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
Date Acquired	Cost Basis						
BOARDROOM TABLE 7/01/04 \$	1,498	\$ 1,498	200DB	7	\$ 7	\$ 0	\$ 0
LAMPS 12/03/04	482	482	200DB	7	7		
TEAK TABLE 12/03/04	931	931	200DB	7	7		
END TABLE 12/03/04	300	300	200DB	7	\$ 59	\$ 0	\$ 0
TOTAL	\$ 15,372	\$ 13,559					

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

Description		Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES		\$ 669	\$ 9,240	\$ 9,240	\$ 669
INSURANCE		9,240	59	59	
INVESTMENT MANAGEMENT FEES		\$ 9,968	\$ 9,968	\$ 0	\$ 59
POSTAGE					
TOTAL					\$ 728

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description		Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AMERICAN FUNDS MUTUAL FUNDS		\$ 900,648	\$ 996,282	MARKET	\$ 996,282
FRANK RUSSELL MUTUAL FUNDS		1,305,790	1,357,524	MARKET	1,357,524
PIMCO UNCONSTRAINED BOND FD A		1,216,962	1,239,678	MARKET	1,239,678
TOTAL		\$ 3,423,400	\$ 3,593,484		\$ 3,593,484

Federal Statements**Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
OFFICE EQUIP & IMPROVEMENTS	\$ 1,813	\$ 15,371	\$ 13,617	\$ 1,754
TOTAL	\$ 1,813	\$ 15,371	\$ 13,617	\$ 1,754

Federal Statements**Statement 7 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
FEDERAL EXCISE TAX DUE	\$ 2,114	\$ 1,781
TOTAL	\$ 2,114	\$ 1,781

Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
UNREALIZED APPRECIATION FOR BOOKS, NOT FOR TAX	\$ 259,172
TOTAL	\$ 259,172

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

Description
SEE COPY OF APPLICATION ATTACHED

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

Description
FEBRUARY 28

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
WELLS FARGO MONEY FUNDS	\$ 12			14	
TOTAL	\$ 12				

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
WELLS FARGO - PATHWAYS A/C	\$ 30,546			14	
WELLS FARGO - AMERICAN FUNDS	13,479			14	
WELLS FARGO - FIXED INC.	30,400			14	
TOTAL	\$ 74,425				

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:										
1	HP DESKJET PRINTER	10/26/01	54			54	5	HY 200DB	54	0
2	PLAIN PAPER FAX MACHINE	10/26/01	65			65	5	HY 200DB	65	0
3	GATEWAY MMX 233 COMPUTER	10/26/01	472			472	5	HY 200DB	472	0
4	KONICA 3135 COPIER	10/26/01	2,857			2,857	5	HY 200DB	2,857	0
5	GATEWAY P5-133 COMPUTER	10/26/01	173			173	5	HY 200DB	173	0
6	FILE CABINETS	10/26/01	24			24	5	HY 200DB	24	0
7	Dell Dimen. 4500 Ser. 4 Computer	9/16/02	1,520		X	1,064	5	HY 200DB	1,520	0
8	Office improve. old CKH Bldg.	5/04/04	4,580		X	2,290	39	MM S/L	2,767	59
9	RECOVERED COUCH & 14 CHAIRS	9/14/04	2,416			2,416	7	HY 200DB	2,416	0
10	BOARDROOM TABLE	7/01/04	1,498			1,498	7	HY 200DB	1,498	0
11	LAMPS	12/03/04	482			482	7	HY 200DB	482	0
12	TEAK TABLE	12/03/04	931			931	7	HY 200DB	931	0
13	END TABLE	12/03/04	300			300	7	HY 200DB	300	0
			<u>15,372</u>			<u>12,626</u>			<u>13,559</u>	<u>59</u>
Grand Totals										
	Grand Totals		<u>15,372</u>			<u>12,626</u>			<u>13,559</u>	<u>59</u>
Less: Dispositions and Transfers										
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Less: Start-up/Org Expense										
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals										
	Net Grand Totals		<u>15,372</u>			<u>12,626</u>			<u>13,559</u>	<u>59</u>

The Catherine Kennedy Home Foundation

Grant Application Form INSTRUCTIONS

Thank you for submitting your grant application to The Catherine Kennedy Home Foundation. Please note that the original and one (1) copy of the application, with attachments, must be **POSTMARKED** by February 28, 2013.

Applications should be mailed via **REGULAR** mail to:

The Catherine Kennedy Home Foundation
P.O. Box 4782
Wilmington, N.C. 28406

APPLICATION CHECKLIST

- (1) Include a copy of your organization's IRS determination letter.
- (2) Include a copy of your current Board of Directors listing with professional titles where applicable.
- (3) Include Audit/Compilation reports, Financial Statements or Forms 990 for the prior fiscal year.
- (4) Include completed grant contract with **BOTH** CEO/Executive Director and Board Chair signatures.

******For assistance with this document, please contact Anna Erwin at (910)452-0611******

GRANT APPLICATION FORM

PART I: YOUR ORGANIZATION

Organization Information

Name: _____

Physical Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Federal Tax ID #: _____ Web Site: _____

Contact Information

Primary Contact: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

CEO/Executive Director Information (if different from Contact)

Name: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

1. Below, please summarize the organization's background, mission, services and future goals as related to its services for the elderly. (Please limit response to 500 words):
2. Attached, please provide a copy of the organization's IRS determination letter.
3. Below, please provide a list of the organization's Board of Directors:

PART II: PROJECT/PROGRAM INFORMATION

1. What is the dollar amount of this request? Over what period of time will it be used?
2. What is the purpose of this request? (Please limit response to one sentence)
3. Is this a new or an existing program/project?
4. Summarize the project/program by specifically discussing the ways in which The Catharine Kennedy Home Foundation can assist the organization in achieving its goals by providing services to the elderly. Clearly outline the project or program, the strategies proposed to accomplish the objective and the probable number of persons impacted by these strategies. (Please limit response to 500 words)

PART III: FINANCIAL INFORMATION

1. Attach financial statements (audits, compilations, or forms 990) for the most recent fiscal year.

2. Provide budget information, including income and expenses for the period funds are requested.

Project Budget:	From _____	To _____
Expenses (By Category, i.e. salaries, supplies, rent, transportation, travel, etc.)	Income (By Sources, i.e. grants, program fees, fees for services, contributions, fund raising)	
Total Expenses: \$	Total Income: \$	

3. List the organization(s) to which the organization has applied for support for this project/program as described in Part II of this application. Show the amount requested and status (i.e. approved, pending, declined) of each application.

FUNDS REQUESTED FOR THIS PROJECT:

Organization	Amount	Status
Total Amount:		

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

PART IV: GRANT CONTRACT SIGNED BY APPLICANT

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

THE CATHERINE KENNEDY HOME FOUNDATION

GRANT CONTRACT

Applicants for grant monies from TCKHF agree to the following terms as conditions to receipt of any grant monies:

1. At the time of receipt of any monies, applicant organization's tax exempt status, as verified at time of application, remains valid; any future changes in your organization that could cause a change in tax-exempt status, will be reported to TCKHF immediately. Failure to do so will cause obligations set out in sentence five below to occur.
2. The funds granted by TCKHF will be used by applicant organization solely for the purposes described in the grant award letter.
3. Applicant organization will keep and maintain records of expenses, and program development associated with grant from TCKHF. The records will be kept readily available and provided to TCKHF without delay, upon its request.
4. Applicant organization will send to TCKHF copies of any printed publicity regarding the awarding of the grant or the program supported by grant monies. Applicant organization hereby has permission of TCKHF to refer to the award of grant money in any such publicity.
5. Should applicant organization not use funds granted by TCKHF for the stated purpose, or if any of the terms of this contract are not complied with, the applicant organization will repay TCKHF an amount equal to the value of the grant awarded. If applicant organization is sold or loses its tax-exempt status, applicant organization agrees to repay to TCKHF either the full amount of grant monies, or the value of assets purchased with said grant.

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

THIS THE 28th DAY OF FEBRUARY, 2013.

THE CATHERINE KENNEDY HOME FOUNDATION:

/s/ Linda B. Hundley
GRANTS COMMITTEE CHAIR

/s/ Anne Murchison
GRANTS COMMITTEE CHAIR

APPLICANT ORGANIZATION:

Typed or Printed Name of CEO/Executive Director

Typed or Printed Name of Board Chair

Signature of CEO/Executive Director

Signature of Board Chair

Title

Date

Date

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2012

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)Name(s) shown on return THE CATHERINE KENNEDY HOME
FOUNDATION

► Attach to your tax return.

Identifying number
52-2282843

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	59
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	59
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2012)
THERE ARE NO AMOUNTS FOR PAGE 2

Form 8868

(Rev. January 2014)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization ReturnCopy
OMB No. 1545-1709► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See Instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► _____

Telephone No. ► _____

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20_____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20_____, or

► tax year beginning _____, 20_____, and ending _____, 20_____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	3a	\$
b	If this application is for Forms 990-PF, 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, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see Instructions

Type or print	Name of exempt organization or other filer, see instructions. THE CATHERINE KENNEDY HOME FOUNDATION	Employer identification number (EIN) or 52-2282843
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4782	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions. WILMINGTON, NC 28406	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

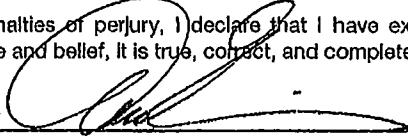
- The books are in the care of ► **ANNA ERWIN, TREASURER**
- Telephone No. ► **910-452-0611** Fax No. ► **910-452-5879**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15**, 20 **14**.
- 5 For calendar year , or other tax year beginning **JULY 1**, 20 **12**, and ending **JUNE 30**, 20 **13**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **Further detail required to complete investment calculations.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	8a \$ 3,000
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ 3,000
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Title ► **TREASURER**Date ► **2/17/14**

Form 8868 (Rev. 1-2014)

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 ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I. Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ►

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return)

0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **ANNA ERWIN, CPA, 2508 INDEPENDENCE BLVD, SUITE 200 WILMINGTON NC 28412**

Telephone No. ► **(910)452-0611** FAX No. ► **(910)452-5879**► If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15**, 20 **14**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- calendar year 20 or

► tax year beginning **07/01**, 20 **12**, and ending **06/30**, 20 **13**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 3,000
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 3,000

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See Instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see Instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► Telephone No. ► FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until , 20
- 5 For calendar year , or other tax year beginning , 20 , and ending , 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension

8a	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.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to execute this form.

Signature ►

Date ►

Form 8868 (Rev. 1-2013)

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