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Form 990-PF

Return of Private Foundation

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

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For chelland year 2013 or taxyear beginning and ending			it of the freasury		Security numbers or -PF and its senarate				Open to Public Inspection	
Name of foundation A Employer identification number				<u>550</u>	- r una la separate			<u></u>	Open to Fublic Inspection	
Robinstance of Section (1974) Lambas (1974) Lambas (1974) Lambas (1974) Robinstance	_							A Employer identification r	number	
Section 497(a)(1) nonexempt characteristic for foreign postal code Thick type of organization: Section 497(a)(1) nonexempt characteristic foreign organization: Se							,			
HIGH POINT NC 27262 6 Check all that apply: Initial return Imitial return of a former public charity Initial return Imitial Re				Laddress) Room/suite			Room/suite			
G Check all that apply:			· · · · · · · · · · · · · · · · · · ·	ostal	code			C If exemption application is per	nding, check here	
Final return Amended return Amende					Initial return of a fo	ormer public (harity	D 1 Foreign organizations	check here	
Citeck type of organization: Address change Isame change I	_			F	_	orritor passing t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
H. Check type of organization: Xi Section 501(c)(3) exempt private foundation Section 4947(a)(1) moneympt characteristic trust. Other taxable private foundation I fair market value of all assets at end of year. J. Accounting method: Xi Cash. Accrual (from Fart II, col. (e), inn 16) S. 351, 198. [Part I. Other (seedily) S. 351, 198. [Part II. Other (seedily) S. 351, 198. [Part III. Other (se					=			Foreign organizations meet check here and attach com	ting the 85% test,	
Section 4947(a)(1) nonexempt chartable rust Other tracelle private loundation	Н	Checl	type of organization: X Section 501(c)(3) ex	cempt	private foundation			7	-	
Part		<u>] Se</u>	ection 4947(a)(1) nonexempt charitable trust	Other	taxable private founda	ation				
Sample S	I F	air ma	arket value of all assets at end of year J Account	ng me	thod: X Cash	Accr	rual	F If the foundation is in a 60	O-month termination	
Part								under section 507(b)(1)(l	B), check here . \blacktriangleright	
The total of amounts in columns (b), (c), and (c) may not represses per books of characters produced in comme (c) (c), and (c) may not represses per books (c), and (c) may not represses per books (c), and (c),				mn (a) must be on cash i	basıs.)		ļ		
Cock	Pa	art I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))						for charitable purposes	
Interest on abanqua and temporary Continues Cont		1	Contributions, gifts, grants, etc., received		111,052.			N/A		
A Dividends and interest from securities 5a Circos rents 5a Net sant octomor (circos) 5a Net short-term capital gain 5a Net short-term ca		2		<u> </u>						
Sa Gross rents Determination or (0cs)		3								
D Net rental income or (0ess) 6 Net gain or (0ess) from saile of assets not on line 10 1 1 1 1 1 1 1 1 1					6,553.		<u>6,553.</u>	[STATEMENT 1	
Same and the part of the par			•							
Date Consiste sakes price for all 27, 422 0 0 0		1		-	-14 750					
8 Net snort-term capital gain 9 Income modifications. 10a and allowances PECEIVED 11 Other income 12 Total. Add lines 1 Introduct 1	Revenue	oa	Net gain or (loss) from sale of assets not on line 10	-	<14,759.	>				
8 Net snort-term capital gain 9 Income modifications. 10a and allowances PECEIVED 11 Other income 12 Total. Add lines 1 Introduct 1		7								
9 Income modifications 10a and solutions to the state referred 11b and solutions 11b and		8	•						····	
10a and allowances PECHIVED Carcinos PECHIVED Carcinos profit or (loss) SEP 2 2 2014 Carcinos Carcinos profit or (loss) SEP 2 2 2014 Carcinos C		-		-						
1 Other moother SEP 2 2 2 2 2 2 2 2 2		10a	Gross sales less returns	\Box						
C Gross profit or (kes) SEP 2 2 2014 C C C C C C C C C		b	1 1/2	13						
11 Other income SEP 2 9 <2,028. <2,028. STATEMENT 2 12 Total. Add lines Through 11 100,818. 4,525. 13 Compensation of officers, directly 1,0 0. 0. 0. 14 Other employee sagings and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 3 2,800. 1,400. 0. 17 Interest 18 Taxes STMT 4 22. 0. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 690. 690. 0. 24 Total operating and administrative expenses. Add lines 13 through 23 3,512. 2,090. 0. 25 Contributions, gifts, grants paid 59,568. 59,568. 26 Total expenses and disbursements Add lines 24 and 25 63,080. 2,090. 59,568. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (friegative, enter -0.) c Adjusted net income (friegative, enter -0		C	Gross profit or (loss)	\Q						
13 Compensation of others, directly in the		1 .		135		>_<	<u>2,028.</u>	>	STATEMENT 2	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes STMT 4 22. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		12	Total. Add lines 1through 11						 .	
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25 Contributions, girts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	bu	23	Other expenses STMT 5		690.		690.		0.	
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27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26			62 222		0 000	[F0 F60	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		<u> </u>		<u> </u>	63,080.		<u> 2,090.</u>		59,568.	
b Net investment income (if negative, enter -0-) 2,435. c Adjusted net income (if negative, enter -0-) N/A		ŀ			20 020					
c Adjusted net income (if negative, enter -0-)		!			31,138.		2 42E			
323501 LHA For Paperwork Reduction Act Notice, see instructions Form QQD_DF (2012)		1		<u> </u>			<u>4,433.</u>	NT / A		
	3235	01		inetru	l			IV/A	Form 990-PF (2012)	

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
_	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	136,964.	154,860.	154,860.
	2	Savings and temporary cash investments			
	3	Accounts receivable		·	
		Less: allowance for doubtful accounts ▶			
	4	Piedges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable	·		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts		·	
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
¥8	1	Investments - U.S. and state government obligations			
		Investments - corporate stock		-	
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	' '				
	12	Less accumulated depreciation Investments - mortgage loans			
		Investments - other STMT 6	136,017.	156,329.	195,558.
			130,017.	130,329.	193,330.
	14	Land, buildings, and equipment: basis			
	4-	•	1,250.	780.	780.
	ı	Other assets (describe)	1,250.	/80.	/80.
	16	Total assets (to be completed by all filers - see the	274 221	211 000	251 100
		instructions. Also, see page 1, item 1)	274,231.	311,969.	351,198.
		Accounts payable and accrued expenses			
	18	Grants payable			
ēs	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable .			
_	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
ā	25	Temporarily restricted .			
<u>~</u>	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here		İ	
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	274,231.	311,969.	
Š	30	Total net assets or fund balances	274,231.	311,969.	
	31	Total liabilities and net assets/fund balances	274,231.	311,969.	
	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
	arı				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	274,231.
2	-	r amount from Part I, line 27a	••	2	37,738.
		r increases not included in line 2 (itemize)	•	3	0.
		lines 1, 2, and 3		4	311,969.
		eases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	311,969.
					Form 990-PF (2013)

Form 990-PF (2013) LENNY PETERS FOUNDATION, INC.

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_	2010	33,013.	153,434.		.2193/3
_	2009	5,700.	79,691.		.071526
_	2008	16,155.	86,516.		.186728
	Total of line 1, column (d)			2	.905975
3	Average distribution ratio for the 5-year base the foundation has been in existence if less th	period - divide the total on line 2 by 5, or by the ni an 5 years	umber of years	3	.181195
4	Enter the net value of noncharitable-use asset	s for 2013 from Part X, line 5		4	315,954.
5	Multiply line 4 by line 3			5	57,249.
6	Enter 1% of net investment income (1% of Pa	rt I, line 27b)	-	_6	24.
7	Add lines 5 and 6			7	57,273.
8	Enter qualifying distributions from Part XII, lin	e 4 .		8	59,568.
	If line 8 is equal to or greater than line 7, chec See the Part VI instructions.	k the box in Part VI, line 1b, and complete that pai	rt usıng a 1% tax rate.		

	990-PF(2013) LENNY PETERS FOUNDATION, INC.		<u>5359</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ctio	<u>าร)</u>
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 instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1	<u> </u>			<u>24.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ <u>.</u>	_		<u>0.</u>
3	Add lines 1 and 2	3_			_	<u>24.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>	_		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 			<u> 24.</u>
6	Credits/Payments:					
	2013 estimated tax payments and 2012 overpayment credited to 2013	4	ı.			
	Exempt foreign organizations - tax withheld at source	4				
	: Tax paid with application for extension of time to file (Form 8868)	-				
	Backup withholding erroneously withheld 6d	┨ _				_
7	Total credits and payments. Add lines 6a through 6d	7	 			<u>0.</u>
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	9	 			<u>24.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶ art VII-A Statements Regarding Activities	11	<u> </u>			
	<u></u>				Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e III		1a	103	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition).	n\2		1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publisi			יוו		
	distributed by the foundation in connection with the activities.	ica oi				
	Did the foundation file Form 1120-POL for this year?			1c		х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•				
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0	_				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				l
•	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
-	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation.	or				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law				
	remain in the governing instrument?			6	X	<u> </u>
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 >	<i>V</i>		7	X	
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					_
	NC					1
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar		_		<u>-</u>
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV	~ ~~		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	: 1	10	X	İ

	990-PF (2013) LENNY PETERS FOUNDATION, INC. 20-535	9020		Page 5
Pa	art 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		x
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			L
14	The books are in care of ► HEATHER HANKINS Telephone no. ► 336-8	83-4	453	
	Located at ► 507 NORTH LINDSAY STREET, HIGH POINT, NC ZIP+4 ►2			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	7202		$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	14	Yes	No
	securities, or other financial account in a foreign country?	1 40	163	X
	···	16	<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country			
Pa	art 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.	7	Yes	No
10	During the year did the foundation (either directly or indirectly):	-	163	140
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	· · · · · · · · · · · · · · · · · · ·			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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.)			
Ì	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	!		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2013?	1c		<u> </u>
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013? Yes X No			
	If "Yes," list the years ►,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	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.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
b	olf "Yes," did it have excess business holdings in 2013 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 2013.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	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 2013?	4 _b		х

Form **990-PF** (2013)

Dent VII D Control Denorting Activities for Which		Dominiand ()	20-33390	140	Page 6
Part VII-B Statements Regarding Activities for Which	roriii 4720 May be r	tequirea (contin	uea)		
5a During the year did the foundation pay or incur any amount to:	40.454.110		(TE)	ŀ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		[32]		
any voter registration drive?		· ·	es X No		i i
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section		(1 27		
509(a)(1), (2), or (3), or section 4940(d)(2)?		•	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t		[37] a.		:
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	37./3	_	
section 53.4945 or in a current notice regarding disaster assistance (see instri			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check		4			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		_	l		
expenditure responsibility for the grant?		[/A	es L No	1	
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[32] a.		
a personal benefit contract?		Ye	es X No		1,,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		- -	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	shallo danaarii aa O		[1 2],	ŀ	
7a At any time during the tax year, was the foundation a party to a prohibited tax		<u> </u> Уб	es X No		-
b If "Yes," did the foundation receive any proceeds or have any net income attrib Part VIII Information About Officers, Directors, Trust		magage High	N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, roundation Ma	inagers, nigni	y		
List all officers, directors, trustees, foundation managers and their	compensation.	•			
and the officers, and ottors, a decrease, realisation managers and area	Y	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other owances
LENIN J. PETERS	to position DIRECTOR & PR	enter'-0-)	compensation	all	UWallCES .
507 NORTH LINDSAY STREET	DIVECTOR & LV	ESIDEMI			
HIGH POINT, NC 27262	5.00	0.	0.		0.
OONALD K. BULLA	DIRECTOR & VI			<u> </u>	<u> </u>
507 NORTH LINDSAY STREET	DIVECTOR & AT	CE PRESID	EMI		
HIGH POINT, NC 27262	5.00	0.	0.		0.
HIGH POINT, NC 27202	3.00	0.	0.		<u> </u>
	-				
	-				
				 	
	-				
	-				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none.	enter "NONE."	L	1	
	(b) Title, and average		(d) Contributions to	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ačco	ount, other owances
NONE	devoted to position	 	Compensation	- u	Olvanicos
NONE	-				
		 		1	
	=				
		 	 	+	
	1				
				+	
	+				
				+	
	-				
Full number of other employees and over \$50,000		<u> </u>	<u> </u>		0
Total number of other employees paid over \$50,000			▶		U

Form 990-PF (2013) LENNY PETERS FOUNDATION, INC.		<u>5359020</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	· ·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Co	mpensation
NONE			
		İ	
	<u> </u>		
	-		
	-		
Total number of others receiving over \$50,000 for professional services		•	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	cal information such as the	Funene	
number of organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc.	Expense	es
1 <u>N/A</u>			
2			
	-		
3			
4	7=44.		
Part IY-R Cummon, of Drawon Deleted Investments			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amoun	ıt
1 N/A	100 1 4110 2.	Alloui	
2			
All other program-related investments. See instructions.			
3			
WH.			
Total Add lines 1 through 3			0

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Form **990-PF** (2013)

59,568

2

3a

3b

4

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				15,774.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 . 11,829.				
b From 2009 1,715.				
c From 2010 25,953.				
d From 2011 36,184.				
e From 2012 38,312.				
f Total of lines 3a through e	113,993.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ► \$ 59,568.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				15,774.
e Remaining amount distributed out of corpus	43,794.	• •		
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	157,787.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.	· - · · ·		
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	11,829.			
9 Excess distributions carryover to 2014.	4.5 050			
Subtract lines 7 and 8 from line 6a	145,958.			
10 Analysis of line 9:				
a Excess from 2009 1,715.				
b Excess from 2010 25,953.				
c Excess from 2011 36,184.				
d Excess from 2012 38,312.				
e Excess from 2013 43,794.			L	Form 990-DF (2012)

Form 990-PF (2013) LENNY P	ETERS FOUND	ATION, INC	•	20-535	59020 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
t a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2013, enter the date of	the ruling	▶ [
b Check box to indicate whether the found	lation is a private operati	ng foundation described		4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				,	
line 4 for each year listed					
d Amounts included in line 2c not					· · · · · · · · · · · · · · · · · · ·
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly		-	-		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the	<u> </u>				
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	the year-see inst	ructions.)		, , ,	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total cor	tributions received by the	e foundation before the close	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)	·		•
LENIN J. PETERS					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation ha			, , ,	•	•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., F	Programs		
Check here ► X if the foundation of				not accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addre	ssed:	
, , , ,					
h The form in which applications should l	as cubmitted and informs	tion and materials that	phould include:		
b The form in which applications should I	oo submillied and millioning	mon and materials they t			
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or	other factors;	

Total

Dicinace	Program service revenue: a b c	(a) Business	(b)	(c) Exclu- sion	(d)	(e) Related or exemp function income
Program service revenue: a b c c c c c c c c c c c c c c c c c c			• •	sion		· ·
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash Investments Dividends and interest from securities Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d d e e						
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Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue: a b c d dee				18	<14,759.>	
Gross profit or (loss) from sales of inventory Other revenue: a b c d de						
	Other revenue:					
c	a					
d e	b					
e	C					
e	d					
Subtotal, Add columns (b), (d), and (e)	e	<u> </u>		+	10.004	
		<u> </u>		<i>)</i> .		-10 2
				-	. 13	<10,2
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes	e worksheet in line 13 instructions to verify calculations.)					<10,

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	
		· · · · · · · · · · · · · · · · · · ·
		··········
		-
		
		<u> </u>
		
		·
3621 -10-13		Form 990-PF (2013

Part)			egarding Trai		and Transactions	and Relations		icharitabl		age is
1 Did	the orn			v of the followin	g with any other organizat	on described in sec	tion 501(c) of		Yes	No
	_	-		-	7, relating to political orga		55 .(5) 5.			
	•	rom the reporting founda								
	Cash	rom the reporting realist		table exempt of	,			1a(1)		X
	Other	assets	• •		•	•		1a(2)		X
		actions:	•		•		•	1.2,2		<u> </u>
		of assets to a noncharital	hle exempt organiz	ration				1b(1)		Х
		ases of assets from a no			• •	-	•	1b(2)		X
		of facilities, equipment,	•	t organization			• •	1b(3)	1	X
		ursement arrangements			•		•	1b(4)	1	X
		or loan guarantees	-		•			1b(5)		X
• •		mance of services or me	mharchin ar fundr	aicina caticitatio	ne			1b(6)		X
		facilities, equipment, ma	· ·	=			•	100	-	X
	-		-		dule. Column (b) should a	lwave chow the fair	market value of the o		cate	1 22
or s	services umn (d)	•	oundation. If the fo other assets, or se	undation received.	ed less than fair market val	ue in any transactio		nent, show in		ents
(4)2	<u> </u>	1977	(0)	N/A	gamento.	(0) 2000 [200				
				14/11						
	-									
	+						*			
								-		
					-					
										
ın s	section	501(c) of the Code (othe mplete the following sch	r than section 501(ledule.			iizations described	-	☐ Yes	X	No
		(a) Name of org	janization		(b) Type of organization		(c) Description of rel	ationship		
 		N/A						<u> </u>		
		··· - · · · · · · · · · · · · · · · · ·								
						•				
	Lindo	nanalties of never 1 declare	that I have every	this return include	g accompanying schedules an	d statements, and to the	e heet of my keeydedaa			
Sign Here				•	n taxpayer) is based on all infor		er has any knowledge	May the IRS return with t shown below	ne prepa v (see ins	rer
	Sign	ature of officer or trustee	3		Date	Title		<u> </u>		
		Print/Type preparer's na	ame	Preparer's s	gnature	Date	Check ıf	PTIN		
Paid		GEORGE H.	KNOSTMAN	ا بدول	H Kunt 3	4-11-14	self- employed	P00235	890)
Prepa Use (Firm's name ► SHA			CO., P.A.	, , , , ,	Firm's EIN ► 56			

Phone no. (336)884-0410

Firm's address ▶ P.O. BOX 5869

HIGH POINT, NC 27262

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

L	ENNY PETERS FOUNDATION, INC.	20-5359020
Organization type(check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule. See instructions
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5, inplete Parts I and II.	,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% supp 0(b)(1)(A)(vi) and received from any one contributor, during the year, a condition (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Part	contribution of the greater of (1) \$5,000 or (2) 2%
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from soft more than \$1,000 for use exclusively for religious, charitable, scient for cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from use exclusively for religious, charitable, etc., purposes, but these contributed, enter here the total contributions that were received during the year complete any of the parts unless the General Rule applies to this organish, etc., contributions of \$5,000 or more during the year	ibutions did not total to more than \$1,000 ear for an exclusively religious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does on Part IV, line 2, of its Form 990; or check the box on line H of its Form set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

LENNY PETERS FOUNDATION, INC.

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BETHANY MEDICAL CENTER 507 NORTH LINDSAY STREET HIGH POINT, NC 27262	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETERS MEDICAL RESEARCH LLC 507 NORTH LINDSAY STREET HIGH POINT, NC 27262	\$\$	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

LENNY PETERS FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
:		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	4.13	\$	990. 990-EZ. or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Employer identification number Name of organization LENNY PETERS FOUNDATION, 20-5359020 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

3 Grants and Contributions Paid During the			1	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHRIST THE KING CATHOLIC CHURCH	NONE		CHARITABLE PURPOSE	
				2,000
COMMUNITIES IN SCHOOL	NONE		CHARITABLE PURPOSE	250
COMMUNITY CLINIC OF HIGH POINT	NONE		CHARITABLE PURPOSE	
				2,250
DIVINE PRAYER CENTER	NONE		CHARITABLE PURPOSE	6,000
DIVINE RETREAT CENTER	NONE		CHARITABLE PURPOSE	
				6,000
	NONE			
FAMILY SERVICE OF HIGH POINT	NONE		CHARITABLE PURPOSE	5,000
				:
FIRST METHODIST CHURCH	NONE		CHARITABLE PURPOSE	500
				300
FIRST PRESBYTERIAN CHURCH	NONE		CHARITABLE PURPOSE	
FIRST FRESDITERIAN CHURCH	NONE		CHARTIABLE FURFOSE	3,500
				-
FIRST WESLEYAN CHURCH	NONE		CHARITABLE PURPOSE	1,700
				1,700
OLEMBRITERY DADOTOR CHIRCH	NONE		GUADIMANI DI DIPOGGI	
GLENNVIEW BAPTIST CHURCH	NONE		CHARITABLE PURPOSE	500
Total from continuation sheets				58,068

LENNY PETERS FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the			· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GRADFEST 2013	NONE		CHARITABLE PURPOSE	25
				23
GRANDFATHER HOME	NONE		CHARITABLE PURPOSE	25
				23
GREEN STREET BAPTIST CHURCH	NONE		CHARITABLE PURPOSE	500
HAYWORTH CHRISTIAN SCHOOL	NONE		CHARITABLE PURPOSE	500
HAYWORTH WESLEYAN	NONE		CHARITABLE PURPOSE	500
HIGH POINT AREA ARTS	NONE		CHARITABLE PURPOSE	250
HIGH POINT COMMUNITY FOUNDATION	NONE		CHARITABLE PURPOSE	100
HIGH POINT ENTERPRISE	NONE		CHARITABLE PURPOSE	268
				-
HIGH POINT FOURSQUARE CHURCH	NONE		CHARITABLE PURPOSE	500
HIGH POINT HISTORICAL	NONE		CHARITABLE PURPOSE	_ 150
Total from continuation sheets				

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
wante and address (notice of business)	or substantial contributor	recipient		
HIS LABORING FEW	NONE	·····	CHARITABLE PURPOSE	250
HOSPICE OF THE PIEDMONT	NONE		CHARITABLE PURPOSE	250
JAYMATHA ORPHANAGE	NONE		CHARITABLE PURPOSE	6,000
				,,,,,
LATINO FAMILY CENTER	NONE		CHARITABLE PURPOSE	100
MISS AMAZING	NONE		CHARITABLE PURPOSE	500
MT. OLIVE BAPTIST CHURCH	NONE		CHARTIABLE PURPOSE	500
MT. ZION BAPTIST CHURCH	NONE		CHARITABLE PURPOSE	500
NC SHAKESPEARE FESTIVAL	NONE		CHARITABLE PURPOSE	750
				730
NEXT LEVEL CHURCH	NONE		CHARITABLE PURPOSE	500
NIDO QUBEIN ASSOCIATION	NONE		CHARITABLE PURPOSE	250
Total from continuation sheets			1	250

LENNY PETERS FOUNDATION, INC.

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Mattle and address (notife of pusitiess)	or substantial contributor	recipient		<u> </u>
DAKVIEW BAPTIST CHURCH	NONE		CHARITABLE PURPOSE	
				500
OPEN DOOR MINISTRIES OF HIGH POINT	NONE		CHARITABLE PURPOSE	750
PENNYBYRN AT MARYFIELD	NONE		CHARITABLE PURPOSE	
				3,000
SHILOH ROCK BAPTIST CHURCH	NONE		CHARITABLE PURPOSE	500
SISTERS OF CHARITY	NONE		CHARITABLE PURPOSE	6,000
SPIRIT OF LIFE FAMILY	NONE		CHARITABLE PURPOSE	500
ST AUGUSTINE CHURCH	NONE		CHARITABLE PURPOSE	2,500
ST JOSEPH CHURCH	NONE		CHARITABLE PURPOSE	
				500
ST MARY'S EPISCOPAL	NONE		CHARITABLE PURPOSE	500
ST. STEPHENS AME	NONE		CHARITABLE PURPOSE	1,000

LENNY PETERS FOUNDATION, INC.

Part XV Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	7 mount
THA FOUNDATION	NONE		CHARITABLE PURPOSE	250.
THEATRE ART GALLERIES	NONE		CHARITABLE PURPOSE	750.
				730.
WESLEY MEMORIAL UNITED METHODIST	NONE		CHARITABLE PURPOSE	500
CHURCH				500.
YWCA OF HIGH POINT	NONE		CHARITABLE PURPOSE	250,
Total from continuation sheets				
				

FORM 990-PF DI	VIDENDS	AND INT	EREST	FROM SECU	RITIES S'	PATEMENT	1
GROSS AMOUNT		CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
DIVIDENDS - ETRADE INTEREST - ETRADE	6,542.		0.	6,542 11			
TO PART I, LINE 4	6,553.		0.	6,553	6,553.		
FORM 990-PF		OTHER	INCO	ME	S	TATEMENT	2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
MISCELLANEOUS LOSS		•		<2,028.>	<2,028.>		
TOTAL TO FORM 990-PF, I	PART I,	LINE 11		<2,028.>	<2,028.>		
FORM 990-PF		ACCOUN	TING	FEES	S'	TATEMENT	3
		(A)		(5)			
DESCRIPTION		EXPENSES PER BOOK		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
DESCRIPTION SHARRARD, MCGEE & CO.,			S ME	T INVEST-	ADJUSTED	CHARITAE	
	P.A	PER BOOK	S ME 0.	T INVEST- NT INCOME	ADJUSTED	CHARITAE	ES
SHARRARD, MCGEE & CO.,	P.A	2,80 2,80	S ME 0.	T INVEST- NT INCOME 1,400.	ADJUSTED NET INCOME	CHARITAE	0.
SHARRARD, MCGEE & CO., TO FORM 990-PF, PG 1,	P.A LN 16B	2,80 2,80	S ME 0. 0. AXES	T INVEST- NT INCOME 1,400.	ADJUSTED NET INCOME	CHARITAE	0. 0. 4
SHARRARD, MCGEE & CO., TO FORM 990-PF, PG 1, I	P.A LN 16B	2,80 2,80 T (A) EXPENSES PER BOOK	S ME 0. 0. AXES	T INVEST- NT INCOME 1,400. 1,400. (B) T INVEST-	ADJUSTED NET INCOME S' (C) ADJUSTED	CHARITAE PURPOSE TATEMENT (D) CHARITAE	0. 0. 4

FORM 990-PF	OTHER EXPENSES				STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM		
BANK FEES MISC EXPENSE	600.		90.			0.
TO FORM 990-PF, PG 1, LN 23	690.	6	90.			0.
FORM 990-PF	OTHER INV	ESTMENTS	-		STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	T
ETRADE		COST		156,329.	195,5	58.
TOTAL TO FORM 990-PF, PART I	I, LINE 13	=		156,329.	195,5	58 .
	F SUBSTANTIA PART VII-A,		JTORS	<u> </u>	STATEMENT	7
NAME OF CONTRIBUTOR	ADDR	ESS				
LENIN J. PETERS		MORTH LINI POINT, NO				

Form 8868 (Rev. 1-2014)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	tension, d	complete only Part II and check thi	s box		\triangleright \mathbf{X}
Note. Only complete Part II if you have already been granted an a				8868.	
• If you are filing for an Automatic 3-Month Extension, complete	te only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).
		Enter filer's	identifyin	ng number, see i	nstructions
Type or Name of exempt organization or other filer, see instru	ctions.	<u> </u>		ridentification nu	
print					
File by the LENNY PETERS FOUNDATION, INC	.			20-53590	020
due date for Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	curity number (S	SN)
return See 507 NORTH LINDSAY STREET					•
instructions City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
HIGH POINT, NC 27262	J	,			
					
Enter the Return code for the return that this application is for (file	e a senara	te application for each return)			0 4
		аррисанен са састиони,			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	10.0			- 0000
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
STOP! Do not complete Part II if you were not already granted	L	-	iously file	d Form 8868	
HEATHER HANKINS			iouoij inc		<u>.</u>
• The books are in the care of ▶ 507 NORTH LINDS		TREET - HIGH POINT	NC	27262	
Telephone No ▶ 336-883-4453	<u> </u>	Fax No >	, 110	27202	
If the organization does not have an office or place of business.	s in the Lir	· —			
 If this is for a Group Return, enter the organization's four digit 			If this is fo	 r the whole arour	check this
	1	ach a list with the names and EINs o			
		BER 15, 2014.	an memb	ers the extension	1 13 101
5 For calendar year 2013, or other tax year beginning	.10 V LIII.	, and endir	a		
6 If the tax year entered in line 5 is for less than 12 months, c	hock ross		Final r	eturn	
Change in accounting period	i icon roas	on midal return		Clairi	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	ZATHE	R ALL THE INFORMAT	TON N	ECESSARY	ሞር
FILE A COMPLETE AND ACCURATE I			1011 11	<u> </u>	
I I II II COM I I I I I I I I I I I I I I I I I I I					
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.	, 01 0000,	and the ternative tax, less any	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	ontor an	y refundable credits and estimated	Oa	Ψ	<u> </u>
tax payments made. Include any prior year overpayment all		•			
previously with Form 8868.	lowed as a	a credit and any amount paid	8b	\$	0.
C Balance due. Subtract line 8b from line 8a Include your pa	wmont we	th this form if required by using	OD	<u> Ψ</u>	<u>0.</u>
•	-	in this form, ii required, by using	0-	*	0.
EFTPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II	8c	\$	<u> </u>
_			-	f mu knowladaa	d ballaf
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this form.		Janying Schedules and Statements, and t	o the best 0	i my knowieuge an	u neliel,
		DENIII	D.:	_	
Signature Title 1	<u>PRESI</u>	UBNT	Date	<u> </u>	

Form 8868 (Rev 1-2014)