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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

 ▶ 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. Internal Revenue Service Information

For calendar year 2013 or tax year beginning

			ina enamy		1 A 5	idaatiiaatiaa ayaabaa	
Nai	me of fou	ndation			A Emplo	oyer identification number	
C	hil.	d Like Faith Foundation			31	-1521635	
		street (or P O box number if mail is not delivered to street address)	·····	Room/suite		none number (see instruction	s)
3	620	Cape Center Dr.			<u> </u>		
		, state or province, country, and ZIP or foreign postal code			C If exer	nption application is pending.	check here
F	aye	tteville NC 28304			-		
G	Check a		rn of a former public	charity	D 1. Fo	reign organizations, check he	ere 🕨 📗
		Final return Amended				reign organizations meeting t % test, check here and attach	(===)
		Address change Name cha	<u></u>			76 lest, crieck fiele and allac	Teomputation
		type of organization 🗓 Section 501(c)(3) exempt private				ate foundation status was terr	minated under
			e private foundation		-	n 507(b)(1)(A), check here	,
		ket value of all assets at J Accounting method	Cash X A	Accrual		foundation is in a 60-month te section 507(b)(1)(B), check h	- I I
	•	ear (from Part II, col (c), United States of Colors (Specify)	t			SECTION SON (S)(1)(S); GNOWN	<u></u>
lir	ne 16) l				٠		(d) Disbursements
201 <u> </u>	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net in	ome	(c) Adjusted net income	for charitable purposes (cash basis only)
e	1	Contributions, gifts, grants, etc., received (attach schedule)	······································				
~	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
_	4	Dividends and interest from securities			·		
	5a	Gross rents	······································				
<u> </u>	b	Net rental income or (loss)					
evenue	6a	Net gain or (loss) from sale of assets not on line 10					
Rev (b	Gross sales price for all assets on line 6a			0		
	7	Capital gain net income (from Part IV, line 2)			<u></u>	0	
	8	Net short-term capital gain			.,		
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)			***************************************		
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11		0	0	0	
	13	Compensation of officers, directors, trustees, etc.		0			
xpenses	14	Other employee salaries and wages					
ë	15	Pension plans, employee benefits					
χ	16a	Legal fees (attach schedule)					
E E	b	Accounting fees (attach schedule) Stmt 1	1,1	69			
:	c	Other professional fees (attach schedule)			- 1	RECEIV	
tra	17	Interest			<u> </u>		
nis	18	Taxes (attach schedule) (see instructions)				8 NOV 1 9 2	
Ē	19	Depreciation (attach schedule) and depletion				A MILA 29 CI	
Ad	20	Occupancy		<u> </u>		OCHEN	IT
Ď	21	Travel, conferences, and meetings					
a	22	Printing and publications Other expenses (att. sch.) Stmt 2		28			
ing	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	1,1	97	0	0	
Operating and Administrative	25	Contributions, gifts, grants paid		00			400
0	26	Total expenses and disbursements. Add lines 24 and 25	1,5	97	0	C	400
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-1,5	97			
	b	Net investment income (if negative, enter -0-)			0		
	С	Adjusted net income (if negative, enter -0-)	<u> </u>				Form 990-PF (2013)
	D	work Paduction Act Notice see instructions					Form 990-PP (2013)

D ₂	rt II	Balance Sheets Attached schedules and amounts in the description column	ı	Beginning of year	End of	f year
r a	1% F1	should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	(c) Fair Market Value
-	1 (Cash – non-interest-bearing				
:	2 :	Savings and temporary cash investments		4,074	2,477	2,477
- :	3 /	Accounts receivable ►				
ĺ	1	Less allowance for doubtful accounts				
.	4 I	Pledges receivable ▶				
	ı	Less allowance for doubtful accounts ▶				
	5 (Grants receivable				
- - (6 1	Receivables due from officers, directors, trustees, and other				
	(disqualified persons (attach schedule) (see				
	ı	instructions)				
	7 (Other notes and loans receivable (att. schedule)				
	1	Less allowance for doubtful accounts ▶	0			
g :	8	Inventories for sale or use				
Assets	9 1	Prepaid expenses and deferred charges				
SY 1	0a	investments – U.S. and state government obligations (attach schedule)				
1	b I	Investments – corporate stock (attach schedule)				
	c i	Investments – corporate bonds (attach schedule)				
1	1 1	nvestments – land, buildings, and equipment basis				
	l	Less accumulated depreciation (attach sch.)				
1	2	Investments – mortgage loans				
1	3	Investments – other (attach schedule)				
1	4 1	Land, buildings, and equipment basis				
	ı	Less accumulated depreciation (attach sch.)				
1	5	Other assets (describe ▶)			
1	6	Total assets (to be completed by all filers – see the				
		instructions Also, see page 1, item l)		4,074	2,477	2,477
1	7	Accounts payable and accrued expenses				
1	8	Grants payable				
8 1	9	Deferred revenue				
;∓I		Loans from officers, directors, trustees, and other disqualified persons				
q 2		Mortgages and other notes payable (attach schedule)				
		Other liabilities (describe ▶)			
- 1		Total liabilities (add lines 17 through 22)	•	0	0	
		Foundations that follow SFAS 117, check here	▶ [X]			
ces		and complete lines 24 through 26 and lines 30 and 31.				
일 2	4 1	Unrestricted		4,074	2,477	
Net Assets or Fund Balan		Temporarily restricted				
<u>ක්</u> 2		Permanently restricted			,	
밀		•				
디	;	and complete lines 27 through 31.				
Ö 2	7 (Capital stock, trust principal, or current funds				
St 2		Paid-in or capital surplus, or land, bldg, and equipment fund				
SS 2		Retained earnings, accumulated income, endowment, or other funds				
∀ 3		Total net assets or fund balances (see instructions)		4,074	2,477	
윈 3		Total liabilities and net assets/fund balances (see				
		nstructions)		4,074	2,477	
Pa	rt III		es	-		
		net assets or fund balances at beginning of year – Part II, column (a), line		st agree with		
		-year figure reported on prior year's return)	,	•	1	4,074
		amount from Part I, line 27a			2	-1,597
		increases not included in line 2 (itemize) ▶			3	
		nes 1, 2, and 3			4	2,477
		ases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, o	column (b), line 30	6	2,477
<u> </u>						Form 990-PF (2013)

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

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Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

orm	990-PF (2013) Child Like Faith Foundation 31-1521635			Pa	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
	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 ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
Ū	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	:			0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
	2013 estimated tax payments and 2012 overpayment credited to 2013				
a	Exempt foreign organizations – tax withheld at source 6b				
b	Tax paid with application for extension of time to file (Form 8868) 6c				
C					
d		,			
7	Total cleans and payments 7 dd inites of through of				
8	Enter any periatry for differ payment of estimated tax of older for the entertainty for differ payment of estimated tax				
9	Tax add. If the total of lines of and o is those than time 7, ones amount of the				
10	overpayments it line / to more standard or most of order and an arrangement of the control of th				
11	Effect the difficulty of line 10 to be of edited to 2014 obtained and y	<u> </u>			
	Int VII-A Statements Regarding Activities			Yes	No
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	103	X
	participate or intervene in any political campaign?		- "		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		1 _b		х
	Instructions for the definition)?		1.5		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities		1c		x
C	Did the foundation file Form 1120-POL for this year?		- -		
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 > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$		2		x
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				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		3		x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	м/ А	5	-	х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		–		
_	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		6	х	
	conflict with the state law remain in the governing instrument?	.,	7		х
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 X	.V		_	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
_	NC				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	N/A	8b		İ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	H/A	00		
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"		_		x
	complete Part XIV		9_		<u>^ </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		x
	names and addresses		om 99	M-PF	
		•	OHH O	, , , ,	(2013)

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	garding Activities for Which Forn	1 4720 May Be R	Required (conti	nued)		
5a During the year did the foundation						
	rwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗓 No		
	specific public election (see section 4955), o			_		
directly or indirectly, any voter		• ,		es 🗓 No		
	al for travel, study, or other similar purposes	?	Пγ	es 🗓 No		
	ition other than a charitable, etc , organization					
	or section 4940(d)(2)? (see instructions)		П	es 🗓 No		
	than religious, charitable, scientific, literary,	or educational	لبا			
	n of cruelty to children or animals?	o. 000000000000000000000000000000000000	Пу	es X No		
	, did any of the transactions fail to qualify u	nder the exceptions d	٠	٠- بي		
	a current notice regarding disaster assistan			N/A	5b	
	notice regarding disaster assistance check			▶ 1 1		
	5a(4), does the foundation claim exemption			ر ا		
		Hom the tax	N/A 🗌 Y	'es No		
because it maintained expenditure						
	uired by Regulations section 53 4945–5(d)	nov promume				
	r, receive any funds, directly or indirectly, to	pay premiums		es X No		
on a personal benefit contract?		bonofit cont		es <u>21</u> 110	6b	x
	r, pay premiums, directly or indirectly, on a	personal benefit conti	aul		- 55	
If "Yes" to 6b, file Form 8870	41 6 1 4 2 2 4 4 2 2 2 4 4 4 4 4 4 4 4 4 4 4			es X No		
· · · · · · · · · · · · · · · · · · ·	as the foundation a party to a prohibited tax			es X No N/A	7b	Ì
b If "Yes," did the foundation receive	any proceeds or have any net income attri	outable to the transac	ogoro Highly			
_	ut Officers, Directors, Trustees, F	oundation wan	agers, nigiliy	raiu Employ	50 5,	
and Contractors			tions)			
1 List all officers, directors, trustee	s, foundation managers and their compe	nsation (see instruc	iuons).			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exp	ense account,
(a) Na	me and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred	other	allowances
			·	compensation	 	
Charlene Hamlett	Durham	President		_		_
P.O Box 52328	NC 27717	0.00	0	0	├ ──	. 0
			ļ			
			<u> </u>		├	
					_	
					Ь	
2 Compensation of five highest-p	aid employees (other than those include	d on line 1 – see ins	tructions). If non	e, enter		
"NONE."						
		(b) Title, and average		(d) Contributions to	4-3 500	
(a) Name and address of each er	nployee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances
		devoted to position		compensation		
NONE						
			<u></u>		<u></u>	
		1				
			 		 	
			[
				-	t	
Saturation of ather and a second			<u> </u>	<u></u>	<u> </u>	Το
otal number of other employees paid of)4EI 490'000	··				0-PF (2013
				r	J. 111 J. J. J. 1	12013

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Part VIII Information About Officers, Directors, Trustees, Fou	indation Managers, Highly Paid Er	nployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	structions). 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number of	Expenses
1 N/A		
1 21/22		
2		
•		
3		
4		
Part IX-B Summary of Program-Related Investments (see ins		
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	>	

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3a

<u>3b</u> 4

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h

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

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 income

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Pa	rt XIII Undistributed Income (see instruc	tions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,		Corpus	Years prior to 2012	2012	2013
	line 7					159
2	Undistributed income, if any, as of the end of 2013	- 1				
а	Enter amount for 2012 only	Ĺ			201	
b	Total for prior years 20 , 20 , 20	Ĺ				
3	Excess distributions carryover, if any, to 2013					
а	From 2008					
b	From 2009					
С	From 2010					
d	From 2011					
е	From 2012	}				
f	Total of lines 3a through e					
4	Qualifying distributions for 2013 from Part XII,	Γ				
	line 4 ▶ \$ 400					
а	Applied to 2012, but not more than line 2a				201	
	Applied to undistributed income of prior years					
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Election					
_	required – see instructions)	ĺ				
d	Applied to 2013 distributable amount	ľ				159
	Remaining amount distributed out of corpus	ľ	40			
5	Excess distributions carryover applied to 2013	Ī	! "			
•	(If an amount appears in column (d), the same	Ī				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		40			
	Prior years' undistributed income Subtract	r				
	line 4b from line 2b					
_	Enter the amount of prior years' undistributed	r				
·	income for which a notice of deficiency has	1				
	been issued, or on which the section 4942(a)	l				
	tax has been previously assessed	- 1				
ч	Subtract line 6c from line 6b Taxable	t	***************************************			
u	amount – see instructions					
_	Undistributed income for 2012 Subtract line	ŀ				
e	4a from line 2a Taxable amount – see					
	Undistributed income for 2013 Subtract lines	ŀ				
1	4d and 5 from line 1. This amount must be					
	distributed in 2014					0
7	Amounts treated as distributions out of corpus	ŀ				
′						
	to satisfy requirements imposed by section					
_	170(b)(1)(F) or 4942(g)(3) (see instructions)	-				
8	Excess distributions carryover from 2008 not					
_	applied on line 5 or line 7 (see instructions)	-				
9	Excess distributions carryover to 2014.		40			
_	Subtract lines 7 and 8 from line 6a	-	40			
0	Analysis of line 9					
а	Excess from 2009					
b	Excess from 2010					
С	Excess from 2011					
d	Excess from 2012					
e_	Excess from 2013	40			<u>1</u>	

Pa	rt XIV Private Operating For	ındations (see in	structions and Par	t VII-A, question 9)				
1a	If the foundation has received a ruling or								
	foundation, and the ruling is effective for 2013, enter the date of the ruling								
b	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
2a	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								
С	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								
е	Qualifying distributions made directly				-				
_	for active conduct of exempt activities								
	Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the								
_	alternative test relied upon								
а	"Assets" alternative test enter								
_	(1) Value of all assets								
	(2) Value of assets qualifying under								
	section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test – enter 2/3								
_	of minimum investment return shown in								
	Part X, line 6 for each year listed								
С	"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								
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or mor	e in assets at			
	any time during the ye	•	•		•				
1	Information Regarding Foundation Ma								
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation				
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2)))				
	N/A	•							
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	ion (or an equally large	portion of the				
	ownership of a partnership or other entity) of which the foundat	ion has a 10% or grea	ter interest					
	N/A								
2	Information Regarding Contribution, C	Brant, Gift, Loan, Sch	nolarship, etc., Progr	ams:					
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charital	ole organizations and d	loes not accept				
	unsolicited requests for funds If the foun	dation makes gifts, gr	ants, etc (see instruct	ions) to individuals or o	organizations under				
	other conditions, complete items 2a, b, c	, and d							
а	The name, address, and telephone numb	per or e-mail address	of the person to whom	applications should be	addressed				
	Charlene Hamlett								
	PO Box 52328 Durham	NC 27717							
b	The form in which applications should be	submitted and inform	ation and materials th	ey should include					
-	Contact Individual i								
c	Any submission deadlines	-	-						
_	None								
d	Any restrictions or limitations on awards,	such as by geograph	cal areas, charitable fi	elds, kinds of institution	ns, or other				
-*	factors	, 0 - 10 Fin	•						
	None								
DAA						Form 990-PF (2013)			

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Fruit Bearing Ministries P O Box 52328 501(c)(3) Durham NC 27717 300 Fruit Bearing Ministries 501(c)(3) P O Box 52328 100 Durham NC 27717 400 ▶ 3a Total b Approved for future payment N/A Total ▶ 3b

Fait AVI-A Analysis of Income-Froducing Acti	Airica		,		
Enter gross amounts unless otherwise indicated	Unrelate (a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue					(See instructions)
a					
b					
c			ļ		
d		,			
e		· · · · · · · · · · · · · · · · · · ·			
f					<u> </u>
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14		
4 Dividends and interest from securities			 		
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.			 		
7 Other investment income 8. Gain or (loss) from onless of coasts of health or inventors.					
8 Gain or (loss) from sales of assets other than inventory9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory			 		
			1		
11 Other revenue a				···	
b					
d			1		
e			1		
12 Subtotal Add columns (b), (d), and (e)		0		0	0
13 Total, Add line 12, columns (b), (d), and (e)				13	0
				13	0
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Acc	complishm	ent of Exempt P	urpose		0
See worksheet in line 13 instructions to verify calculations)				s	
See worksheet in line 13 instructions to verify calculations	s reported in c	olumn (e) of Part XVI-	A contrib	s uted importantly to the	
See worksheet in line 13 instructions to verify calculations	s reported in c	olumn (e) of Part XVI-	A contrib	s uted importantly to the	
See worksheet in line 13 instructions to verify calculations	s reported in c	olumn (e) of Part XVI-	A contrib	s uted importantly to the	
See worksheet in line 13 instructions to verify calculations	s reported in c	olumn (e) of Part XVI-	A contrib	s uted importantly to the	
See worksheet in line 13 instructions to verify calculations	s reported in c	olumn (e) of Part XVI-	A contrib	s uted importantly to the	
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Part				ansfers To and	d Transactio	ns and Relationsh	ips Wit	th Noncharitable		
		Exempt Organiz			according to the control of the cont	ther error retion dozon	hod	T	Yes	No
	_	•				other organization descri ection 527, relating to pol			163	+10
	rganization		er man secm	on sor(c)(s) organi	zations) or in se	ction 527, relating to por	iitioai			
	•	om the reporting found	dation to a no	oncharitable exemn	nt organization c	f				
) Cash	om the reporting round		ononaritable exemp	n organization o	•		1	a(1)	\mathbf{x}
-	l) Other as	ssets							a(2)	X
-	ther transa							ļ.		1
		f assets to a nonchard	table exempt	organization				1	b(1)	x
•	•	ses of assets from a n	-	•	on				b(2)	X
	-	of facilities, equipment							b(3)	X
•	•	rsement arrangement	•						b(4)	X
•	•	r loan guarantees			•			[1	b(5)	X
	-	ance of services or m	embership o	r fundraising solicit	ations			[1	b(6)	X
c S	haring of fa	acilities, equipment, m	nailing lists, c	other assets, or pai	d employees			[1c	X
d If	the answe	er to any of the above	ıs "Yes," com	nplete the following	schedule Colu	mn (b) should always sh	ow the fa	ır market		
V	alue of the	goods, other assets,	or services g	liven by the reportir	ng foundation If	the foundation received	less than	fair market		
V	alue in any	transaction or sharing	g arrangeme	nt, show in column	(d) the value of	the goods, other assets	, or servi	ces received		
(a)	Line no	(b) Amount involved	(c) Nam	e of noncharitable exemp	ot organization	(d) Description of	transfers, tra	ansactions, and sharing arra	igements	
A/R										
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		<u> </u>				l				
		•	-			c-exempt organizations		_	Yes 2	7 Na
		section 501(c) of the		than section 501(c	(3)) or in section	on 52/7		L	j řes 🛂	בן ואט
b it		nplete the following so	cnedule	(h) Time of a		1	(a) Dasseria	tion of relationship		
N/		a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship		
14/	<u> </u>									
					·· · · · · · · · · · · · · · · · ·					
						· · · · · ·				
	Under per	natues of perjury, I declare the	hat I have exami	ned this return, including	accompanying sch	edules and statements, and to	the best of	my knowledge and belief, it	ıs true,	
	correct, ar	nd complete Declaration of	preparer (other	than taxpayer) is based	on all information of	which preparer has any knowle	edge	May the IRS discus		-
Sign		\					_	with the preparer sh	own below	.
lere			-11	That		1 . 1 . ()	()	(see instructions)?	Yes	No
	 	Milline	- MA	fullly	-117	114114	Ίk	ordent	•	
	Signa	ature of officer or trustee	- V V	·	Date	Tı	ıtle	· · · · · · · · · · · · · · · · · · ·		
	Pnnt/Tv	pe preparer's name			greparer's signatu	re \		Date	Chec	
		.			/Walles	"Type aller, CP	A) FA			mployed
aid	Will:	iam Temple Al	len, CP	A, PA		- •		10/22		
repare	I Firm's n			mple Aller		P.A.			7184	
lse On	Firm's a			Center Dri					8338	
	1	Favet	ttevill	le NC 28	3304		[Phone no 910-	323-0	0191

1030 Child Like Faith Foundation 31-1521635 FYE: 12/31/2013	Federal Statements	10/22/2014 10:04 AM ·
0 /1	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	•
Description Indirect Accounting Fees Total	Net Adjusted Net Net Net Net S 1,169 \$ \$ \$ \$ \$ \$ \$ \$ \$	Charitable Purpose
	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	
Description	Total Investment S \$ \$	Charitable Purpose
Expenses Service Fees Total	\$	w
		1-2

1030 Child Like Faith Foundation

31-1521635

FYE: 12/31/2013

Federal Statements

10/22/2014 10:04 AM

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

Description

Contact Individual in 2A for Details

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

Description

None

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

None

Form 8868

(Rev January 2014)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

Organization Return OMB No 1545-1709

File a separate application for each return.

▶ Inforn	ation about Fore	n 8868 and its	instructions	is at www.irs.	gov/form8868.
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	e filing for an Automatic 3-Month Extension, compl	•			► X
	e filing for an Additional (Not Automatic) 3-Month E				
Do not com	plete Part II unless you have already been granted a	an automatic	3-month extension on a pre	viously filed Form 8868	
Electronic fi	ling (e-file). You can electronically file Form 8868 if	you need a 3	3-month automatic extension	of time to file (6 months for	
a corporation	required to file Form 990-T), or an additional (not au	itomatic) 3-m	nonth extension of time. You	can electronically file Form	
	est an extension of time to file any of the forms listed				
	ansfers Associated With Certain Personal Benefit Co				
	For more details on the electronic filing of this form,		· · · · · · · · · · · · · · · · · · ·		
Part I	Automatic 3-Month Extension of Time				
A corporation	required to file Form 990-T and requesting an auton	natic 6-mont	h extension - check this box	and complete	
Part I only					▶ _
All other corp	orations (including 1120-C filers), partnerships, REM	ICs, and trus	sts must use Form 7004 to re	equest an extension of time	
to file income	tax returns				
				Enter filer's identifying number, see	instruction
Type or	Name of exempt organization or other filer, see in	structions		Employer identification number (Eil	N) or
print		•			
	Child Like Faith Foundat			31-1521635	
File by the due date for	Number, street, and room or suite no If a P O bo	x, see instru	ctions	Social security number (SSN)	
filing your	3620 Cape Center Dr.			<u> </u>	
return See	City, town or post office, state, and ZIP code For	_			
instructions	Fayetteville NO	28304	4		
Enter the Ret	urn code for the return that this application is for (file	a separate a	application for each return)		0
Application	1	Return	Application		Return
ls For		Code	Is For		Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)	• • • • • • • • • • • • • •	07
Form 990-B	SL	02	Form 1041-A		08
Form 4720	(ındıvıdual)	03	Form 4720 (other than inc	Jividual)	09
Form 990-P	F	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
	Charlene Hamlett				
	P O Box 52328				
 The books a 	are in the care of ▶ Durham			NC 277	17
•	e No. ▶ 919-489-2000	FAX No			
	nization does not have an office or place of business				▶ [_]
	r a Group Return, enter the organization's four digit (If this is	
_	group, check this box If it is for part of	the group, o	check this box	and attach	
	names and EINs of all members the extension is for		····		
	t an automatic 3-month (6 months for a corporation r $8/15/14$, to file the exempt organization retui				
	rganization's return for				
► X	calendar year 2013 or				
▶ □ t	ax year beginning , and ending		:		
	year entered in line 1 is for less than 12 months, ch	eck reason:	Initial return Fi	inal return	
i i Ch	nange in accounting period				

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 this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

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

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

nonrefundable credits. See instructions

За

3b

. Form 8929 /	Rev 1-2014)							9 - Th.	Dane 2
	re filing for an Additional (Not Automatic) 3-Month Ex	tonsion c	omplete	only Part II and che	ack this hov	<u> </u>	M Pr	<u> </u>	→ X
•	complete Part II if you have already been granted an au		•	•		8888			~
-	e filing for an Automatic 3-Month Extension, comple				isiy ilica i olili	0000			
Part II	Additional (Not Automatic) 3-Month Ex				riginal (no c	opies	s needed	١١.	
, 4(4)	Additional (Not Automatic) 5-Month Ex	XICII SIOII	01 11111		Enter filer's id				structions
Type or						ployer identification number (EIN) or			
print	Traine of exempt organization or other mor, see the							. (,	
P	Child Like Faith Foundation			31-152	31-1521635				
File by the	Number street and room or suite no. If a P.O. hove see instructions				Social secu			V)	
due date for filing your	3620 Cape Center Dr.					,		•,	
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
instructions	Fayetteville NC 28304								
	1 2			_					
Enter the Re	turn code for the return that this application is for (file a	senarate a	annlıcatio	on for each return)					
	the control of the co	. oopu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Application	nn	Return	Appli	cation					Return
Is For	Code		ls For					Code	
Form 990 or Form 990-EZ		01	1	······································					
Form 990-	02	Form	1041-A					08	
Form 4720 (individual)		03	+	4720 (other than inc	undividual)				09
Form 990-PF		04	Form		- Individualy				10
Form 990-T (sec 401(a) or 408(a) trust)			Form						11
Form 990-T (trust other than above)				Form 8870					12
	ot complete Part II if you were not already granted	06					<u></u>		
• If this is to for the whole list with the normal 4 I reque 5 For cal 6 If the ta Ch 7 State in	anization does not have an office or place of business for a Group Return, enter the organization's four digit of group, check this box If it is for partiames and EINs of all members the extension is for est an additional 3-month extension of time until 11/ endar year 2013, or other tax year beginning ax year entered in line 5 is for less than 12 months, che ange in accounting period a detail why you need the extension ting for additional informatics.	of the ground the grou	nption Nu up, check	, and ending	inal return	ch a			▶ [.]
nonrefu b If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, or indable credits. See instructions application is for Form 990-PF, 990-T, 4720, or 6069, e	nter any ref	fundable	credits and		8a	\$		
amount	estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					8b	\$		
	e due. Subtract line 8b from line 8a Include your payr onic Federal Tax Payment System) See instructions	ment with th	nis form,	if required, by using	EFTPS	8c	\$		
	Signature and Verifica	ation mu	st be c	ompleted for P	art II only.				
	es of perjury, I declare that I have examined this form, ad belief, it is true, correct, and complete, and that I am				l statements, a	nd to	the best of	fmy	
Signature >	Miller Liple allen, CPA, PA	Tit	tle 🕨	CPA			Date	▶ 08/	04/14
· · · · · · · · · · · · · · · · · · ·						•	Fo	m 8868	(Rev 1-2014)