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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

| Do not enter Social Secunty numbers on this form as it may be made public | Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf 2013
Deen to Public Inspection

For calen'dar year 2013 or tax year beginning and ending A Employer identification number Name of foundation ROBERT & PAULA BOYKIN FAMILY FOUNDATION 55-0791061 Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 220 (704) 896-28808015 KENTON CIRCLE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HUNTERSVILLE, NC 28078 Initial return of a former public charity D 1 Foreign organizations, check here G Check all that apply Initial return Amended return Final return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash 1 Fair market value of all assets at end of year | J | Accounting method Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 32,525. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income 20,000. N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3. 3. STATEMENT 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 RECEIVED b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 贸 FEB 2 6 2014 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances OGDEN. UT b Less Cost of goods sold c Gross profit or (loss) 11 Other income 20,003 3. 12 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 1,200.1,200. 0. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 586 0. 0. STMT 3 23 Other expenses 24 Total operating and administrative 1,200. 25,763. 0. 1,786 expenses. Add lines 13 through 23 25,763. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 26,963. 27,549 Add lines 24 and 25 27 Subtract line 26 from line 12 <7,546. 2 Excess of revenue over expenses and disbursements 3. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

| Fo | rm 99 | 0-PF(2013) ROBERT & PAULA BOYKIN F | AMILY FOUNDATION | ON 55- | 0791061 Page 2 |
|--|-------|---|--------------------|----------------|-----------------------|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Ralance Sheets Attached schedules and amounts in the description | Beginning of year | End of | fyear |
| | arı | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Gash - non-interest-bearing | 40.074 | 20 505 | |
| | 1 | Savings and temporary cash investments | 40,071. | 32,525. | 32,525. |
| | 3 | Accounts receivable | | 1 | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | ····· |
| | 7 | Other notes and loans receivable | _ | | |
| | | Less allowance for doubtful accounts | | | |
| ts | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 10a | Investments - U S and state government obligations | | | |
| | b | Investments - corporate stock | | | |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less. accumulated depreciation | | | |
| | 15 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item 1) | 40,071. | 32,525. | 32,525. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| Ş | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 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 | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| Ses | 24 | Unrestricted | | | |
| au | 25 | Temporarily restricted | | | |
| Ba | 26 | Permanently restricted | | | |
| P | | Foundations that do not follow SFAS 117, check here | | | |
| Ē | | and complete lines 27 through 31 | | | |
| S | 27 | Capital stock, trust principal, or current funds | 3,838. | 3,838. | |
| set | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | |
| AS | 29 | Retained earnings, accumulated income, endowment, or other funds | 36,233. | 28,687. | |
| Net Assets or Fund Balances | 30 | Total net assets or fund balances | 40,071. | 32,525. | |
| _ | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 40,071. | 32,525. | |
| P | art | Analysis of Changes in Net Assets or Fund E | Balances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | ··· | - |
| • | | st agree with end-of-year figure reported on prior year's return) | | 1 | 40,071. |
| 2 | | r amount from Part I, line 27a | | 2 | <7,546.> |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 32,525. |
| | | 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. c | olumn (b), line 30 | | 32,525. |

Form **990-PF** (2013)

323511 10-10-13

| (a) List and desc | and Losses for Tax on ribe the kind(s) of property sold (e rehouse, or common stock, 200 s | g , real estate, | | b) How acquired P - Purchase D - Donation | (c) Date acquii (mo , day, yr | |
|--|--|--|------------------------------------|---|--|--|
| 1a | | | | | | |
| b NO | NE | | | | ·· | |
| <u>C</u> | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | (h) Gain or (e) plus (f) m | |
| a | | | | | | |
| b | | | | | | |
| _ с | | | | | | |
| _d | | | | | | |
| e | | | | | | |
| Complete only for assets showin | g gain in column (h) and owned b | · | | | I) Gains (Col. (h) il. (k), but not les | gain minus |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | Losses (from | col (h)) |
| <u>a</u> | | | | | | |
| b | | | | | | |
| C | | | | | | |
| d | | | | | | |
| <u>e</u> | | | | + , | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also en | ter in Part I, line : -0- in Part I, line | 7 7 | } 2 | | |
| 3 Net short-term capital gain or (los | • | | | | | |
| If gain, also enter in Part I, line 8, | | (-, | | } | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | nder Section 4940(e) fo | | | J 3 | | |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio | tion 4942 tax on the distributable a | • • | • | d? | | Yes X No |
| | each column for each year, see the | | | ries | | |
| (a) Base period years Calendar year (or tax year beginni | (b) Adjusted qualifying o | distributions | | (c) haritable-use assets | s (col (| (d) Distribution ratio b) divided by col. (c)) |
| 2012 | | 28,700. | | 22,714 | 1. | 1.263538 |
| 2011 | | 21,362. | | 19,470 | | 1.09683 |
| 2010 | | 22,800. | | 18,150 | o. | 1.256198 |
| 2009 | | 31,900. | | 15,53 | | 2.053163 |
| 2008 | | 26,000. | | 38,970 | 0. | .667180 |
| 2 Total of line 1, column (d) | | | | | 2 | 6.336916 |
| 3 Average distribution ratio for the | 5-year base period - divide the tota | al on line 2 by 5, | or by the number of | f years | | |
| the foundation has been in existe | nce if less than 5 years | | | | 3 | 1.267383 |
| 4 Enter the net value of noncharitat | ele-use assets for 2013 from Part | X, line 5 | | | 4 | 29,014 |
| 5 Multiply line 4 by line 3 | | | | | 5 | 36,772 |
| 6 Enter 1% of net investment incom | ne (1% of Part i, line 27b) | | | | 6 | 0 |
| 7 Add lines 5 and 6 | | | | | 7 | 36,772 |
| 8 Enter qualifying distributions from | n Part XII, line 4 | | | | 8 | 26,963 |
| If line 8 is equal to or greater than See the Part VI instructions | line 7, check the box in Part VI, li | ne 1b, and comp | lete that part using | a 1% tax rate | | |

| | -PF(2013) ROBERT & PAULA BOYKIN FAMILY FOU | NDATION | 55-0791 | | | Page 4 |
|----------------|--|--------------------------------------|-------------|--------|-------|----------|
| Part V | | | 948 - see i | nstru | ctior | ns) |
| 1a Exer | mpt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N | N/A" on line 1 | | | | |
| | of ruling or determination letter (attach copy of letter if necessar | | | | | _ |
| b Don | nestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗀 | and enter 1% | 1 | | | 0. |
| | art 1, line 27b | | | | | |
| c All o | ther domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Pa | art I, line 12, col (b) | | | | _ |
| 2 Tax | under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others | enter -0-) | 2 | | | 0. |
| 3 Add | lines 1 and 2 | | 3 | | | 0. |
| 4 Sub | title A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others | enter -0-) | 4 | | | 0. |
| 5 Tax | based on investment income Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | | | 0. |
| 6 Cred | 1its/Payments | • | | | | |
| a 201 | 3 estimated tax payments and 2012 overpayment credited to 2013 6a | 1 | | | | |
| b Exe | mpt foreign organizations - tax withheld at source | 1 | | | | |
| c Tax | paid with application for extension of time to file (Form 8868) | 3 | | | | |
| d Bac | kup withholding erroneously withheld 6d | 1 | | | | |
| 7 Tota | al credits and payments. Add lines 6a through 6d | | 7 | | | 0. |
| 8 Ente | er 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 | | | 0. |
| 10 Ove | rpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | , • | 10 | | | |
| | er the amount of line 10 to be. Credited to 2014 estimated tax. | Refunded ► | 11 | | | |
| Part V | /II-A Statements Regarding Activities | | | ······ | | |
| 1a Duri | ing the tax year, did the foundation attempt to influence any national, state, or local legislation | or did it participate or intervene | ın | | Yes | No |
| - | political campaign? | | | 1a | | X |
| | it spend more than \$100 during the year (either directly or indirectly) for political purposes (s | | | 1b | | X |
| If th | ne answer is "Yes" to $_{1lpha}$ or $_{1b}$, attach a detailed description of the activities and coj | pies of any matenals publishe | ed or | | | |
| dist | inbuted by the foundation in connection with the activities | | | | | |
| | the foundation file Form 1120-POL for this year? | | | 10 | | <u>X</u> |
| | er the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | |
| | On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright | | | | | |
| e Ente | er the reimbursement (if any) paid by the foundation during the year for political expenditure t | tax imposed on foundation | | | | |
| | nagers ► \$ O . | | | | | |
| | the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | Yes," attach a detailed description of the activities | | | | | |
| | the foundation made any changes, not previously reported to the IRS, in its governing instru | ment, articles of incorporation, o | r | | | |
| | ws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| | the foundation have unrelated business gross income of \$1,000 or more during the year? | | NT / 7 | 4a_ | | X |
| | 'es," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | v |
| | s there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | Yes," attach the statement required by General Instruction T | | | | | |
| | the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | y language in the governing instrument, or | | | | | |
| ● B | y state legislation that effectively amends the governing instrument so that no mandatory dire | ections that conflict with the state | law | | v | |
| | iain in the governing instrument? | | _ | 6_ | X | |
| 7 Did | the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete | te Part II, col (c), and Part XV | • | 7 | Λ | |
| 00 5-4 | er the states to which the foundation reports or with which it is registered (see instructions). I | • | | | | |
| 83 Enti | | | | | | |
| | ie answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorni | ev General (or designate) | | | | |
| | ach state as required by General Instruction G? If "No," attach explanation | o, soliotal (of designate) | | 8b | Х | |
| | he foundation claiming status as a private operating foundation within the meaning of section | 4942(I)(3) or 4942(I)(5) for cals | ndar | " | | |
| | r 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? <i>If</i> "Yes," <i>comp</i> | | | 9 | • | х |
| yea n.a | and persons become substantial contributors during the tax year? | | | 10 | | x |

| | n 990-PF (2013) ROBERT & PAULA BOYKIN FAMILY FOUNDATION 55-079 | 1061 | | Page 5 |
|----|--|----------------|----------|---------------|
| P | 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 | L | 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 | | _ X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | <u> </u> |
| | Website address ► N/A | 006 | | |
| 14 | The books are in care of ► ROBERT W. AND PAULA J. BOYKIN Telephone no ► (704) | 896 | | 80 |
| 4- | Located at ► 8015 KENTON CIRCLE, SUITE 220, HUNTERSVILLE, NC ZIP+4 ►28 | <u> 30 / 8</u> | | $\overline{}$ |
| 10 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | NT. | - | `Ш |
| 16 | and enter the amount of tax-exempt interest received or accrued during the year At any time during colondary and 2013, did the foundation because with a second and a second account of the second ac | N | /A | |
| 10 | At any time during calendar year 2013, 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? | 1 40 | Yes | No X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign | 16 | L | |
| | country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | <u> </u> |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | T | Yes | No |
| 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? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | 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) Yes X No | | | |
| IJ | I 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)? N/A Organizations relying on a current notice regarding disaster assistance check here | 1b | | |
| c | E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| ٠ | before the first day of the tax year beginning in 2013? | 10 | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 16 | | |
| | 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? | | | |
| | 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 | | | |
| IJ | If "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 | 2. | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 3b 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 74 | - | |
| _ | had not been removed from jeonardy before the first day of the tay year beginning in 20122 | 1 45 | 1 | v |

4b X Form **990-PF** (2013)

| Paid Employees, and Contractors I List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tills, and average hours per week devoted to position (fil not paid, enter -0-) (g) Double of the position (g) Name and address (hours per week devoted to position (fil not paid, enter -0-) (g) Double of the position (g) Double | orm 990-PF (2013) ROBERT & PAULA BOYKIN FA | | | 55-07910 | 61 Page 6 |
|---|---|---|---------------------------|---|------------------------------|
| (1) Carry on propaganta, or otherwise attempt to influence legislation (section 4945(s)?) (2) - Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any veter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than a charatable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals? (5) Provide for any purpose other than eliquious, charatable, scientific, literary, or educational purposes, or for the prevention of crustly to children or animals? (6) If any savers in Section 53 4945 or in a current notice regarding disaster assistance close here in the animal section of the student in the section of t | Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | |
| t 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, "action the statement required by Regulations section 53.4945-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? By Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b. file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? By It "Yes" to 6b. file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? By It "Yes" to 6b. file Form 8870 It is all officers, directors, trustees, foundation managers and their compensation. Call it is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Call it is all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per vest devoted to position (c) Expense account, other allowances COBERT W. BOYKIN TRUSTEE 1.00 O. O. O. O. O. PAULA J. BOYKIN TRUSTEE 1.00 O. O. O. O. TRUSTEE 1.00 O. O. O. O. O | Part VII-B Statements Regarding Activities for Which 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio (2). Influence the outcome of any specific public election (see section 4955), or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53 4945 or in a current notice regarding disaster assistance (see instru | Form 4720 May Be In 4945(e))? or to carry on, directly or indirectly or | Ye Ye Ye Ye | es X No | |
| If "Yes" to 6b, file Form 8870 Taxa tray time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes X No | c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? 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 | I/A 🗌 Ye | | | |
| DiffYes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 76 | If "Yes" to 6b, file Form 8870 | | | | ib X |
| Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors | | | | | 7b |
| (a) Name and address (b) Title, and average hours per week devoted (if not paid, enter -0.) (a) Name and address (b) Title, and average hours per week devoted (if not paid, enter -0.) (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted (if not paid, enter -0.) (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Name and address of each employee paid more than \$50,000 NONE (e) Compensation (c) Compensation (| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highl | | |
| (a) Name and address hours per week devoked to position fill not paid, enter "0-) enter "0-) account, other allowances hours per week devoked to position fill not paid, enter "0-) enter "0-) account, other allowances compensation fill not paid, enter "0-) account, other allowances fill not paid, enter "0-) fill not paid, enter "0-) fill not paid, enter "None." fill not paid, enter "0-) fill not paid, enter | List all officers, directors, trustees, foundation managers and their | · | (c) Compensation | (d) Contributions to | (a) Evnanca |
| HUNTERSVILLE, NC 28078 HUNTERSVILLE, NC 28078 FRUSTEE HUNTERSVILLE, NC 28078 HUNTERSVILLE, NC 28078 HUNTERSVILLE, NC 28078 TRUSTEE HUNTERSVILLE, NC 28078 TRUSTEE 238 HAYDON CIRCLE NAPLES, FL 34110 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation of employee benefit plans account, other accounts of employee benefit plans account, other allowances of each employee paid more than \$50,000 accounts of the position employee benefit plans account, other allowances of each employee benefit plans account. | | hours per week devoted to position | (If not paid, | employee benefit plans and deferred | account, other allowances |
| PAULA J. BOYKIN 3015 KENTON CIRCLE, SUITE 220 HUNTERSVILLE, NC 28078 1.00 TRUSTEE 238 HAYDON CIRCLE NAPLES, FL 34110 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutous to employee predicting account, other allowances | 3015 KENTON CIRCLE, SUITE 220 | | | | 0 |
| TOHN E. BOYKIN 238 HAYDON CIRCLE NAPLES, FL 34110 1.00 0.0.0 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutance to employee perit pine and determed compensation (e) Expense account, other allowances | PAULA J. BOYKIN 3015 KENTON CIRCLE, SUITE 220 | TRUSTEE | | | |
| 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutors to employee benefit plans account, other allowances | | | 0. | 0. | 0. |
| 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combibutions to employee benefit plans and deterred compensation (e) Expense account, other allowances | 238 HAYDON CIRCLE | | | | |
| (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) Combuttons to employee periodic account, other allowances (e) Expense account, other allowances | | | | 0. | 0. |
| (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation employee benefit plans account, other allowances NONE (c) Compensation employee benefit plans account, other allowances (c) Compensation employee benefit plans account, other allowances | 2 Compensation of five highest-paid employees (other than those inc | r | enter "NONE." | (d) Contributions to | (a) Evenance |
| | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | account, other |
| | NONE | | | | |
| | | | | | 0 |

| Form 990-PF (2013) ROBERT & PAULA BOYKIN FAMILY | | 0/91061 Page 7 |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, F Paid Employees, and Contractors (continued) | oundation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If nor | | |
| (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 | | <u></u> 0 |
| Part X-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relev | ant statistical information such as the | Evnancas |
| number of organizations and other beneficiaries served, conferences convened, research pa | pers produced, etc | Expenses |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| • | | |
| | | |
| Part IX-B Summary of Program-Related Investments | ususan lines d and O | Amount |
| Describe the two largest program-related investments made by the foundation during the ta $1\ N/A$ | x year on lines 1 and 2 | Amount |
| I M/ A | | |
| | | 0. |
| 2 | | |
| | | |
| All other program-related investments. Can instructions | | |
| All other program-related investments. See instructions 3 | | |
| | | |
| | | |

Total. Add lines 1 through 3

| | n 990-PF (2013) ROBERT & PAULA BOYKIN FAMILY FOUNDATION | 35-0 | /91061 Page 8 |
|----|--|-------------------|----------------------|
| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part. | ndations, see | e instructions) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| а | Average monthly fair market value of securities | 1a | <u>0.</u> 29,456. |
| b | Average of monthly cash balances | 1b | 29,456. |
| C | Fair market value of all other assets | 10 | |
| d | Total (add lines 1a, b, and c) | 1d | 29,456. |
| е | 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 | 29,456. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 442. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 29,014. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,451. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at | nd certain | |
| | foreign organizations check here and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,451. |
| 2a | Tax on investment income for 2013 from Part VI, line 5 | | |
| þ | Income tax for 2013 (This does not include the tax from Part VI) | | _ |
| C | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 1,451. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 1,451. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 1,451. |
| P | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 26,963. 0. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 26,963. |
| 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 | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 26,963. |
| | 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 | e section |

Form **990-PF** (2013)

4940(e) reduction of tax in those years

Page 9

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 | | | | 1,451. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | <u> </u> |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years | | | | |
| y rotal for prior yours | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | | <u> </u> | | |
| a From 2008 24,053. | | | | |
| b From 2009 31,123. | | | | |
| c From 2010 21,892. | | | | |
| d From 2011 20, 388. | | | | |
| e From 2012 27,564. | | | | |
| - | 125,020. | | | |
| f Total of lines 3a through e | 123,020. | | | |
| 4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 26,963. | | | | |
| | | | 0. | |
| a Applied to 2012, but not more than line 2a | ···· | \ | | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | U • | | |
| c Treated as distributions out of corpus | 0 | | | |
| (Election required - see instructions) | 0. | | | 1 451 |
| d Applied to 2013 distributable amount | 25 512 | | | 1,451. |
| e Remaining amount distributed out of corpus | 25,512. | | | |
| 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 | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 150,532. | | | |
| 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 | 24,053. | | | |
| 9 Excess distributions carryover to 2014. | 21,033. | | | |
| Subtract lines 7 and 8 from line 6a | 126,479. | | | |
| | 120,475. | | | |
| 10 Analysis of line 9 a Excess from 2009 31, 123. | | | | |
| 0.1.00 | | | | |
| | | | | |
| A = | | | | |
| 4 | | | | |
| e Excess from 2013 25,512. | | | | 5 000 DE (00.0) |

| Part XIV Private Operating Fo | a PAULA BUI | | | N/A | JIOOI Tage 10 | | | | | |
|--|----------------------------|---------------------------------------|----------------------|---------------------------------|--|--|--|--|--|--|
| | | | A, question a) | N/A | | | | | | |
| 1 a 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) | | | | | | | | | | |
| b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years | | | | | | | | | | |
| · | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total | | | | | |
| income from Part I or the minimum | (4) 2010 | (0) 2012 | (6) 2511 | (4) 20.0 | (0) 10.01 | | | | | |
| 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 | | 1. | | | | | | | | |
| d Amounts included in line 2c not | | | | | | | | | | |
| used directly for active conduct of | | | | | | | | | | |
| exempt activities | | | | | | | | | | |
| e Qualifying distributions made directly | | | | | | | | | | |
| for active conduct of exempt activities | | | | | | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| alternative test relied upon | • | | | | | | | | | |
| a "Assets" alternative test - enter | | | | | | | | | | |
| (1) Value of all assets | | | | | | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | | | | | | |
| shown in Part X, line 6 for each year listed | | | | | | | | | | |
| c "Support" alternative test - enter | | | | | | | | | | |
| (1) Total support other than gross | | | | | | | | | | |
| investment income (interest, | | | | | | | | | | |
| dividends, rents, payments on securities loans (section | | | ļ | | | | | | | |
| 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 | <u></u> | | | | | | | | | |
| (4) Gross investment income | | | <u> </u> | | <u> </u> | | | | | |
| | | | if the founda | tion had \$5,000 or m | ore in assets | | | | | |
| at any time during t | | ructions.) | | | | | | | | |
| 1 Information Regarding Foundation | | | | | | | | | | |
| a List any managers of the foundation wh year (but only if they have contributed n | | | ributions received t | by the foundation before the cl | ose of any tax | | | | | |
| SEE STATEMENT 4 | | | | | | | | | | |
| b List any managers of the foundation wh other entity) of which the foundation has | | | (or an equally large | portion of the ownership of a | partnership or | | | | | |
| NONE | | | | | | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loan | , Scholarship, etc., Pi | rograms: | | | | | | | |
| Check here 🕨 🔲 if the foundation o | | | | does not accept unsolicited rec | juests for funds If | | | | | |
| the foundation makes gifts, grants, etc | (see instructions) to indi | viduals or organizations u | inder other conditio | ns, complete items 2a, b, c, ar | nd d | | | | | |
| a The name, address, and telephone num | ber or e-mail address of | the person to whom appl | cations should be a | addressed | | | | | | |
| ROBERT W. BOYKIN, (7 | 04) 896-288 | 10 | | | | | | | | |
| 8015 KENTON CIRCLE, | SUITE 220, | HUNTERSVILI | E, NC 28 | 078 | | | | | | |
| b The form in which applications should to NO SPECIAL FORM IS R | | tion and materials they s | hould include | | | | | | | |
| c Any submission deadlines NO SUBMISSION DEADLI | | | | | | | | | | |
| d Any restrictions or limitations on award | | at areas, chantable fields | kinds of institution | s, or other factors | · | | | | | |
| NO RESTRICTIONS OR L | | | | , | | | | | | |
| | | | | | | | | | | |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of **Amount** any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMAZON CONSERVATION TEAM OPERATING CHARITABLE DONATION 4211 NORTH FAIRFAX DRIVE ARLINGOTN, VA 22203 10,000. BEFRIENDERS OPERATING CHARITABLE DONATION 807 N TRACY AVE. 250. BOZEMAN, MT 59715 COLLEGE NOW OPERATING CHARITABLE DONATION 50 PUBLIC SQUARE, SUITE 1800 CLEVELAND, OH 44113 450. CORNERSTONE OF HOPE OPERATING CHARITABLE DONATION 5905 BRECKSVILLE RD CLEVELAND OH 44131 1,000. EDUCATION FOUNDATION OF COLLIER OPERATING CHARITABLE DONATION COUNTY 3606 ENTERPRISE AVE. SUITE 150 NAPLES, FL 34104 100. SEE CONTINUATION SHEET(S) **▶** 3a Total 25,763. b Approved for future payment NONE Total **▶** 3b 0.

Form 990-PF (2013)

| Part XVI-A | Analysis of | of Income- | Producing | Activities |
|------------|-------------|------------|-----------|------------|
|------------|-------------|------------|-----------|------------|

| Enter gross amounts unless otherwise indicated | Ullielate | a business income | EXCIL | uded by section 512, 513, or 514 | (e) |
|--|-------------------------|-------------------|------------------------|----------------------------------|-----------------------------------|
| 1 Program service revenue | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | |
| <u> </u> | | | 1 | _ | |
| d | | | <u> </u> | | |
| e | | | | | |
| | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | ١ | | |
| investments | | | 14 | 3. | |
| 4 Dividends and interest from securities | | | | | 7 |
| 5 Net rental income or (loss) from real estate | | | 1 | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | **** | | | - |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | l i | | | | |
| | | | <u> </u> | | |
| li . | l l | | | | |
| c | | - | - | | |
| d | | | _ | | |
| d e | | 0. | | 3. | 0. |
| d e Subtotal Add columns (b), (d), and (e) | | 0. | | 3. | 0. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) | | 0, | | 3. | 0. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation | s) | | kemp | 13 | 0. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |
| d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitic Line No. Explain below how each activity for which | s) es to the Acco | omplishment of Ex | | 13 | 3. |

| Part X | /II Information Re Exempt Organ | | sfers To a | and Transactions a | nd Relationsh | nips With Noncha | itable |) | _ |
|------------------|--|---------------------------|-------------------------|------------------------------------|---------------------------------------|-----------------------------------|-------------------------------|----------------------|------|
| 1 Did th | e organization directly or indir | | of the followin | g with any other organization | on described in section | on 501(c) of | | Yes | No |
| | ode (other than section 501(c) | | | | | o oo . (o) o. | | | |
| | fers from the reporting founda | | | | | | | | |
| (1) (| , , | | | | 1a(1) | | X | | |
| • • • | Other assets | | | | | | 1a(2) | | X |
| b Other | transactions | | | | | | | | |
| (1) 8 | Sales of assets to a noncharital | ble exempt organizat | ion | | | | 1b(1) | | X |
| (2) F | Purchases of assets from a nor | ncharitable exempt o | rganization | | | | 1b(2) | | X |
| (3) F | Rental of facilities, equipment, (| or other assets | | | | | 1b(3) | | X |
| (4) F | Reimbursement arrangements | | | | | | 1b(4) | | X |
| (5) L | oans or loan guarantees | | | | | | 1b(5) | | X |
| (6) F | Performance of services or me | mbership or fundrais | ing solicitatio | ns , | | | 1b(6) | | Х |
| c Shari | ng of facilities, equipment, ma | ılıng lısts, other assel | ts, or paid em | ployees | | | 16 | | X |
| d If the | answer to any of the above is | "Yes," complete the f | ollowing sche | dule Column (b) should al | ways show the fair m | arket value of the goods, o | ther ass | ets, | |
| | rvices given by the reporting for nn (d) the value of the goods, or | | | ed less than fair market valu | ie in any transaction | or sharing arrangement, s | now in | | |
| (a) Line no | (b) Amount involved | | | e exempt organization | (d) Description | of transfers, transactions, and s | hanna ar | mnaeme | |
| (u) Line no | (b) Amount involved | (b) realise of | N/A | o compt organization | (d) Description | or transfers, transactions, and s | anaming an | angeme | |
| | | | 147.11 | | | ···· | | | |
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| | foundation directly or indirect | | | | zations described | _ | ٦., | TV. | ٦ |
| | ction 501(c) of the Code (other | | (3)) or in sect | tion 527? | | L. | Yes | LX | No |
| b It Ye | s," complete the following sche | | | (h) Tune of organization | · · · · · · · · · · · · · · · · · · · | c) Description of relationsh | un | | |
| | (a) Name of org | amzation | | (b) Type of organization | \ | c) Description of relations | iih | | |
| | N/A | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Tu | Inder penalties of perjury, I declare | that I have examined this | return, includin | I | statements, and to the I | best of my knowledge | | | |
| Sign Here | and belief, it is true, correct, and con | nplete Declaration of pre | ephrer (other than | n taxpayer) is based on all inform | TRUSTE | retu sho | the IRS on with the win below | e prepar (see ins | er i |
| | Signature of officer or trustee | | $oldsymbol{\downarrow}$ | Date | Title | <u> </u> | | | |
| | Print/Type preparer's na | ıme | kréparer's si | ignature | Date | Check If PTIN | | | |
| Paid | THOMAS S. | FEOLA | 1 | | 02/12/14 | self- employed P0 | 1235 | 929 | |
| Prepar Use Or | er Firm's name ► THO | | NANCIA | L, INC. | <u>+=</u> | Firm's EIN ► 34-18 | | | |
| use UI | Firm's address ► 18 | 400 PEARL | ROAD | | | | | | |
| | ST | RONGSVILL | E, OH | 44136 | | Phone no 440-23 | 88-0 | 445 | |

| Part XV Supplementary Information | | | | |
|---|---|----------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | If recipient is an individual, | ī | | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| ivanie and address (none or business) | or substantial contributor | recipient | | |
| FOOD FOR DAYS | | ODED MENO | CUARTER PART DOVINGTON | |
| FOOD FOR DAYS 224 ROLLING HILL RD SUITE 1B | | OPERATING | CHARITABLE DONATION | |
| MOORESVILLE, NC 28117 | | | | 100. |
| | | | | |
| HOME FOR OUR TROOPS | | OPERATING | CHARITABLE DONATION | |
| 6 MAIN STREET | | | | |
| TAUNTON, MA 02780 | | | | 100. |
| | | | | |
| JEWISH NATIONAL FUND | | OPERATING | CHARITABLE DONATION | |
| 24100 CHAGRIN BLVD BEACHWOOD, OH 44122 | | | | 500. |
| Encinose, on 11122 | | | | |
| KENT STATE UNIVERSITY | | OPERATING | CHARITABLE DONATION | |
| 800 E SUMMIT ST | | | | |
| KENT, OH 44240 | | | | 2,813. |
| | | | | |
| MAPLE LEAF COMMUNITY RESIDENCES | | OPERATING | CHARITABLE DONATION | |
| 8228 MAYFIELD RD STE 2A | | | | |
| CHESTERLAND, OH 44026 | | | | 200. |
| MILITARI E MURI ON DEGENDOU DOUDINATION | | | | |
| MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVENUE, 5TH FLOOR | | OPERATING | CHARITABLE DONATION | |
| NORWALK CT 06851 | | | | 100. |
| | | | | |
| PATRIOT CHARITIES | | OPERATING | CHARITABLE DONATION | |
| 5960 FAIRVIEW RD #400 CHARLOTTE NC 28210 | | | | 6,000. |
| omanoria, no none | | | | <u> </u> |
| ROCK AND ROLL HALL OF FAME | | OPERATING | CHARITABLE DONATION | |
| 1100 ROCK AND ROLL BOULEVARD | | | | |
| CLEVELAND, OH 44114 | | | | 1,000. |
| RUBINSTEIN-TAYBI SYNDROME CHILDREN'S | | OPERATING | CHARITABLE DONATION | |
| FOUNDATION | | | | |
| 33 MYERS FARM ROAD | | | | |
| HINGHAM , MA 02043 | | | | 250. |
| COCT OF PURE AND COMPANIES PU | | ODEDAMENO | OULDIAND B DOWN TOW | |
| SOSJ CLEVELAND COMMANDARY 3333 RICHMOND ROAD | | OPERATING | CHARITABLE DONATION | |
| BEACHWOOD, OH 44122 | | | | 900. |
| Total from continuation sheets | | | | 13,963. |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Ye | par (Continuation) | | | |
|---|--|----------------------|----------------------------------|-------------|
| | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| THE ELLA JEWELL FOUNDATION | | OPERATING | CHARITABLE DONATION | |
| PO BOX 396 BETHEL, CT 06801 | | | | 100 |
| TUR HERITAGE FOUNDATION | | OPERATING | CHARITABLE DONATION | |
| THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVENUE | | OPERATING | CHARITABLE DONATION | |
| WASHINGTON, DC 20002 | | | | 1,000 |
| | | | CAN DEMON B. DONATION | |
| THE MARCH OF DIMES 16605 DOWNEY GLEN TRAIL | | OPERATING | CHARITABLE DONATION | |
| CHAGRIN FALLS, OH 44023 | | | | 200 |
| UNIVERSITY OF HARTFORD | | OPERATING | CHARITABLE DONATION | |
| 200 BLOOMFIELD AVENUE | | DELIGITING | CHARITADE DONATION | |
| WEST HARTFORD, CT 06117 | | | | 100 |
| UNIVERSITY RAINBOW BABIES AND | | OPERATING | CHARITABLE DONATION | |
| CHILDREN HOSPITAL | | | | |
| 11100 EUCLID AVENUE CLEVELAND, OH 44106 | | | | 100 |
| | | | | |
| WIG FOR KIDS | | OPERATING | CHARITABLE DONATION | |
| 24231 CENTER RIDGE RD WESTLAKE, OH 44145 | | | | 500 |
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| | | | | |
| Total from continuation sheets | .1 | | . I | |

| FORM 990-PF INTEREST ON SAVI | NGS AND TEM | PORARY CASH | INVESTMENTS | STATEMENT | 1 |
|---|------------------------------|-----------------------------------|------------------------|-----------|------------|
| SOURCE | | | | AMOUNT | |
| PNC BANK | | | | | 3. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, CO | LUMN A | | | 3. |
| FORM 990-PF ACCOUNTING FEES | | | | STATEMENT | 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| PROFESSIONAL FEES | 1,200. | 0 | • | 1,200 | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,200. | 0 | | 1,200 | 0 . |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT | 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | CHARITABI | |
| OHIO CHARITABLE REGISTRATION FEE OTHER ADMINISTRAIVE EXPENSES | 50. 536. | | • | | 0. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 586. | 0 | | | 0. |
| FORM 990-PF | PART XV - L | | | STATEMENT | 4 |

NAME OF MANAGER

ROBERT W. BOYKIN PAULA J. BOYKIN