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### Form 990-PF

### Return of Private Foundation

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning , and ending Name of foundation Employer identification number WAKE ELECTRIC CARE, INC. 56-1938901 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 414 EAST WAIT STREET 919-863-6402 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here WAKE FOREST NC 27588-1229 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 201,000 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income the amounts in column (a) (see instructions)) hooks purposes (cash basis only) 143,924 1 Contributions, gifts, grants, etc., received (attach schedule) Ž, Check ► X if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 5a **Gross rents** W (\$ b Net rental income or (loss) Revenue 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain 1 0 9 Income modifications 10a Gross sales less returns and allowances **%** Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 143,924 0 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) RECEIVED Accounting fees (attach schedule) C Other professional fees (attach schedule) psp A005 17 18 AUG 1 9 201 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy OGDEN. 21 Travel, conferences, and meetings 22 Printing and publications 23 STMT 1 Other expenses (att\_sch\_) 35 Total operating and administrative expenses. Add lines 13 through 23 35 25 Contributions, gifts, grants paid 143,239 ٨ 143,239 26 Total expenses and disbursements. Add lines 24 and 25 143,274 0 0 143,239 Subtract line 26 from line 12 27 ă.i 1.5 Excess of revenue over expenses and disbursements 650 Net investment income (if negative, enter -0-) \$. 0 N 30 c 2, Adjusted net income (if negative, enter -0-) 0

Par	t li	Balance Sheets	Attached schedules and amounts in the description of	column	Beginning of year	End o	f year
			should be for end-of-year amounts only (See instruc	ctions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cas	h – non-interest-bearing			200,350	201,000	201,000
2	Sav	ings and temporary cash	ninvestments				
3	Acc	ounts receivable >					
	Les	s allowance for doubtful	accounts >				
4	Pled	iges receivable ▶					ú. j
	Les	s allowance for doubtful	accounts ▶				
5	Gra	nts receivable					
6	Rec	eivables due from office	rs, directors, trustees, and other				
	dısq	ualified persons (attach	schedule) (see				
	ınstr	ructions)					
7	Other	notes and loans receivable (att. s	chedule)			£2	3 . 3.
	Less	s allowance for doubtful	accounts ▶	0			management of the control of the con
છ 8	Inve	ntories for sale or use					
Assets	Prep	oald expenses and defer	red charges				
<b>S</b> 10	a Inves	stments – U.S. and state gov	rernment obligations (attach schedule)				
1	) Inve	stments - corporate stor	ck (attach schedule)				
(	Inve	stments – corporate bor	nds (attach schedule)				
11	Invest	tments - tand, buildings, and equip	oment basis		š >_	-4 ÷ %	
	Less	accumulated depreciation (attach	sch)		A	- Comment of the second of the	- Section of the second section of the second secon
12	Inve	stments – mortgage loai	ns				
13	Inve	stments - other (attach	schedule)				
14	Land,	buildings, and equipment basis	<b>&gt;</b>		** · · · · · · · · · · · · · · · · · ·	* *,	7 1
	Less	accumulated depreciation (attach	sch) ▶		*		
15	Othe	er assets (describe >		)			
16	Tota	al assets (to be complete	ed by all filers – see the	,			<del></del>
╝.	ınstr	uctions Also, see page	1, item I)		200,350	201,000	201,000
17	Acc	ounts payable and accru	ed expenses				-2
18	Grai	nts payable				-	
<u>8</u> 19	Defe	erred revenue					7 1
<b>≣</b> 20	Loar	ns from officers, directors	s, trustees, and other disqualified person	s			1
19 20 21 10		gages and other notes payab					
ᅴ 22	Othe	er liabilities (describe		)			
23	Tota	Il liabilities (add lines 1	7 through 22)	,	0	0	* **
	Fou	ndations that follow Si	FAS 117, check here	<b>•</b>			3.0
Ses 24	and	complete lines 24 thro	ough 26 and lines 30 and 31.				`.
일 24	Unre	estricted					, ,
Net Assets or Fund Baland 0 6 8 2 9 9 5 7 7 8 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	Tem	porarily restricted					31
26	Pern	nanently restricted					
Ĕ	Fou	ndations that do not fo	ollow SFAS 117, check here	► X			į.
	and	complete lines 27 thro	ough 31.	_			E
27	Cap	ital stock, trust principal,	or current funds		200,350	201,000	
<u>형</u> 28	Paid	l-in or capital surplus, or	land, bldg , and equipment fund				*
ğ 29	Reta	nned earnings, accumula	ated income, endowment, or other funds				1
ə 30	Tota	I net assets or fund ba	lances (see instructions)		200,350	201,000	· · · · · · · · · · · · · · · · · · ·
<b>Z</b> 31	Tota	Il liabilities and net ass	sets/fund balances (see				
	ınstr	uctions)			200,350	201,000	* !
Par	: III :	Analysis of Chan	ges in Net Assets or Fund Bal	lances			
<b>1</b> To	tal net a	ssets or fund balances a	at beginning of year – Part II, column (a),	line 30 (must	agree with		
en	d-of-yea	r figure reported on prior	r year's return)			1	200,350
2 En	ter amo	unt from Part I, line 27a				2	650
3 Oth	ner incre	eases not included in line	e 2 (itemize) <b>&gt;</b>			3	
		I, 2, and 3				4	201,000
		not included in line 2 (it	· · · · · · · · · · · · · · · · · · ·			5	
<b>6</b> To	al net a	ssets or fund balances a	at end of year (line 4 minus line 5) – Part	II, column (b)	, line 30	6	201,000

	Calendar year (or tax year beginning in)	, rejustes qualifying abandations	THE VALUE OF THE HERICAGO GOO GOOGLO	4	(col (b) divided by col (c))
	2012				
	2011				· · · · · ·
	2010				<del></del>
	2009				<u> </u>
	2008				· · · · · · · · · · · · · · · · · · ·
2	Total of line 1, column (d)			2	
3	Average distribution ratio for the 5-year banumber of years the foundation has been	·	5, or by the	3	
4	Enter the net value of noncharitable-use a	ssets for 2013 from Part X, line 5		4_	
5	Multiply line 4 by line 3			5	
6	Enter 1% of net investment income (1% of	f Part I, line 27b)		6_	
7	Add lines 5 and 6			7	
8	Enter qualifying distributions from Part XII			8	
	If line 8 is equal to or greater than line 7, or Part VI instructions	check the box in Part VI, line 1b, and cor	nplete that part using a 1% tax rate. Se	e the	

	1990-PF (2013) WARE ELECTRIC CARE, INC. 56-1938901				<u>F</u>	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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	1				
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		<u> </u>			
_	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	ļ			0
3	Add lines 1 and 2	3				
4	Subtitle 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	ļ			0
6	Credits/Payments		*			
а	2013 estimated tax payments and 2012 overpayment credited to 2013  6a  6a				>	%
b	Exempt foreign organizations – tax withheld at source		,			
C	Tax paid with application for extension of time to file (Form 8868)  6c					
d -	Backup withholding erroneously withheld 6d 6d			_		
7	Total credits and payments Add lines 6a through 6d	_7_				
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	_8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		_		
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			<u> </u>	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
_	published or distributed by the foundation in connection with the activities					<u> </u>
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			~		
_	(1) On the foundation  \$ (2) On foundation managers  \$ \$	_				
ę	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					l
2	on foundation managers \$					
_	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			2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ž.		sá.
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			2		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			-		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4a		_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	M/A	4b		x
•	If "Yes," attach the statement required by General Instruction T			5		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
-	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	V	,	7	X	$\vdash$
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	. •		,		_
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				<b>%</b>	*
	(or designate) of each state as required by General Instruction G? If "No," attach explanation				X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			8b	Λ	
-	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"					ئـــــــــــــــــــــــــــــــــــــ
	complete Part XIV					x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9		
	names and addresses			10		x
				10 1	0 D	

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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)

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**%** ·

X

3b

4a

N/A

4a

.....

					672	301
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	rt VII-B Statements Regarding Activities for Which Form	n 4720 May Be F	Required (cont	inued)		Ť
5a	During the year did the foundation pay or incur any amount to					9
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		res X No		,
	(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on,		_		Ľ.
	directly or indirectly, any voter registration drive?			res X No		3.5
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	•		res X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)			res 🛚 X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational				; ;
	purposes, or for the prevention of cruelty to children or animals?			res 🛚 X No	3 3.	- 4
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify un	der the exceptions de	scribed in			
	Regulations section 53 4945 or in a current notice regarding disaster assistant	æ (see instructions)?		N/A	5b	_
	Organizations relying on a current notice regarding disaster assistance check I	nere		▶ 🗌		
C	If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax				
	because it maintained expenditure responsibility for the grant?		N/A 🗌	res No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					. 12
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to j	oay premiums				d
	on a personal benefit contract?			res 🗓 No		1 1/8
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contra	ict?		6b X	
	If "Yes" to 6b, file Form 8870		_			
7a	At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	<b>\</b>	res X No	[%   S A	
<u>b</u>	If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	
Pa	rt VIII Information About Officers, Directors, Trustees, F	Foundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors					
<u>1 L</u>	ist all officers, directors, trustees, foundation managers and their compe	nsation (see instruc	tions).			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances	t,
SE	E STATEMENT 2			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_
				-		_
2	Compensation of five highest-paid employees (other than those include "NONE."	d on line 1 – see ins	tructions). If non	e, enter		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense accoun other allowances	t,
NO	NE					_
						_
		<del></del>				_
						_
	·				1_	
Tota	number of other employees paid over \$50,000				<b>▶</b> 990-PF (20	0
				F	orm <b>330-17 (</b> 20	(ئi

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3

Total. Add lines 1 through 3

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 143,239 Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments – total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the 3 Suitability test (prior IRS approval required) За 3b Cash distribution test (attach the required schedule) 143,239 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) 5 Adjusted qualifying distributions. Subtract line 5 from line 4

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

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Part XII

Qualifying Distributions (see instructions)

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

<u>P</u>	art XIII Undistributed Income (s	ee instructions	s)	-		
1	Distributable amount for 2013 from Part XI,		(a) Corpus	(b) Years prior to 2012	(c) 2012	( <b>d)</b> 2013
_	line 7					11,641
2	Undistributed income, if any, as of the end of	2013				
a						
		, 20	*****			
3	Excess distributions carryover, if any, to 2013					
_	From 2008	146,796	-			
b		139,118	<b>⊣</b> ″ « ∵	<b>.</b>	1	*
C		160,481	<b>⊣</b> «⊘ :			<b>"</b>
đ	<u> </u>	132,867	<b>→</b> ' * '			
_	From 2012	125,824	<b>—</b>			×.
_f			705,086			
4	Qualifying distributions for 2013 from Part XII	1				**
_	line 4 > \$ 143,239		, ,			
	Applied to 2012, but not more than line 2a				<del> </del>	
D	Applied to undistributed income of prior years	i				
_	(Election required – see instructions)  Treated as distributions out of corpus (Elections)	_				
·	required – see instructions)	n				
ч	Applied to 2013 distributable amount					<del></del>
	Remaining amount distributed out of corpus		131 500			11,641
5	Excess distributions carryover applied to 201:	2	131,598			
•	(If an amount appears in column (d), the sam					
	amount must be shown in column (a) )	9				
6	Enter the net total of each column as					
	indicated below:					3
а	Corpus Add lines 3f, 4c, and 4e Subtract line	. 5	836,684			E
	Prior years' undistributed income Subtract					
	line 4b from line 2b					· verane
С	Enter the amount of prior years' undistributed					
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					*
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable		. 4 3			- A
	amount - see instructions					
е	Undistributed income for 2012 Subtract line		*	*		
	4a from line 2a Taxable amount – see		* * * * * * * * * * * * * * * * * * * *			*! .:
	instructions		¥ 12.			**
f	Undistributed income for 2013 Subtract lines		, ' \			
	4d and 5 from line 1 This amount must be					
_	distributed in 2014					0
	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see instructions)					
	Excess distributions carryover from 2008 not					
	applied on line 5 or line 7 (see instructions)	i	146,796			*
	Excess distributions carryover to 2014.		***		Í	1
	Subtract lines 7 and 8 from line 6a		689,888			, s
	Analysis of line 9	120 440				
	Excess from 2009	139,118				
	Excess from 2010 Excess from 2011	160,481				
	Excess from 2011	132,867				ī.
	Excess from 2012 Excess from 2013	125,824	,			
<u> </u>	Excess 11011 2013	131,598				

orm	990-PF (2013) WAKE ELECTRI	C CARE, INC	<b>3.</b>	56-19389	901	67280 Page <b>10</b>
_	art XIV Private Operating For					1 age 10
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2013, enter the date o	of the ruling	•		
b	Check box to indicate whether the foundation	ition is a private opera	ting foundation descr	ribed in section 4	942(j)(3) or 494:	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(0) Fotal
	investment return from Part X for					
	each year listed			<u> </u>		
b	85% of line 2a		<u> </u>		ļ	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		<del> </del>	- <b> </b>	<del> </del>	
đ	Amounts included in line 2c not used directly					
	for active conduct of exempt activities		ļ		ļ	
e	Qualifying distributions made directly			{		
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
3	Complete 3a, b, or c for the	•				
	alternative test relied upon					
а	"Assets" alternative test – enter		[			
	(1) Value of all assets	<u> </u>		<del> </del>	<del> </del>	
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	"Endowment" alternative test – enter 2/3		<del>                                     </del>	<del></del>		
b	of minimum investment return shown in					
	Part X, line 6 for each year listed			1		
С	"Support" alternative test – enter					
•	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on		İ			
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public		<del>                                     </del>	<del></del>	<del> </del>	
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)				<u> </u>	
	(3) Largest amount of support from					
	an exempt organization	· · · · · ·		<del></del>	<del> </del>	
_	(4) Gross investment income		411			<u> </u>
Pa	Supplementary Inform		•	t the foundation h	iad \$5,000 or more	e in assets at
_	any time during the y		tions.)	<del></del>		
1	Information Regarding Foundation Ma List any managers of the foundation who	_	o than 20/ of the total	contributions recoved	ny tha favordation	
а	before the close of any tax year (but only				•	
	N/A	ii tiley liave contribute	ed more man \$5,000)	(See Section 507 (d)(2)	,	
	List any managers of the foundation who	own 10% or more of t	the stock of a corpora	tion (or an equally large	portion of the	
-	ownership of a partnership or other entity			· · · · · · · ·	polition of the	
	N/A	,	J			
2	Information Regarding Contribution, (	Grant, Gift, Loan, Sc	holarship, etc., Prog	grams:		
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charita	ible organizations and d	loes not accept	
	unsolicited requests for funds. If the foun	dation makes gifts, gra	ants, etc. (see instruct	tions) to individuals or o	rganizations 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	
	FRED KELLER					
	P.O. BOX 1229 WAKE F				·- <u>-</u>	·
b	The form in which applications should be SEE STATEMENT 3	submitted and inform	ation and materials th	ney should include		
С	Any submission deadlines SEE STATEMENT 4					
	Any restrictions or limitations on awards,	such as by geographi	cal areas charitable f	ields, kinds of institution	ns or other	
u	factors	Score as by goograpin	our areas, criantable t	ioida, kirida di Matitutidi	io, or other	
	<del></del>					

SEE STATEMENT 5

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient		
	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or contribution	143,239
Total  b Approved for future payment N/A			▶ 3a ▶ 3b	143,239

56-1938901

Page	1	2

nter gross amount	ts unless otherwise indicated	Unrelated (a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
Program servic	e revenue			L		(See instructions )
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		<del></del>		<del>                                     </del>		
		<del></del>	<del>_</del>	-		<del></del>
				<del> </del>		<u> </u>
_	contracts from government agencies			-	_	
	ues and assessments ings and temporary cash investments	<del>                                     </del>	<del></del>	<del>                                     </del>		
	ings and temporary cash investments interest from securities	<u> </u>	<del></del>	<del> </del>	<del></del>	
	me or (loss) from real estate			<del> </del>		»
a Debt-finance				$\vdash$	<del></del>	· · · · · · · · · · · · · · · · · · ·
	nanced property			<del>                                      </del>		
	me or (loss) from personal property	<u> </u>		<del> </del>	<del></del>	
Other investme				1	<del>-</del>	
	rom sales of assets other than inventory			† —		
	(loss) from special events			1		
	(loss) from sales of inventory			<u> </u>		
•	a			<u> </u>		
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е						
2 Subtotal Add c	columns (b), (d), and (e)	*			0	0
	columns (b), (d), and (e) 12, columns (b), (d), and (e)	, , , , , , , , , , , , , , , , , , ,	C	***	0 13	0
3 Total. Add line	columns (b), (d), and (e) 12, columns (b), (d), and (e) line 13 instructions to verify calculations )	λ,	C	, , , , , , , , , , , , , , , , , , ,		
3 Total. Add line	12, columns (b), (d), and (e) line 13 instructions to verify calculations )	ccomplishme			13	
Total. Add line See worksheet in I	12, columns (b), (d), and (e) line 13 instructions to verify calculations )		ent of Exempt P	urpose	13 _	
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activitie	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
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3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
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3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
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3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0
3 Total. Add line See worksheet in I Part XVI-B Line No.  ■ a	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Activities to the Activities to the Activities to the Activity for which income	is reported in col	ent of Exempt P	urpose	13s	0

Form 990-PF (201)	3) WAKE	ELECTRIC	CARE,	INC.	56-1938901
Part XVII	nformatio	n Regarding	Transfers	To and	Transactions and Relationships With Noncharitable

	_	Exempt Organiza	ations							
1 D		inization directly or indi		je in any of the fo	llowing with any o	ther organization	described		Yes	No
ın	section 50	01(c) of the Code (othe	r than sectio	on 501(c)(3) orgai	nizations) or in sec	ction 527, relating	to political			-
or	ganization	ıs?								
a Tr	ansfers fro	om the reporting found	ation to a no	incharitable exem	ipt organization of			·		
(1	) Cash							1a(1)		X
(2	) Other as	ssets						1a(2)		_ <b>X</b> _
<b>b</b> 0	ther transa	actions								
(1	) Sales of	f assets to a noncharita	ible exempt	organization				1b(1		_X_
(2	) Purchas	ses of assets from a no	ncharitable (	exempt organizat	ion			1b(2		<u>X</u>
(3	) Rental o	of facilities, equipment,	or other ass	sets				1b(3	4	X
(4	) Reimbu	rsement arrangements						1b(4		_X_
•	•	r loan guarantees						1b(5		X
		ance of services or me		=				1b(6	4	X
	_	acilities, equipment, ma	_					<u>1c</u>		<u> </u>
		er to any of the above is			-	-	-			
		goods, other assets, o	-	- ,	-					
		transaction or sharing (b) Amount involved		nt, snow in column ie of noncharitable exe						
1/A	rue uo	(b) Amount involved	(C) Nam	e of florical and able exe	mpt organization	(d) Desc	arption of transfers, tra	insactions, and sharing arrangem	ents	
N/ A					<del>-</del>	<del> </del>			-	
					<del></del>		<del></del>	·		
						<del> </del>		·		
						-				
		<del></del>			·		<del>-</del>			
	-									
						<u> </u>				
2a Is	the found	ation directly or indirec	lly affiliated v	with, or related to	, one or more tax-	exempt organiza	tions			
d€	escribed in	section 501(c) of the (	Code (other t	than section 501(	(c)(3)) or in section	า 527?		<u> </u>	es X	No
<u>b  f</u>	"Yes," con	nplete the following sch	<u>iedule</u>	1		т				
		Name of organization		(b) Type of	forganization	ļ	(c) Descript	tion of relationship		
N/	<u>A</u>		<u> </u>	<del> </del>						
	<del></del>				<del></del>	<del></del> -				
				<del>  -</del>		<del> </del>		<del></del>		
	Under per	naities of penury. I declare tha	t I have examin	led this return, including	g accompanying sched	ules and statements	and to the best of my l	knowledge and belief, it is true.		
		nd complete Declaration of pr						May the IRS discuss this	ratum.	
Sign		$\bigcirc$					/	with the preparer shown t		1
Here	,	()			) /	_		(see instructions)?	Yes	No
ICIC		Lamble	Ulan	2	. W.	Blow	N/CFI	<u> </u>		
	Signa	ature of officer or trustee	- C.C.	1-20 X	Date	101,-1	Title			
	Print/Tv	rpe preparer's name		4	Preparer's signatu			Date	T	
	''''	po properor o riemo			- Toparer s signate			.	Check	If
Paid	BRYA	N A. ISGETT			R V			<b>300</b> 16	em H	,,-u
repare	Firm's r	MONTA	R, MCI	LEMORE, M	IDDIEBBO	KE & CO,	LLC	PTIN P0144	1928	3
Jse On	ly			BOX ONE				Firm's EIN ▶ 58-109		
		MACON		31202-00				Phone no 478-74		
									90-PF	

0 0 0 0 0 0 0 Expenses 1-2 Charitable Purpose Ś 0 0 0 0 0 0 Statement 2 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Benefits 0 Adjusted Net Net Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses 0 0 0 0 0 0 Compensation ഗ Investment Federal Statements Average Hours 1.00 1.00 1.00 1.00 1.00 1.00 1.00 Title DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR Total Ś 6728018 Wake Electric Care, Inc. Name and Address Description GOOCH, JR. WAKE FOREST NC 27587 WAKE FOREST NC 27587 WAKE FOREST NC 27587 WAKE FOREST NC 27587 MICHELLE MCGHEE 414 WAIT AVENUE WAKE FOREST NC 27587 WAKE FOREST NC 27587 JAN HOPKINS 414 WAIT AVENUE CEDRIC JONES 414 WAIT AVENUE BANK CHARGES 414 WAIT AVENUE 414 WAIT AVENUE 414 WAIT AVENUE FRANCES MCIVER FYE: 12/31/2013 ROBERT LANIER MOLLY BOSTIC TOTAL 56-1938901 HUBERT L. EXPENSES

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56-1938901 FYE: 12/31/2013

## Federal Statements

Statement 2 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,	00-PF, Part VIII, Line 1 - List Etc. (continued)	e 1 - List of ntinued)	Officers, Directors,	Trustees,	•
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
414 WAIT AVENUE WAKE FOREST NC 27587					
FRANK PEARCE 414 WAIT AVENUE WAKE FOREST NC 27587	DIRECTOR	1.00	0	0	0
CAROLYN BARNES 414 WAIT AVENUE WAKE FOREST NC 27587	DIRECTOR	1.00	0	0	0

6728018 Wake Electric Care, Inc.

56-1938901

**Federal Statements** 

FYE: 12/31/2013

### Statement 3 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

### Description

M/S WORD OR ADOBE FORMAT
AN INTRODUCTORY DESCRIPTION OF THE PROGRAM AND ITS IMPACT
ON THE COMMUNITY. THE AMOUNT OF FUNDING REQUESTED AND THE
AMOUNT OF THE PROGRAM BUDGET. THE NEED WHICH THE PROGRAM
AND HOW THEIR ACCOMPLISHMENT WILL BE MEASURED.
RELATIONSHIP OF PROGRAM TO OTHER SERVICES IN THE COMMUNITY
WHICH MAY BE DESIGNED TO MEET THE SAME OR SIMILAR NEEDS.
OTHER SOURCES OF FUNDING BEING APPROACHED. ATTACH COPY OF
IRS LETTER INDICATING TAX-EXEMPT STATUS AND/OR FEDERAL ID
NUMBER (IF APPLICABLE).

### Statement 4 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

### Description

APPLICATIONS ARE DUE APPROXIMATELY 15 DAYS BEFORE THE END OF EACH FISCAL QUARTER (IN MARCH, JUNE, SEPTEMBER & DECEMBER).

### Statement 5 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

### Description

LOCAL- NON-PROFIT ORGANIZATIONS WHICH PROVIDE NECESSARY SERVICES IN OUR COMMUNITIES ARE ELIGIBLE TO APPLY. NORTH CAROLINA COUNTIES CONSIDERED LOCAL ARE: DURHAM, FRANKLIN, GRANVILLE, JOHNSTON, NASH, WAKE AND VANCE. THESE ORGANIZATIONS MAY APPLY FOR UP TO \$5,000 ANNUALLY TO IMPLEMENT PROGRAMS OR PURCHASE NEEDED EQUIPMENT TO FACILITATE A PROGRAM WHICH WILL HELP IN LOCAL COMMUNITIES.

6728018 Wake Electric Care, Inc. 56-1938901 FYE: 12/31/2013

## **Federal Statements**

Statement 6 - Form 990-PF	_1	XV, Line 3a - Gra	Part XV, Line 3a - Grants and Contributions Paid During the Year	<u>the</u>
Name		Address		
Address	Relationship	Status	Purpose	Amount
A BLESSING, INC				
APEX HIGH SCHOOL	NONE	PUBLIC	COMMUNITY	1,000
	NONE	EDUCATIONAL	EDUCATIONAL	2,711
	NONE	EDUCATIONAL	EDUCATIONAL	2,000
TILD FIRE OF	NONE	PUBLIC	COMMUNITY	1,000
HOPE/	NONE	PUBLIC	COMMUNITY	2,000
32	NONE	PUBLIC	COMMUNITY	2,500
	NONE	PUBLIC	COMMUNITY	2,500
	NONE	EDUCATIONAL	EDUCATIONAL	2,958
COLLEGE OF HOLY CROSS	NONE	EDUCATIONAL	EDUCATIONAL	2,100
	NONE	EDUCATIONAL	EDUCATIONAL	1,000
COLLINIA MODDENS HIGH SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL	2,998
	NONE	EDUCATIONAL	EDUCATIONAL	1,631
CADEMY	NONE	PUBLIC	COMMUNITY	006
FRANKT.TN-GRANVTT.TR-VANCE	NONE	EDUCATIONAL	EDUCATIONAL	2,800
FRANKLINTON HICH SCHOOL	NONE	PUBLIC	COMMUNITY	200
IN MI	NONE	EDUCATIONAL	EDUCATIONAL	5,660
	NONE	EDUCATIONAL	EDUCATIONAL	2,938

6728018 Wake Electric Care, Inc.

56-1938901 FYE: 12/31/2013

## Federal Statements

# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address			
Address	Relationship	Status		Purpose	Amount
GARDNER-WEBB UNIVERSITY	HNCM HNCM	EDIICATIONAL	T & NOTE OF THE STATE OF THE ST		010
GOVERNOR MOREHEAD PRESCHOOL	IN OIN E	EDOCAL LONAL	EDUCALLONAL		06212
וסטחסט חסדה מד פתמתשתם מס	NONE	EDUCATIONAL	EDUCATIONAL		820
GN ELWANDS ON. HIGH SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		1,958
	NONE	PUBLIC	COMMUNITY		750
HILLSIDE HIGH SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		1,959
ISAIAH 58:12 PROJECT, INC.	NONE	PUBLIC	COMMUNITY		400
JOE TOLER-OAK HILL SCHOOL					)
NONE KERR BOTS-VANCE COUNTY 4H ROBOTICS	NONE	EDUCATIONAL	EDUCATIONAL		829
	NONE	EDUCATIONAL	EDUCATIONAL		1,500
	NONE	EDUCATIONAL	EDUCATIONAL		3,000
MEALS ON WHEELS OF WAKE COUNTY	NONE	PUBLIC	COMMUNITY		1.000
MERCY FOR AMERICA'S CHILDRENS		) i			
MILLBROOK HIGH SCHOOL	NONE	PUBLIC	COMMUNITY		1,000
NC DEPARTMENT OF SOCIAL SERVICES	NONE	EDUCATIONAL	EDUCATIONAL		2,994
	NONE	PUBLIC	COMMUNITY		19,000
STEATS IIN	NONE	PUBLIC	COMMUNITY		1,000
	NONE	EDUCATIONAL	EDUCATIONAL		2,000
	NONE	PUBLIC	COMMUNITY		6,000
	NONE	EDUCATIONAL	EDUCATIONAL		3,000

6728018 Wake Electric Care, Inc.

56-1938901 FYE: 12/31/2013

## **Federal Statements**

# Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address		
Address	Relationship	Status	Purpose	Amount
POWHATAN ELEMENTARY SCHOOL	HINOM	H		
REMNANT COMMUNITY DEVELOPMENT	NONE NONE	EDUCATIONAL	EDUCATIONAL	3,788
RIVER OAKS MIDDLE SCHOOL	NONE	PUBLIC	COMMUNITY	200
RIVERWOOD ELEMENTARY SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL	066
RIVERWOOD MIDDLE SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL	2,257
ROCKY MOINT MIDDLE SCHOOL.	NONE	EDUCATIONAL	EDUCATIONAL	5,880
	NONE	EDUCATIONAL	EDUCATIONAL	2,934
	NONE	EDUCATIONAL	EDUCATIONAL	2,926
EMPIOY	NONE	PUBLIC	COMMUNITY	1,000
	NONE	PUBLIC	COMMUNITY	3,120
	NONE	EDUCATIONAL	EDUCATIONAL	1,876
, (.	NONE	PUBLIC	COMMUNITY	1,000
TERREII, L'ANE MIDDIE SCHOOI.	NONE	EDUCATIONAL	EDUCATIONAL	1,092
	NONE	EDUCATIONAL	EDUCATIONAL	2,116
	NONE	EDUCATIONAL	EDUCATIONAL	6,250
<b>:</b>	NONE	EDUCATIONAL	EDUCATIONAL	1,250
#5#T.TOD	NONE	EDUCATIONAL	COMMUNITY	2,500
	NONE	EDUCATIONAL	EDUCATIONAL	1,250

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56-1938901 FYE: 12/31/2013

**Federal Statements** 

Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)
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Name	,	Address		
Address	Relationship	Status	Purpose	Amount
WAKE TECH COMMUNITY SCHOOL		•		
	NONE	EDUCATIONAL	EDUCATIONAL	1.200
WAKEFIELD HIGH SCHOOL				
	NONE	EDUCATIONAL	EDUCATIONAL	6.000
WILSON'S MILLS ELEMENTARY SCHOOL	OL			
	NONE	EDUCATIONAL	EDUCATIONAL	2,624
TOTAL				143,239

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No 1545-1709

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN) or print WAKE ELECTRIC CARE, INC. 56-1938901 Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) File by the due date fo 414 EAST WAIT STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions WAKE FOREST NC 27588-1229 instructions 04 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 STEVE HAMLIN 228 PARK AVENUE The books are in the care of ▶ YOUNGSVILLE NC 27596 Telephone No ▶ 919-863-6402 FAX No > If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2013 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period-If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made\_Include any prior year overpayment allowed as a credit 3b

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EFTPS (Electronic Federal Tax Payment System) See instructions

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

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

Form **8868** (Rev 1-2014)