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

2013

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

For calendar year 2013 or tax year beginning 07/01/13, and ending 06/30/14

| | | | | | |
|--|--|---|---------------------------|-------------------------|---|
| Name of foundation THE CATHERINE KENNEDY HOME FOUNDATION Number and street (or P O box number if mail is not delivered to street address) PO BOX 4782 City or town, state or province, country, and ZIP or foreign postal code WILMINGTON NC 28406 | | A Employer identification number 52-2282843 | | | |
| | | B Telephone number (see instructions) 910-452-0611 | | | |
| G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change | | C If exemption application is pending, check here ► <input type="checkbox"/> D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/> | | | |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | | | | |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 3,911,732 (Part I, column (d) must be on cash basis.) | | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | | | |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| Revenue | 1 Contributions, gifts, grants, etc., received (attach schedule) | | | | |
| | 2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| | 3 Interest on savings and temporary cash investments | 2 | 2 | | |
| | 4 Dividends and interest from securities | 45,397 | 45,397 | | |
| | 5a Gross rents | | | | |
| | b Net rental income or (loss) | | | | |
| | 6a Net gain or (loss) from sale of assets not on line 10 | 104,328 | | | |
| | b Gross sales price for all assets on line 6a | 240,974 | | | |
| | 7 Capital gain net income (from Part IV, line 2) | | 104,328 | | |
| | 8 Net short-term capital gain | | | 0 | |
| | 9 Income modifications | | | | |
| | 10a Gross sales less returns and allowances | | | | |
| b Less. Cost of goods sold | | | | | |
| c Gross profit or (loss) (attach schedule) | | | | | |
| 11 Other income (attach schedule) | | | | | |
| 12 Total. Add lines 1 through 11 | 149,727 | 149,727 | 0 | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0 | | | |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees (attach schedule) | | | | |
| | b Accounting fees (attach schedule) | STMT 1 | | | |
| | c Other professional fees (attach schedule) | | | | |
| | 17 Interest | 40 | | | |
| | 18 Taxes (attach schedule) (see instructions) | STMT 2 | 2,778 | | |
| | 19 Depreciation (attach schedule) and depletion | STMT 3 | 59 | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | | | | |
| | 22 Printing and publications | | | | |
| | 23 Other expenses (att. sch.) | STMT 4 | 9,918 | 9,858 | 60 |
| | 24 Total operating and administrative expenses. | | | | |
| Add lines 13 through 23 | 14,755 | 10,838 | 0 | 1,040 | |
| 25 Contributions, gifts, grants paid | 182,500 | | | 182,500 | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 197,255 | 10,838 | 0 | 183,540 | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | -47,528 | | | | |
| b Net investment income (if negative, enter -0-) | | 138,889 | | | |
| c Adjusted net income (if negative, enter -0-) | | | 0 | | |

| Assets | Part II Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End of year | |
|-----------------------------|---|---|-------------------|----------------|-----------------------|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | | | | |
| 1 | Cash – non-interest-bearing | | | | |
| 2 | Savings and temporary cash investments | | 13,245 | 680 | 680 |
| 3 | Accounts receivable ► | | | | |
| | Less: allowance for doubtful accounts ► | | | | |
| 4 | Pledges receivable ► | | | | |
| | Less: allowance for doubtful accounts ► | | | | |
| 5 | Grants receivable | | | | |
| 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | | |
| 7 | Other notes and loans receivable (att. schedule) ► | | 0 | | |
| | Less. allowance for doubtful accounts ► | | | | |
| 8 | Inventories for sale or use | | | | |
| 9 | Prepaid expenses and deferred charges | | | | |
| 10a | Investments – U.S. and state government obligations (attach schedule) | SEE STMT 5 | | | |
| b | Investments – corporate stock (attach schedule) | SEE STMT 5 | 3,593,484 | 3,909,357 | 3,909,357 |
| c | Investments – corporate bonds (attach schedule) | | | | |
| 11 | Investments – land, buildings, and equipment basis ► | | | | |
| | Less. accumulated depreciation (attach sch) ► | | | | |
| 12 | Investments – mortgage loans | | | | |
| 13 | Investments – other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment basis ► | 15,371 | | | |
| | Less accumulated depreciation (attach sch) ► STMT 6 | 13,676 | 1,754 | 1,695 | 1,695 |
| 15 | Other assets (describe ►) |) | | | |
| 16 | Total assets (to be completed by all filers – see the instructions Also, see page 1, item I) | | 3,608,483 | 3,911,732 | 3,911,732 |
| Liabilities | | | | | |
| 17 | Accounts payable and accrued expenses | | 1,900 | 1,960 | |
| 18 | Grants payable | | | | |
| 19 | Deferred revenue | | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 21 | Mortgages and other notes payable (attach schedule) | | | | |
| 22 | Other liabilities (describe ►) SEE STATEMENT 7) | | 1,781 | 1,599 | |
| 23 | Total liabilities (add lines 17 through 22) | | 3,681 | 3,559 | |
| Net Assets or Fund Balances | | | | | |
| 24 | Unrestricted | | 935,603 | 1,238,974 | |
| 25 | Temporarily restricted | | 2,669,199 | 2,669,199 | |
| 26 | Permanently restricted | | | | |
| | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ► <input checked="" type="checkbox"/> | | | | |
| 27 | Capital stock, trust principal, or current funds | | | | |
| 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 30 | Total net assets or fund balances (see instructions) | | 3,604,802 | 3,908,173 | |
| 31 | Total liabilities and net assets/fund balances (see instructions) | | 3,608,483 | 3,911,732 | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | | |
|---|--|---|-----------|
| 1 | Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 3,604,802 |
| 2 | Enter amount from Part I, line 27a | 2 | -47,528 |
| 3 | Other increases not included in line 2 (itemize) ► SEE STATEMENT 8 | 3 | 350,899 |
| 4 | Add lines 1, 2, and 3 | 4 | 3,908,173 |
| 5 | Decreases not included in line 2 (itemize) ► | 5 | |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 | 6 | 3,908,173 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|---|---|--|--|----------------------------------|
| 1a 9,131 SH PIMCO UNCON BOND FUND | | | P | 04/29/09 | 05/14/14 |
| b 347 SH RUSSELL INVT US DEFENSIVE | | | P | 02/09/04 | 05/14/14 |
| c 1,108 SH RUSSELL US CORE EQUITY | | | P | 02/09/04 | 05/14/14 |
| d MUTUAL FUND CAP. GAIN DISTRIB | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a 102,994 | | 93,504 | | 9,490 | |
| b 15,000 | | 11,445 | | 3,555 | |
| c 45,000 | | 31,697 | | 13,303 | |
| d 77,980 | | | | 77,980 | |
| e | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 | | | | (i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | | |
| a | | | | | 9,490 |
| b | | | | | 3,555 |
| c | | | | | 13,303 |
| d | | | | | 77,980 |
| e | | | | | |
| 2 Capital gain net income or (net capital loss) | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | | 2 | 104,328 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 | | | 3 | | |

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

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

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

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

 Yes No

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

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

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2012 | 179,178 | 3,596,230 | 0.049824 |
| 2011 | 174,200 | 3,435,405 | 0.050707 |
| 2010 | 142,534 | 3,491,172 | 0.040827 |
| 2009 | 154,811 | 3,290,001 | 0.047055 |
| 2008 | 186,493 | 3,050,034 | 0.061145 |

- 2 Total of line 1, column (d) 2 0.249558
- 3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 0.049912
- 4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5 4 3,786,926
- 5 Multiply line 4 by line 3 5 189,013
- 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,389
- 7 Add lines 5 and 6 7 190,402
- 8 Enter qualifying distributions from Part XII, line 4 8 183,540
- If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

| | | | | |
|----|---|---|------------|-------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1. | (attach copy of letter if necessary—see instructions) | 1 | 2,778 |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b | | 2 | 0 |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | 3 | 2,778 |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | 0 |
| 3 | Add lines 1 and 2 | 5 | 2,778 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | |
| 6 | Credits/Payments: | | | |
| a | 2013 estimated tax payments and 2012 overpayment credited to 2013 | 6a | 1,179 | |
| b | Exempt foreign organizations – tax withheld at source | 6b | | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | 2,000 | |
| d | Backup withholding erroneously withheld | 6d | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7 | 3,179 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached | 8 | 9 | |
| 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 | 392 | |
| 11 | Enter the amount of line 10 to be: Credited to 2014 estimated tax ► | 11 | Refunded ► | |

Part VII-A Statements Regarding Activities

| | | | |
|-----|--|-----|------------------------------------|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | Yes | No |
| 1a | | X | |
| 1b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | Yes | No |
| 1b | | X | |
| 1c | 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. | Yes | No |
| 1c | | X | |
| 2 | Did the foundation file Form 1120-POL for this year? | Yes | No |
| 2 | | X | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | |
| (1) | On the foundation. ► \$ _____ | (2) | On foundation managers. ► \$ _____ |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | Yes | No |
| 2 | If "Yes," attach a detailed description of the activities. | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | Yes | No |
| 3 | | X | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | Yes | No |
| 4a | | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Yes | No |
| 4b | | X | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | Yes | No |
| 5 | If "Yes," attach the statement required by General Instruction T. | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | Yes | No |
| 6 | • By language in the governing instrument, or | | |
| 6 | • 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 XV | Yes | No |
| 7 | | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ► | | |
| 8a | NC | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation | Yes | No |
| 8b | | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | Yes | No |
| 9 | | X | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . | Yes | No |
| 10 | | X | |

Part VII-A Statements Regarding Activities (continued)

| | | | | |
|-------------------------|---|------------------------------|---------------|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | 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 | |
| Website address ► N/A | | | | |
| 14 | The books are in care of ► ANNA ERWIN, CPA 2508 INDEPENDENCE BLVD. | Telephone no. ► 910-452-0611 | | |
| Located at ► WILMINGTON | | NC | ZIP+4 ► 28412 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year | ► 15 | | |
| 16 | At any time during calendar year 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ► | 16 | Yes | No X |

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

| | | | | | |
|---|---|--------------------------|-----|-------------------------------------|----|
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 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? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (6) | Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here | N/A | | 1b | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013? | N/A | | 1c | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| | If "Yes," list the years ► 20 , 20 , 20 , 20 | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions) | N/A | | 2b | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20 | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| b | 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 | | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? | | | 4b | X |

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

| | | | | | |
|----|--|------------------------------|--|-----|----|
| 5a | During the year did the foundation pay or incur any amount to: | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/> | | | N/A | 5b |
| c | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). | | | N/A | 6a |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 6b | X |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | |
| b | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | N/A | 7b |

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

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

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

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

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

► 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

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

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

Part IX-A Summary of Direct Charitable Activities

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

Expenses

| | |
|-------|--|
| 1 N/A | |
| 2 | |
| 3 | |
| 4 | |

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

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

Amount

| | |
|---|--|
| 1 N/A | |
| 2 | |
| All other program-related investments. See instructions | |
| 3 | |

Total. Add lines 1 through 3 ►

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

| | | | |
|---|---|----|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 3,842,900 |
| b | Average of monthly cash balances | 1b | 0 |
| c | Fair market value of all other assets (see instructions) | 1c | 1,695 |
| d | Total (add lines 1a, b, and c) | 1d | 3,844,595 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 3,844,595 |
| 4 | Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions) | 4 | 57,669 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,786,926 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 189,346 |

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

| | | | |
|----|--|----|---------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 189,346 |
| 2a | Tax on investment income for 2013 from Part VI, line 5 | 2a | 2,778 |
| b | Income tax for 2013. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 2,778 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 186,568 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 186,568 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 186,568 |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26 | 1a | 183,540 |
| 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., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | 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 | 183,540 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 183,540 |

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

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2013 from Part XI, line 7 | | | | 186,568 |
| 2 Undistributed income, if any, as of the end of 2013: | | | 114,411 | |
| a Enter amount for 2012 only | | | | |
| b Total for prior years: 20 ____ , 20 ____ , 20 ____ | | | | |
| 3 Excess distributions carryover, if any, to 2013. | | | | |
| a From 2008 | | | | |
| b From 2009 | | | | |
| c From 2010 | | | | |
| d From 2011 | | | | |
| e From 2012 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2013 from Part XII, line 4: ► \$ 183,540 | | | 114,411 | |
| a Applied to 2012, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required – see instructions) | | | | |
| c Treated as distributions out of corpus (Election required – see instructions) | | | | |
| d Applied to 2013 distributable amount | | | | 69,129 |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount – see instructions | | | | |
| e Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount – see instructions | | | | |
| f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 | | | | 117,439 |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) | | | | |
| 8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2009 | | | | |
| b Excess from 2010 | | | | |
| c Excess from 2011 | | | | |
| d Excess from 2012 | | | | |
| e Excess from 2013 | | | | |

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

| | | | | | | | | |
|-----|---|--|--|--|--------------------------|---------------|--------------------------|------------|
| 1a | If the foundation has received a ruling or determination letter that it is a private operating 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 | | | | <input type="checkbox"/> | 4942(j)(3) or | <input type="checkbox"/> | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | | | |
| b | 85% of line 2a | | | | | | | |
| c | Qualifying distributions from Part XII, line 4 for each year listed | | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | | | |
| e | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon: | | | | | | | |
| a | "Assets" alternative test – enter: | | | | | | | |
| (1) | Value of all assets | | | | | | | |
| (2) | Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | | |
| b | "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | |
| c | "Support" alternative test – enter: | | | | | | | |
| (1) | Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | | | |
| (2) | Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | | | |
| (3) | Largest amount of support from an exempt organization | | | | | | | |
| (4) | Gross investment income | | | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 1 | Information Regarding Foundation Managers: | | | | | | |
| a | List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) | | | | | | |
| N/A | | | | | | | |
| b | List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest | | | | | | |
| N/A | | | | | | | |
| 2 | Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: | | | | | | |
| Check here ► <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. | | | | | | | |
| a | The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: THE CATHERINE KENNEDY HOME FDN PO BOX 4782 WILMINGTON NC 28406 | | | | | | |
| b | The form in which applications should be submitted and information and materials they should include: SEE COPY OF APPLICATION ATTACHED | | | | | | |
| c | Any submission deadlines: FEBRUARY 28 | | | | | | |
| d | Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: | | | | | | |
| N/A | | | | | | | |

Part XV Supplementary Information (continued)

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

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|---|--|--------------------------------------|-------------------------------------|----------------|
| Name and address (home or business) | | | | |
| a Paid during the year SEE SCHEDULE ATTACHED OF ALL GRANTS MADE DURING THE YEAR | | | | 182,500 |
| Total | | | ► 3a | 182,500 |
| b Approved for future payment N/A | | | | |
| Total | | | ► 3b | |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions) |
|--|----------------------|---------------|--------------------------|---------------|--|
| 1 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 2 | |
| 4 Dividends and interest from securities | | | 14 | 45,397 | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | 14 | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 104,328 | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0 | | 149,727 | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | 13 | | | 149,727 |

(See worksheet in line 13 instructions to verify calculations)

13 149,727

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

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1) Cash
 - (2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitati

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|---|--|
| N/A | | | |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No

b - If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of Preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return
with the preparer shown below
(see instructions)? Yes No

Sign
Here

Date _____

Date 5.14.15 Check if self-employed

Paid
Preparer
Not Only

Print/Type preparer's name

Preparer's signature 

5.14.15 self-empl

Preparer
Use Only

ORRELL & REINER, P.C.

PTIN P00288728

**Firm's address ► PO BOX 4054
WILMINGTON, NC 28406-4054**

Firm's EIN ► 03-0552326

Depreciation and Amortization
(Including Information on Listed Property)

2013

Name(s) shown on return

THE CATHERINE KENNEDY HOME
FOUNDATIONIdentifying number
52-2282843

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

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

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

| | | |
|---|----|--|
| 7 Listed property. Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 | 13 | |

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

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

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

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

Section A

| | | |
|--|--------------------------|----|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2013 | 17 | 59 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> | |

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

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

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Mailed 11/17/14

Form 8868

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

0 4

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

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

Telephone No. ► 910-452-0611 Fax No. ► 910-452-5879

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

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

► tax year beginning 07/01, 20 13, and ending 06/30, 20 14.

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

| | | | |
|----|--|----|----------------|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ 3179 |
| 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 | \$ 1179 |
| c | Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 2000 |

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. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

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

- The books are in the care of ► _____

Telephone No. ► _____

Fax No. ► _____

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

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

| | | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. CATHERINE KENNEDY HOME FOUNDATION | Employer identification number (EIN) or 52-2282843 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 4782 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WILMINGTON NC 28406-1782 | |

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

0 4

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

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

- The books are in the care of ► **ANNA ERWIN**

Telephone No. ► **910-452-0611** Fax No. ► **910-452-5879**

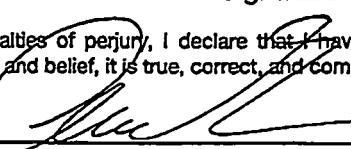
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ►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

- 4 I request an additional 3-month extension of time until **MAY 15**, 20 **15**.
- 5 For calendar year , or other tax year beginning **JULY 1**, 20 **13**, and ending **JUNE 30**, 20 **14**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **TO GATHER ACCURATE INVESTMENT ACCOUNT(S) INFORMATION.**
- _____

| | | | |
|----|--|----|----------------|
| 8a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ 3179 |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ 3179 |
| c | Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ 0 |

Signature and Verification must be completed for Part II only.

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

Signature ► Title ► **TREASURER**Date ► **2/16/15**

Form 8868 (Rev. 1-2014)

Federal Statements

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|--------------------------|-----------------|----------------|--------------|--------------------|
| INDIRECT ACCOUNTING FEES | \$ 1,960 | \$ 980 | \$ 0 | \$ 980 |
| TOTAL | \$ 1,960 | \$ 980 | \$ 0 | \$ 980 |

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

| Description | Total | Net Investment | Adjusted Net | Charitable Purpose |
|--|-----------------|----------------|--------------|--------------------|
| FORM 990PF EXCISE TAX ON INVESTMENT INCOME | \$ 2,778 | \$ 0 | \$ 0 | \$ 0 |
| TOTAL | \$ 2,778 | \$ 0 | \$ 0 | \$ 0 |

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

| Description | Cost Basis | Prior Year Depreciation | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|---------------------------------------|------------|-------------------------|--------|------|---------------------------|-----------------------|---------------------|
| HP DESKJET PRINTER | \$ 54 | \$ 54 | 200DB | 5 | \$ 5 | \$ 5 | \$ 5 |
| PLAIN PAPER FAX MACHINE | 65 | 65 | 200DB | 5 | 5 | 5 | 5 |
| GATEWAY MMX 233 COMPUTER | 472 | 472 | 200DB | 5 | 5 | 5 | 5 |
| KONICA 3135 COPIER | 2,857 | 2,857 | 200DB | 5 | 5 | 5 | 5 |
| GATEWAY P5-133 COMPUTER | 173 | 173 | 200DB | 5 | 5 | 5 | 5 |
| FILE CABINETS | 24 | 24 | 200DB | 5 | 5 | 5 | 5 |
| DELL DIMEN. 4500 SER. PENT. | 1,520 | 1,520 | 200DB | 5 | 5 | 5 | 5 |
| 9/16/02 OFFICE IMPROVE. OLD CKH BLDG. | 4,580 | 2,826 | S/L | 39 | 39 | 59 | 59 |
| RECOVERED COUCH & 14 CHAIRS | 2,416 | 2,416 | 200DB | 7 | 7 | 7 | 7 |

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

| | | Description | | Method | Life | Current Year Depreciation | Net Investment Income | Adjusted Net Income |
|-------------------------|------------|-------------------------|-------|--------|------|---------------------------|-----------------------|---------------------|
| Date Acquired | Cost Basis | Prior Year Depreciation | | | | | | |
| BOARDROOM TABLE 7/01/04 | \$ 1,498 | \$ 1,498 | 200DB | | 7 | \$ 7 | \$ | \$ |
| LAMPS 12/03/04 | 482 | 482 | 200DB | | 7 | \$ 7 | \$ | \$ |
| TEAK TABLE 12/03/04 | 931 | 931 | 200DB | | 7 | \$ 7 | \$ | \$ |
| END TABLE 12/03/04 | 300 | 300 | 200DB | | 7 | \$ 7 | \$ | \$ |
| TOTAL | \$ 15,372 | \$ 13,618 | | | | \$ 59 | \$ 0 | \$ 0 |

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

| Description | | Total | Net Investment | Adjusted Net | Charitable Purpose |
|----------------------------|--|----------|----------------|--------------|--------------------|
| | | \$ | \$ | \$ | \$ |
| EXPENSES | | | | | |
| INVESTMENT MANAGEMENT FEES | | 9,858 | 9,858 | \$ 9,858 | |
| POSTAGE | | 60 | | | 60 |
| TOTAL | | \$ 9,918 | \$ 9,858 | \$ 0 | \$ 60 |

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

| Description | | Beginning of Year | End of Year | Basis of Valuation | Fair Market Value |
|-------------------------------|--|-------------------|--------------|--------------------|-------------------|
| | | \$ | \$ | | \$ |
| AMERICAN FUNDS MUTUAL FUNDS | | \$ 996,282 | \$ 1,238,992 | MARKET | \$ 1,238,992 |
| FRANK RUSSELL MUTUAL FUNDS | | 1,357,524 | 1,520,773 | MARKET | 1,520,773 |
| PIMCO UNCONSTRAINED BOND FD A | | 1,239,678 | 1,149,592 | MARKET | 1,149,592 |
| TOTAL | | \$ 3,593,484 | \$ 3,909,357 | | \$ 3,909,357 |

52-2282843

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

| Description | Beginning Net Book | End Cost / Basis | End Accumulated Depreciation | Net FMV |
|-----------------------------|--------------------|------------------|------------------------------|-----------------|
| OFFICE EQUIP & IMPROVEMENTS | \$ 1,754 | \$ 15,371 | \$ 13,676 | \$ 1,695 |
| TOTAL | \$ 1,754 | \$ 15,371 | \$ 13,676 | \$ 1,695 |

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

| Description | Beginning of Year | End of Year |
|------------------------|----------------------|----------------|
| FEDERAL EXCISE TAX DUE | \$ 1,781 | \$ 1,599 |
| TOTAL | \$ 1,781 | \$ 1,599 |

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

| Description | Amount |
|---|------------|
| UNREALIZED APPRECIATION FOR BOOKS, NOT FOR TAX | \$ 350,899 |
| TOTAL | \$ 350,899 |

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

| Description |
|----------------------------------|
| SEE COPY OF APPLICATION ATTACHED |

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

| Description |
|-------------|
| FEBRUARY 28 |

Federal Statements**Taxable Interest on Investments**

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ or %) |
|-------------------------|-------------|----------------------------|-------------------|----------------|---------------------|
| WELLS FARGO MONEY FUNDS | \$ 2 | | | 14 | |
| TOTAL | \$ 2 | | | | |

Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ or %) |
|------------------------------|------------------|----------------------------|-------------------|----------------|---------------------|
| WELLS FARGO - PATHWAYS A/C | \$ 28,186 | | | 14 | |
| WELLS FARGO - AMERICAN FUNDS | 11,045 | | | 14 | |
| WELLS FARGO - FIXED INC. | 6,166 | | | 14 | |
| TOTAL | \$ 45,397 | | | | |

The Catherine Kennedy Home Foundation

2014 Grant Awards

| The Catherine Kennedy Home Foundation | | | |
|---------------------------------------|--|---|---------------|
| 2014 Grant Awards | | | |
| check number | ORGANIZATION | ADDRESS | 2014 AWARD |
| 5/14/2014 1442 | Bread for Life Ministries | 500 Kentwood Ave., Wilmington, NC | 12,000.00 |
| 5/14/2014 1443 | Brunswick Family Assistance | 4600 Main St., Shallotte, NC 28470 | 7,500.00 |
| 5/14/2014 1444 | Brunswick Senior Resources | P.O. Box 2470, Shallotte, NC 28459 | 7,500.00 |
| 5/14/2014 1445 | Burgaw Holiness Church Community Outreach | 416 West Bridgers St., Burgaw, NC 28425 | 3,000.00 |
| 5/14/2014 1446 | Cape Fear Literacy Council | 1012 S 17th St., Wilmington, NC 28401 | 1,500.00 |
| 5/14/2014 1447 | First Presbyterian Church Designated Fund | 125 S. 3rd. St., Wilmington NC 28401 | 7,000.00 |
| 5/14/2014 1448 | Elderhaus, Inc. | 1950 Amphitheater Dr., Wilmington, NC 28401 | 2,000.00 |
| 5/14/2014 1449 | Fannie Norwood Memorial Home | 501 S 15th St, Wilmington, NC 28401 | 6,500.00 |
| 5/14/2014 1450 | First Fruit Ministries | 2750 Vance Street, Wilmington NC 28412 | 8,000.00 |
| 5/14/2014 1451 | Food Bank of Central & Eastern NC | 1314 Marsteller St., Wilmington, NC 28401 | 6,500.00 |
| 5/14/2014 1452 | Good Shepherd Center | 811 Martin St., Wilmington, NC 28401 | 12,500.00 |
| 5/14/2014 1453 | Good Samaritan Food & Clothing Pantry | 4402 Northwest Rd., Leland, NC 28451 | 2,500.00 |
| 5/14/2014 1454 | Livingstone Tabernacle | 127 Sloop Pt Rd., Hampstead, NC 28443 | 4,000.00 |
| 5/14/2014 1455 | Mercy Homeless Shelter | 411 Red Cross St., Wilmington, NC 28401 | 7,000.00 |
| 5/14/2014 1456 | Mother Hubbard's Cupboard | 313 N 5th Ave., Wilmington, NC 28401 | 15,000.00 |
| 5/14/2014 1457 | Pender Adult Services | P.O. Box 84, Burgaw, NC 28425 | 6,000.00 |
| 5/14/2014 1458 | Pender County Christian Services | P.O. Box 84, Burgaw, NC 28425 | 13,000.00 |
| 5/14/2014 1459 | South Brunswick Interchurch Pantry | P.O. Box 1461, Shallotte, NC 28459 | 8,000.00 |
| 5/14/2014 1460 | Southport/Oak Island Interchurch Pantry | P.O. Box 71, Oak Island, NC 28465 | 8,000.00 |
| 5/14/2014 1461 | St. Mary's Tileston Outreach | 412 Ann St., Wilmington, NC 28401 | 15,000.00 |
| 5/14/2014 1462 | VOCAL | 2222 S. College Road, Wilmington, NC 28403 | 5,000.00 |
| 5/14/2014 1463 | Wilmington Area Rebuilding Ministry (WARM) | 20 N 4th St., Wilmington, NC 28401 | 15,000.00 |
| 5/14/2014 1464 | Wilmington Family YMCA | 2710 Market St., Wilmington, NC 28405 | 10,000.00 |
| | | | \$ 182,500.00 |

Castles and

THE CATHERINE KENNEDY HOME FOUNDATION BOARD OF DIRECTORS 2013-2014

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

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

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

Mr. Garry Garris

3212 Bouganvillea Way 28409
794-4452(H), 520-7554(C)
garris50@gmail.com

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

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

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

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

Mr Ned Marable
3608 Bohicket Way 28409
792-1624(H) 792-6619(W) 520-6215©
ned.marable@firstcitizens.com

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

The Catherine Kennedy Home Foundation, Inc.

Post Office Box 4782

Wilmington, North Carolina 28406



January/February 2013

COPY

Thank you very much for your request for an application for your organization applying for a grant from The Catherine Kennedy Home Foundation. We look forward to hearing from you.

Your application is enclosed and we would encourage you, and those who are helping you to complete the application, to carefully read the application and make sure that you answer all the questions in their entirety. Also, make sure you enclose the financials requested.

Our organization makes grants to TAX-EXEMPT/NON-PROFIT organizations which service the needs of the elderly of the counties of New Hanover, Pender and Brunswick.

Also, for your grant application to be considered, the following criteria MUST BE MET:

- a) Please use the application we have provided for you in order for all applications to be in the same format.
- b) Completed applications MUST be mailed to: (The Catherine Kennedy Home Foundation-Post Office Box 4782-Wilmington, N.C. 28406) and postmarked no later than February 28, 2013.
- c) An original completed application and all its attachments, (financials, etc.), MUST be submitted with one (1) copy.

Grants will be awarded in the spring.

Should you have any questions, please contact Grants Co-Chairs: Linda Hundley at lbhundley@ec.rr.com.

We look forward to receiving your application and we appreciate the work you are doing to help the elderly of our community.

Sincerely,

Linda B. Hundley
Grants Co-Chairwoman

Anne Murchison
Grants Co-Chairwoman

The Catherine Kennedy Home Foundation

COPY

Grant Application Form INSTRUCTIONS

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

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

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

APPLICATION CHECKLIST

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

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

GRANT APPLICATION FORM

PART I: YOUR ORGANIZATION

COPY

Organization Information

Name: _____

Physical Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

Federal Tax ID #: _____ Web Site: _____

Contact Information

Primary Contact: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

CEO/Executive Director Information (if different from Contact)

Name: _____ Title: _____

Telephone #: _____ Fax #: _____

E-mail Address: _____

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

PART II: PROJECT/PROGRAM INFORMATION

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

PART III: FINANCIAL INFORMATION

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

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

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

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

COPY

FUNDS REQUESTED FOR THIS PROJECT:

| Organization | Amount | Status |
|----------------------|--------|--------|
| | | |
| Total Amount: | | |

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

PART IV: GRANT CONTRACT SIGNED BY APPLICANT

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

THE CATHERINE KENNEDY HOME FOUNDATION

GRANT CONTRACT

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

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

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

THIS THE 28th DAY OF FEBRUARY, 2013.

THE CATHERINE KENNEDY HOME FOUNDATION:

/s/ Linda B. Hundley
GRANTS COMMITTEE CHAIR

/s/ Anne Murchison
GRANTS COMMITTEE CHAIR

APPLICANT ORGANIZATION:

Typed or Printed Name of CEO/Executive Director

Typed or Printed Name of Board Chair

Signature of CEO/Executive Director

Signature of Board Chair

Title

Date

Date