

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990-PF

Return of Private Foundation

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

2949129001506

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 2014 or tax year beginning , and ending Employer identification number Name of foundation WAKE ELECTRIC CARE, INC. 56-1938901 Number and street (or PO box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 919-863-6402 414 EAST WAIT STREET 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 85% test, check here and attach computation Address change Name change Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated unde section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash J Accounting method. Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) 197,279 (Part I, column (d) must be on cash basis) line 16) ▶ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal income income nurnoses books the amounts in column (a) (see instructions)) (cash basis only) 143,546 Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is **not** required to attach Sch B 2 Interest on savings and temporary cash investments 3 4 Dividends and interest from securities Gross rents Net rental income or (loss) 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) Net short-term capital gain Income modifications ຳ ∩ລ Gross sales less returns and allowances Less. Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 143,546 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 117 STMT 1 23 Other expenses (att sch) Total operating and administrative expenses. 117 0 Add lines 13 through 23 147,150 147,150 25 Contributions, gifts, grants paid 147,267 0 0 147,150 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12 27 Excess of revenue over expenses and disbursements -3,7210 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014)

,	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	f year
_		should be for end-of-year amounts only (See instructions	i)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		201,000	197,279	197,279
	2	Savings and temporary cash investments				
	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)				
		Less allowance for doubtful accounts ▶	0			
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
	10a	Investments – U S and state government obligations (attach schedule)				
1	b	Investments – corporate stock (attach schedule)				
- 1	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			Whi.	
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers – see the				
\downarrow		instructions. Also, see page 1, item I)		201,000	197,279	197,279
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Liabilities	19	Deferred revenue				
≣	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.</u>	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe)			
4	23	Total liabilities (add lines 17 through 22)		0	0	
		Foundations that follow SFAS 117, check here	▶ ∐			
Ses		and complete lines 24 through 26 and lines 30 and 31.				
Ĕ	24	Unrestricted				
Net Assets or Fund Balan	25	Temporarily restricted				
밁	26	Permanently restricted				
틧		Foundations that do not follow SFAS 117, check here	► X			
빍		and complete lines 27 through 31.				
2	27	Capital stock, trust principal, or current funds		201,000		
Se	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
As	29	Retained earnings, accumulated income, endowment, or other funds			197,279	
ভ		Total net assets or fund balances (see instructions)		201,000	197,279	
Z	31	Total liabilities and net assets/fund balances (see				i i
\bot		instructions)		201,000	197,279	ľ. <u>``</u>
	Part II				 -	
1		net assets or fund balances at beginning of year - Part II, column (a), lin	ne 30 (mu	st agree with		
		f-year figure reported on prior year's return)			1_1_	201,000
2		amount from Part I, line 27a			2	-3,721
3	Other	increases not included in line 2 (itemize) ▶			3	
4	Add lu	nes 1, 2, and 3			4	197,279
5		ases not included in line 2 (itemize) ▶			5	
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	197,279
						Form 990-PF (2014)

Form 990-PF (2014) WAKE ELI	COTRIC CARE. INC.		56-1938901		6728 Page
	d Losses for Tax on Investme	nt Income	30 1330301		 rage
(a) List and descril	pe the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date a (mo , da	(d) Date sold (mo , day, yr)
1a N/A					
b					
c					
d					
е	·				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		 or (loss) minus (g)
a					
b					
С					
d					
<u>e</u>					
Complete only for assets showing	gain in column (h) and owned by the fo				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any	col	 less than -0-) or om col (h))
а					
b					
С					
d					
<u>e</u>	If gain, also enter in I				
	If (loss), enter -0- in Is) as defined in sections 1222(5) and (6) column (c) (see instructions). If (loss), e) _		3	
Part V Qualification Un	der Section 4940(e) for Reduc	ed Tax on Net	Investment Inco	me	
For optional use by domestic private	foundations subject to the section 4940	a) tax on net inves	tment income.)		<u>-</u>
f section 4940(d)(2) applies, leave thi	s part blank				
	on 4942 tax on the distributable amount fy under section 4940(e) Do not comple		base period?		Yes X No
1 Enter the appropriate amount in e	ach column for each year; see the instru	ictions before mak	ing any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net valu	(c) e of noncharitable-use asset	s	(d) ribution ratio divided by col (c))
2013	143,	239	232,8		 0.61526
2012	136,		217,8		 0.62761
2011	142,		191,0		 0.74558
2010	160,		193,0		 0.83137
2009	139,	118	186,0	043	 0.74777
2 Total of line 1, column (d)				2	3.56761
-	year base period – divide the total on li as been in existence if less than 5 years	ne 2 by 5, or by the	•	3	 0.71352
4 Enter the net value of noncharitat	le-use assets for 2014 from Part X, line	5		4	273,25
5 Multiply line 4 by line 3				5	194,97

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

Form **990-PF** (2014)

194,977

147,150

7

7 Add lines 5 and 6

Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

orm	990-PF (2014) WAKE ELECTRIC CARE, INC. 56-1938901		<u>Pi</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				
	here and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	-			
	Part I, line 12, col. (b).			_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0	
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0	
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a			'	
þ	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d				
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				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11				
	rt VII-A Statements Regarding Activities	Τ.] v	NI-	•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	10	Yes	No X	
	participate or intervene in any political campaign?	1a	-	Λ.	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1		X	
	Instructions for the definition)?	1b	1		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ŀ			
_	published or distributed by the foundation in connection with the activities.	1,		х	
C	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1c	 		
d	(1) On the foundation. > \$ (2) On foundation managers. > \$				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
е	on foundation managers. > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x	
_	If "Yes," attach a detailed description of the activities.	<u> </u>			•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		İ		
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х	•
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			•
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х	•
	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			ŀ	
	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 XV	7	X		_
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				
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	x	<u> </u>	_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				1
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				2
	complete Part XIV	9		X	_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		X	_
		Form 9	90-PF	(2014)

If "Yes," did it have excess business holdings in 2014 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 2014?

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 2014.)

Form 990-PF (2014)

X

3b

4a

N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5. Duling the year dut the foundation pay or more yamount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4945(e))? (3) Provide a grant to an organization of mere? (4) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (5) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (6) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (6) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (6) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (7) Provide a grant to an organization of the than a chantable, etc., organization described in section 4945(e)(4)/4)? (see instructions) (8) Provide a grant to an organization of the provided see instructions) (9) Provide a grant to an organization of the provided see instructions) (9) Provide a grant to an organization of the section of the provided see instructions) (1) If the answer is "see" to Question 54(4), does the foundation claim exemption from the tax because in mantaned expenditure responsibility for the grant? (1) If the answer is "see" to Question 54(4), does the foundation secretion of the	Form 990-PF (2014) WAKE ELECTRIC CARE, INC.	56-1	.938901			Page 6
(a) Carry on propaganda, or otherwise attempt to influence legistation (section 4945(e))? (b) Influence the outcome of any specific public election (see section 4955); or to carry on, directly, any voter registration drive? (c) Provide a grant to an individual for travel, study, or other similar purposes? (d) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(a)(4)(A)? (see instructions) (e) Provide for any purpose other than etilipous, chantable, etc., organization described in section 4945(a)(4)(A)? (see instructions) (f) Provide for any purpose other than religious, chantable, etc., organization described in section 34945(a)(d)(A)? (see instructions) (g) Provide signal of the foundation and the section of the secti	Part VII-B Statements Regarding Activities for Which Form	4720 May Be R	lequired (conti	nued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, drecity or indirectly, any voter registration dime? (3) Provide a grant to an individual for trevel, study, or other similar purposes? (4) Provide a grant to an individual for trevel, study, or other similar purposes? (5) Provide a grant to an individual for trevel, study, or other similar purposes of the second 4945(0)(4)(4)(7) (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (7) Frovide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (8) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to the literary, or educational purposes, or for the prevention of cruelty to the literary, or educational purposes, or for the prevention of cruelty to a current notice regarding disaster assistance (see instructions)? (a) If any answer is "Yes" to question 53.49.45 or in a current notice regarding disaster assistance (see instructions)? (b) If the answer is "Yes" to question 53.49.45 or in a current notice regarding disaster assistance sheek here (a) If "Yes" to 60, file Form 8370 (b) If the animal purposes, or a current notice regarding disaster assistance sheek here (c) If the oundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (a) Name and address and the foundation aparty to a prohibited tax shelter transaction? (b) If the and average and the foundation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."	5a During the year did the foundation pay or incur any amount to:		_			
drectly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(0)(4)(A)? (see instructions) (5) Provide of or any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? b if any answer is "Yes" to 5a(1)–(5), did any of the transactions fall 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 (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here 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? N/A Yes No If "Yes," attach the statement required by Regulations section 53 4945–5(d) and produndation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b) If the foundation, during the year, pay premiums, directly or indirectly, to a prohibited tax shelter transaction? Yes No If Yes X No If Yes, "attach the 53, the statement required by Regulations apenty to a prohibited tax shelter transaction? Yes No If Yes X No If Ye	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes?	(2) Influence the outcome of any specific public election (see section 4955); or	to carry on,		_		i
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(0)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify 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 c If the answer is "Yes" to 40, 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) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, review any five to 50, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Ves X No b If "Yes To 60, file Form 8870 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Name and address (c) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Compensation (e) Compensation (f) Compensation	directly or indirectly, any voter registration drive?		Y			
section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fall 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 c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because if maintained expenditure responsibility for the grant? If "Yes" attach the statement required by Regulations section 53.4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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) Tife, and average were instructions). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (b) Tife, and average were hours per week hours per week hours per week hours per week devoted to position (c) Compensation (e)	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 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? If any saver is "Yes" to Sa(1)—(5), did any of the transactions fall 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 (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
purposas, or for the prevention of cruelty to children or animals? Yes No	section 4945(d)(4)(A)? (see instructions)		Y	'es 🗓 No		j
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 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) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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). SEE STATEMENT 2 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) Tille, and average hours per week devided to position of the paid, enter 4-b) of the paid, enter 4-b) of the paid, enter 4-b of the pa	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational				Ì
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 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? N/A Yes No If "Yes," attach the statement required by Regulations section 53 4945–5(d) Bid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). List all officers, directors, trustees, foundation managers and their compensation (see instructions). SEE STATEMENT 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) Iffit, and average hours per week devoid to position (c) Compensation (d) Contributions to employee benefit plays and defend compensation (see instructions). If none, enter "NONE."	purposes, or for the prevention of cruelty to children or animals?		Y	es 🗶 No		
Organizations relying on a current notice regarding disaster assistance check here 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) fiable foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter "NONE." 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) Tille, and average hours per week devoted to position for position (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Compensation (c) Compensation (c) Expense account, other allowances (c) Expense account, other allowances (c) Compensation (c) Expense account, other allowances (c)	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions d	lescribed in			۸ -
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) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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 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 of the remainded on the first paid, enter -0.) (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (c) Compensation (c) Compensation (e) Expense account, other allowances of the plants of the pl	Regulations section 53.4945 or in a current notice regarding disaster assistance	e (see instructions)?	?	N/A	5b	
because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 A At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). List all officers, directors, trustees, foundation managers and their compensation (see instructions). SEE STATEMENT 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 of the highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (e) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of the highest-paid employee benefit plans and defended compensation of the paid of	Organizations relying on a current notice regarding disaster assistance check h	ere		▶ [
If "Yes," attach the statement required by Regulations section 53 4945–5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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). (b) Tille, and average hours per week devoted to position 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) Tille, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter (d) Contributions to employee benefit plans and defined compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter (e) Expense account, other allowances of each employee paid more than \$50,000 (b) Tille, and average hours per week devoted to position (e) Compensation (e) Compensation (e) Compensation of the allowances of each employee paid more than \$50,000	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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) Tile, and average devoted to position (c) Compensation (d) Contributions to employee benefit plans and delered compensation (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 (b) Title, and average busines week devoted to position (c) Compensation (d) Contributions to employee benefit plans and delered compensation (e) Expense account, other allowances (e) Name and address of each employee paid more than \$50,000 (b) Title, and average busines week devoted to position (c) Compensation (d) Contributions to employee benefit plans and delered compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) Compensation (g) Expense account, other allowances	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es No		
on a personal benefit contract? Yes No 6b X	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Ves X No If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 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 devoted to position (fit not paid, enter -0-) 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 devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred 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 (e) Compensation plans and deferred compensation of the allowances of employee paid more than \$50,000 (c) Compensation (e) Compensation of the allowances of employee and deferred compensation of the allowances of the all	6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums			4	
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Tile, and average hours per week devoted to position (fi not paid, enter -Q-) SEE STATEMENT 2 (a) Name and address (b) Tile, and average hours per week devoted to position (fi not paid, enter -Q-) (c) Compensation (e) Expense account, other allowances (e) Expense account, other allowances (b) Tile, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (e) Expense account, o			Y	'es 🗶 No		_
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No	b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit cont	ract?		6b	<u> </u>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b 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 (fir not paid, enter -0-) SEE STATEMENT 2 (b) Title, and average hours per week devoted to position (fir not paid, enter -0-) (c) Compensation (fir not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (fir not paid, enter -0-) (e) Expense account, other allowances Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter "NONE." (e) Compensation (d) Contributions to employee paid more than \$50,000 (e) Title, and average hours per week devoted to position (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense account (e) Expens	If "Yes" to 6b, file Form 8870					
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). (b) Title, and average hours per week devoted to position (fin ot paid, enter -0-) SEE STATEMENT 2 (c) Compensation (fin ot paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (the allowances) (e) Expense account, other allowances (e) Expense account, other allowances (fin ot paid, enter -0-) (g) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (e) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances (e) Expense account, other	7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	'es 🗓 No		-
And Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fit not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (fit not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (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						Ì
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (c) Compensation (find paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (find paid, enter -0-) (a) Name and address of each employees (other than those included on line 1 – see instructions). If none, enter (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	Part VIII Information About Officers, Directors, Trustees, Fo	oundation Man	agers, Highly	Paid Employ	ees,	
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (finot paid, enter -0-) (finot						
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (f) for paid, enter -0-) (g) Expense account, other allowances (e) Expense account, other allowances (f) Title, and average hours per week devoted to position (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 (f) Expense account, other allowances (hours per week devoted to position)	1 List all officers, directors, trustees, foundation managers and their compen	sation (see instruc	tions).			
Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, 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 account, other allowances (e) Expense account, other allow			(c) Compensation		(a) Evno	nco account
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 other allowances	(a) Name and address					
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." (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		devoted to position	55. 0 7	compensation	<u> </u>	
"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 other allowances	SEE STATEMENT 2	1				
"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." (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		1				
"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		<u> </u>			├ ──	
"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." (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		<u> </u>			├	
"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		1				
"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		<u> </u>	<u> </u>		<u> </u>	
(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 other allowances	• • • • • • • • • • • • • • • • • • • •	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 employee benefit plans and deferred compensation (e) Expense account, other allowances	NONE.	1	1	(4) Contributions to	T	
devoted to position plans and delerred compensation oner allowances	(a) No and address of each ampleton paid mare than \$50,000		(a) Componention		(e) Exper	nse account,
	(a) Name and address of each employee paid more than \$50,000		(c) Compensation		other a	llowances
NONE		 		compensation	+	
	NONE	ŀ				
					+	
		}				
		 			+	
		}				
		 			+	
		}				
		 	 		 	
į likai į						
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000		L		<u> </u>	<u> </u>
Form 990-PF (2014)					orm 990	

DAA

orm	990-PF (2014) WAK	E ELECTRIC CARE, INC.	56-1938901	Page 7
Pai		ion About Officers, Directors, Trustees, I tractors (continued)	Foundation Managers, Highly Paid E	mployees,
3	Five highest-paid inde	ependent contractors for professional services (se	e instructions). If none, enter "NONE."	
	١ (٤	a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NO	NE			
_				
Total	number of others receiv	ving over \$50,000 for professional services		
		ary of Direct Charitable Activities		
		act charitable activities during the tax year Include relevant statistical in is served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1	CHARITABLE SERVICES	CONTRIBUTION TO NC DEPARTM	ENT OF SOCIAL	16, 600
2	CHARITABLE	CONTRIBUTIONS TO MILLBROOK	HIGH SCHOOL	16,600
3	CHARITABLE	CONTRIBUTIONS TO UNC CHAPE	L HILL	7,935
_				7,000
4	CHARITABLE	CONTRIBUTION TO NORTH CARO	LINA STATE UNIVERSITY	
	rt IX-B Summ	ary of Program-Related Investments (see	instructions)	6,750
		elated investments made by the foundation during the tax year on lines 1		Amount
	N/A			
2				
All o	ther program-related investmer	nts See instructions		
Total	. Add lines 1 through 3		>	

	990-PF (2014) WARE ELECTRIC CARE, INC. 50-1938901		Page 8
Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	1 fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes: `		•
а	Average monthly fair market value of securities	1a	277 400
þ	Average of monthly cash balances	1b	277,420
C	Fair market value of all other assets (see instructions)	1c	277 420
d	Total (add lines 1a, b, and c)	1d	277,420
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		^
2	Acquisition indebtedness applicable to line 1 assets	2	077 400
3	Subtract line 2 from line 1d	3	277,420
4	Cash deemed held for chantable activities Enter 1½% of line 3 (for greater amount, see		4 161
	instructions)	4	4,161
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	273,259
6	Minimum investment return. Enter 5% of line 5	6	13,663
Pá	Irt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ound	lations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	13,663
2 a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	10.660
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,663
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	13,663
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	13,663
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	*	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	147,150
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	147,150
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	147,150
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the founda	tion	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income (see instruct	ons)				
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Co	orpus	Years prior to 2013	2013	2014
	line 7					13,663
2	Undistributed income, if any, as of the end of 2014:					
а	Enter amount for 2013 only					
	Total for prior years: 20, 20, 20					
3	Excess distributions carryover, if any, to 2014:					
	From 2009 139,	118				
	From 2010 160,					
_	From 2011 132,				*	
	From 2012 125,					
	From 2013 131,					
	Total of lines 3a through e		689,888			
	Qualifying distributions for 2014 from Part XII,					
•	line 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
_	Applied to 2013, but not more than line 2a					
	Applied to undistributed income of prior years	 				
D						
_	(Election required – see instructions)			• ***		
С	Treated as distributions out of corpus (Election					
	required – see instructions)					13,663
	Applied to 2014 distributable amount		133 407			13,003
	Remaining amount distributed out of corpus	 	133,487		<u> </u>	
5	Excess distributions carryover applied to 2014					
	(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:	l l				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	<u> </u>	823,375			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b					
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					
	amount - see instructions	· · · · · · · · · · · · · · · · · · ·		<u>-</u> -		
е	Undistributed income for 2013 Subtract line					
	4a from line 2a. Taxable amount - see					
	instructions			<u> </u>		
f	Undistributed income for 2014. Subtract lines					
	4d and 5 from line 1 This amount must be					
	distributed in 2015					0
7	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					
	required—see instructions)					<u> </u>
8	Excess distributions carryover from 2009 not					
	applied on line 5 or line 7 (see instructions)		139,118			
9	Excess distributions carryover to 2015.					
	Subtract lines 7 and 8 from line 6a		684,257			
10	Analysis of line 9:					
а	Excess from 2010 160,	481				
b	Excess from 2011 132,	867				
C	Excess from 2012 125,	824				
d	Excess from 2013 131,	598				
e	Excess from 2014 133,					
						OOO DE

38	3 9	01	Page 10
\sim	,	~ _	raue IU

Pa	rt XIV Private Operating Fou	undations (see ins	structions and Par	t VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ting		
	foundation, and the ruling is effective for	2014, enter the date o	f the ruling	▶		
b	Check box to indicate whether the found	ation is a private opera	iting foundation descri	bed in section 49	4942(j)(3) or 4942	?(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4.5
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for					
	each year listed	!				
b	85% of line 2a					/
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				,	
d	Amounts included in line 2c not used directly	-			/	
	for active conduct of exempt activities					
е	Qualifying distributions made directly				-	
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the				_	
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed		. /		. <u> </u>	
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	, <i>'</i>				
	an exempt organization	, <i>'</i>				
	(4) Gross investment income art XV Supplementary Inform		Abia nama anticif	Aba farmalation b	-d 65 000 ov ove	
Pa	ort XV Supplementary Informal Supplementary Informal Supplementary Informal Supplementary Information (Information Supplementary Information Supplem	-		the foundation ha	ad \$5,000 or more	e in assets at
1	Information Regarding Foundation Ma		110113./		<u> </u>	
· a	List any managers of the foundation who	-	e than 2% of the total	contributions received	by the foundation	
_	before the close of any tax year (but only				•	
	N/A			(200 200 (2)(2)	,	
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporat	on (or an equally large	portion of the	
	ownership of a partnership or other entity		•			
	N/A		_			
2	Information Regarding Contribution,	- Grant, Gift, Loan, Sch	olarship, etc., Progra	ams:		
	Check here ► if the foundation only	y makes contributions	to preselected charitat	ole organizations and d	loes not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, gr	ants, etc (see instruct	ions) to individuals or o	organizations under	
	other conditions, complete items 2a, b, c					
а	The name, address, and telephone num	ber or e-mail address o	of the person to whom	applications should be	addressed.	
	FRED KELLER					
	P.O. BOX 1229 WAKE 1	_				
b	The form in which applications should be	submitted and inform	ation and materials thi	ey should include.		
	SEE STATEMENT 3					
С	Any submission deadlines.					
.,	SEE STATEMENT 4	auch oc by see '	anl areas short-bl. "			
d	Any restrictions or limitations on awards,	such as by geograph	cai areas, chantable ti	eius, Kii ius oi institutioi	ns, or other	
	factors SEE STATEMENT 5					
	AND ASSESSED OF			·		5. 000 PE 100 II

Page **11**

3 Grants and Contributions Paid During the	Year or Approved for F	Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 6				
				147,15
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	147,15
b Approved for future paymentN/A				
Total			▶ 3 <u>b</u>	
10(3)			- JU	

Page **12**

Part XVI-A	Analysis of Income-Producing Ac	ctivities				
Enter gross amo	ounts unless otherwise indicated.		d business income (b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program ser	vice revenue			code		(See instructions)
a						
		_		<u> </u>		
		_				
d		_				
	 					
f		_				
g Fees an	d contracts from government agencies	ļ	· · - · · · · · · · · · · · · · · · · · · ·			
•	dues and assessments			 		···
	savings and temporary cash investments			 		
	nd interest from securities			- 		
	come or (loss) from real estate:					
	anced property			+	·	
	t-financed property			+ +		
	come or (loss) from personal property			+		
7 Other invest				+ +		
•	s) from sales of assets other than inventory			++		
	or (loss) from special events			+ +	-:-	
•	or (loss) from sales of inventory			+		
	ue: a	-				
		-		1	-	
				1		
e		_				
	dd columns (b), (d), and (e)			0	0	C
	ine 12, columns (b), (d), and (e)				13	C
	in line 13 instructions to verify calculations)				<u>-</u>	
Part XVI-B	Relationship of Activities to the	Accomplishm	ent of Exempt f	Purposes		
Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt put					
N/A			· · · · · · · · · · · · · · · · · · ·	-		
			.			
_						
				-		
_						
						
						-
					-	

Form 990-PF (2	2014) WAKE ELEC	CTRIC C	CARE, INC	•	56-1938901		Page
Part XVII	_	_	ansfers To an	d Transactio	ns and Relationships V	Vith Noncharitable	
1 Did the o	'Exempt Organiza		e in any of the foll	owng with any	other organization described		Yes N
					ection 527, relating to political		1.55
organizat			(-,(-, 3	,,	,		
a Transfers	from the reporting found	lation to a no	ncharitable exemp	ot organization o	f:		
(1) Cash	1					18	2(1)
(2) Othe	r assets					18	3(2)
b Other tra							
= =	s of assets to a noncharit						$\frac{2}{2}$
` '	hases of assets from a no al of facilities, equipment,			on			o(2) 2 o(3) 2
, ,	al of racillaes, equipments		5613				0(4)
` '	s or loan guarantees	-					0(5)
• •	ormance of services or mo	embership oi	r fundraising solici	tations			o(6)
c Sharing	of facilities, equipment, m	ailıng lısts, o	ther assets, or par	d employees		<u> </u>	Ic Z
	•				mn (b) should always show the		
	-	_			the foundation received less the		
value in a	(b) Amount involved		of noncharitable exem		the goods, other assets, or se	rivices received s, transactions, and sharing arran	gements
N/A		(3, 3)					
	•					<u> </u>	
	<u> </u>						
							
							
		-					
		 		··· <u>-</u>			
2a Is the for	undation directly or indirec	ctly affiliated	with, or related to.	one or more ta	x-exempt organizations		
	d in section 501(c) of the	•			· •		Yes X
b If "Yes,"	complete the following so	hedule	_				
	(a) Name of organization		(b) Type of o	organization	(c) Des	cription of relationship	
<u> N/A</u>							
			·				
 							
Unde	r penalties of perjury, I declare the	nat I have exami	ned this return, including	g accompanying sch	nedules and statements, and to the best which preparer has any knowledge	of my knowledge and belief, it	s true,
Cone	ct, and complete Decialation of	preparer (other	man taxpayer) is basec		must proparer has any knowledge	May the IRS discuss	
Sign		\wedge		,	,	with the preparer shi (see instructions)?	Yes
Here	1 2 10m2	Vanou		1.	9/2/1/2	bes' (mixt	<u> </u>
PV-	Signature of officer or trustee	-wyu	m.	Date	Title	KEDIGEN F	
		—— U		T		Date	
Prii	nt/Type preparer's name			Preparer's signate	ai G		Checkself-emplor
	YAN A. ISGETT			KIR	1	AUG (4 2015	John British
Preparer Fin	m's name ► MCNA	IR, MCI	LEMORE, M	IDDLEBRO	OKS & CO, LLC		141928
Use Only			E BOX ONE				094351
	MACOL	N, GA	31202-00	01			746-62
						For	m 990-PF (2

6728018 Wake Electric Care, Inc. 56-1938901 FYE: 12/31/2014

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses

Charitable Purpose		0		Expenses	0	0	0	0	0	0	0
Adjusted Net	w.		rustees, Etc.	Benefits	0	0	0	0	0	0	0
	₩.	0	art VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Compensation	0	0	0	0	0	0	0
Net Investment	₩	w	ine 1 - List of O	Average Hours	00.0	00.0	00.00	00.0	00.0	00.0	00.00
Total	w	\$ 117	Statement 2 - Form 990-PF, Part VIII, Li	Title	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR
Description	RXDENGEG	EALENSES BANK CHARGES TOTAL	Statement	Name and Address	HUBERT L. GOOCH, JR. 414 WAIT AVENUE WAKE FOREST NC 27587	JAN HOPKINS 414 WAIT AVENUE ' WAKE FOREST NC 27587	CEDRIC JONES 414 WAIT AVENUE WAKE FOREST NC 27587	ROBERT LANIER 414 WAIT AVENUE WAKE FOREST NC 27587	MICHELLE MCGHEE 414 WAIT AVENUE WAKE FOREST NC 27587	FRANCES MCIVER 414 WAIT AVENUE WAKE FOREST NC 27587	MOLLY BOSTIC

ပ္ပ
=
are,
Sare
O
.은
ਰੋ
<u>a</u>
ш
<u>8</u>
/ak
>
ω
318
ğ
72
(0

56-1938901 FYE: 12/31/2014

Federal Statements

Statement 2 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

414 WAIT AVENUE WAKE FOREST NC 27587 FRANK PEARCE	Title	Hours 0.00	Compensation	Benefits	Expenses
	DIRECTOR	00.0	0	0	

56-1938901

FYE: 12/31/2014

Federal Statements

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.

Federal Statements

56-1938901 FYE: 12/31/2014

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

Name		Address		
Address	Relationship	Status	Purpose	Amount
SECU	ANON	ST.TATIO	ALL NITMWOO	3.160
NC DEPARTMENT OF SOCIAL SERVICES	INCINE ES			9
	NONE	PUBLIC	COMMUNITY	16,600
WAKE COUNTY SMART START]	NONE	EDUCATIONAL	EDUCATIONAL	1,500
CORINTH VOLUNTEER FIRE DEPT.				
	NONE	PUBLIC	COMMUNITY	2,500
SHEFAKD YOUTH KANCH	NONE	PUBLIC	COMMUNITY	1,300
SPECIAL OLYMPICS NORTH CAROLINA	4			
NONE FRIENDS OF FRANKLIN CO. CANCER CENT	NONE	PUBLIC	COMMUNITY	1,950
. (NONE	PUBLIC	COMMUNITY	1,500
BRIDGES OF HOPE OUTREACH MINISTRY NON	l'K'Y NONE	EDUCATIONAL	EDUCATIONAL	1,500
CARE AND SHARE OF FRANKLIN COUNTY	YTY			
[INT HORRESTS OTHER	NONE	PUBLIC	COMMUNITY	1,000
	NONE	PUBLIC	COMMUNITY	1,000
HOSPICE OF WAKE COUNTY				,
NON MAKE A WISH OF EASTERN N CAROLINA	NONE INA	PUBLIC	COMMUNITY	1,500
	NONE	PUBLIC	COMMUNITY	1,000
PREVENT BLINDNESS N CAROLINA	NONE	PUBLIC	COMMUNITY	415
A BLESSING INC.	ļ	; ; ;		
UNC-CHARLOTTE	NONE	PUBLIC	COMMUNITY	
TION ACTIVITIES OF ALL	NONE	PUBLIC	COMMUNITY	1,250
	NONE	EDUCATIONAL	EDUCATIONAL	2,500
NC SIAIB UNIVERSIII	NONE	EDUCATIONAL	EDUCATIONAL	6,750

56-1938901 FYE: 12/31/2014

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
I . T	NONE	EDUCATIONAL	EDUCATIONAL		3,750
UNC- PEMBROKE	NONE	EDUCATIONAL	EDUCATIONAL		1,250
EASTERN CAROLINA UNIVERSITY	NONE	EDUCATIONAL	EDUCATIONAL		1,250
NCAEC	NONE	PUBLIC	COMMUNITY		6,200
ONC CHAFEL HILL AITOR AVOCOW DO CHAMBE	NONE	EDUCATIONAL	EDUCATIONAL		7,000
ALICE AICOCK FOE CENIER	NONE	PUBLIC	COMMUNITY		750
ACLISM SOCIELL OF INC	NONE	PUBLIC	COMMUNITY		1,000
	NONE	PUBLIC	COMMUNITY		1,400
יט ר	NONE	PUBLIC	COMMUNITY		1,000
SEBI B JONES PERFORMING AKIS	NONE	PUBLIC	COMMUNITY		2,015
KI VEK	NONE	EDUCATION	EDUCATION		2,538
GRANVILLE CO. EXT VOLUNTEER ASSOC.	SSOC. NONE	PUBLIC	COMMUNITY		1,000
LEAGUE OF	AKEA NONE	PUBLIC	COMMUNITY		1,080
KIVEKWOOD ELEMENIAKI SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		3,000
SMITHFIELD MIDDLE SCHOOL FAST WAKE ACADEMY	NONE	EDUCATIONAL	EDUCATIONAL		1,792
	NONE	EDUCATIONAL	EDUCATIONAL		5,626

6728018 Wake Electric Care, Inc. 56-1938901 FYE: 12/31/2014

Federal Statements

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

Name		Address			
Address	Relationship	Status		Purpose	Amount
PANTHER CREEK HIGH SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		2,933
POE MAGNET	NONE	PUBLIC	COMMUNITY		2,225
DAVIS DRIVE MIDDLE SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		3,000
LINCOLN HEIGHTS ELEMENTARY	NONE	EDUCATIONAL	EDUCATIONAL		2,970
NORTH JOHNSTON HIGH	NONE	EDUCATIONAL	EDUCATIONAL		006
MIII DECOM HIGH	NONE	EDUCATIONAL	EDUCATIONAL		1,524
MILLEBROOK AIGH SCAOOL	NONE	EDUCATIONAL	EDUCATIONAL		7,935
PLEASANI UNION ELEMENIAKI	NONE	PUBLIC	COMMUNITY		518
CG CREDLE ELEMENTARY	NONE	PUBLIC	COMMUNITY		3,000
PRINCETION HIGH SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		2,557
CORINTH HOLDERS HIGH SCHOOL	NONE	PUBLIC	COMMUNITY		2,226
	NONE	EDUCATIONAL	EDUCATIONAL		3,000
	NONE	EDUCATIONAL	EDUCATIONAL		3,000
	NONE	EDUCATIONAL	EDUCATIONAL		2,679
WENDELL MIDDLE SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		1,926
METICE CHARD SCHOOL	NONE	EDUCATIONAL	COMMUNITY		950
NEUSE CHARIER SCHOOL	NONE	EDUCATIONAL	EDUCATIONAL		3,000

56-1938901 FYE: 12/31/2014

Federal Statements

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

Name		Address	i	
Address	Relationship	Status	Purpose	Amount
ROLESVILLE MIDDLE	HOM	IANOTHADIO	IVACTERATIONAL	000 к
STOUGH ELEMENTARY	NONE	TWOOT TOOMS		
	NONE	EDUCATIONAL	EDUCATIONAL	3,000
MOORE SQ. MUSEUMS MIDDLE SCHOOL	JC			
	NONE	EDUCATIONAL	EDUCATIONAL	2,842
WAKE FOREST-ROLESVILLE HIGH				
	NONE	EDUCATIONAL	EDUCATIONAL	2,992
KNIGHTDALE ELEMENTARY				
	NONE	EDUCATIONAL	EDUCATIONAL	1,100
SMITHFIELD-SELMA HIGH SCHOOL				
	NONE	EDUCATIONAL	EDUCATIONAL	3,000
DILLARD DRIVE MIDDLE SCHOOL				
	NONE	EDUCATIONAL	EDUCATIONAL	797
TOTAL				147,150