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# Form **990-PF**

# EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Informat

For calendar year 2014 or tax year beginning ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of. and ending

			foundation		, une one u	A Employer identification	n number
	C)	TM (7)	MED DECO ECUNDANTON			56-653400	Ω
			MER REST FOUNDATION  nd street (or P 0 box number if mail is not delivered to street	t addrage)	Room/suite	<del></del>	<u> </u>
			BOX 1330	r address)	Tioon value	B Telephone number (910) 256	-0936
		_	own, state or province, country, and ZIP or foreign p	octal code		C If exemption application is	
				3480-1330		o it exemption application is	pending, check nere
			all that apply: Initial return	<del></del>	ormer public charity	D 1. Foreign organization	as check here
	u o	IGUN	Final return	Amended return	and public diant,	D 111 of org. organization	.0, 01100111010
			Address change	Name change		<ol><li>Foreign organizations makes the check here and attach or</li></ol>	neeting the 85% test,
	H C	heck	type of organization: X Section 501(c)(3) ex		· - · - · · · · · · · · · · · · · · · ·	<del></del>	
			ction 4947(a)(1) nonexempt charitable trust		ation	E If private foundation st under section 507(b)(	
	I Fa		irket value of all assets at end of year   J   Accounting		Accrual	F If the foundation is in a	
				Ither (specify)		under section 507(b)(	
	<b>•</b>		7,713,561. (Part I, colu	umn (d) must be on cash l	basis)	.	Λ-η
	<u> </u>	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) )	expenses per books	ıncome	income	for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received	268,466.		N/A	
			Check fithe foundation is not required to attach Sch. 8				
		3	Interest on savings and temporary cash investments	4,025.	4,021	•	STATEMENT 1
	Í	4	Dividends and interest from securities	83,551.	79,966	•	STATEMENT 2
		5a	Gross rents				
		b	Net rental income or (loss)				
	a	6a	Net gain or (loss) from sale of assets not on line 10	694,997.			
	n i	b	Gross sales price for all assets on line 6a 1,782,857.		604 005	<del></del>	
	Revenue	7	Capital gain net income (from Part IV, line 2)		694,997	·	<u> </u>
	۳۱	8	Net short-term capital gain				<del> </del>
		9	Income modifications Gross sales less returns RECEIVED	†		<del>-</del>	<del></del>
			and anowances				ļ
			Less Cost of goods sold	8	<u> </u>	<del></del>	ļ
			Gross profit ( NOV 2 0 2015	$\frac{0}{0}$ $-3,524$ .	-3,524	- <del>  </del>	STATEMENT 3
			Other miconia	-3,524. $24$ 1,047,515.	775,460		SIALEMENT J
	_	12	Total. Add lines 1-through 11  Compensation of officers directors trusted, etc.	= 1,047,313.	773,400		0.
		13 14	Other employee salaries and wages	<u> </u>		<del></del>	<del></del>
			Pension plans, employee benefits	<del></del>	<del></del>	<del></del>	<del>                                     </del>
	es		Legal fees			<del></del>	<del> </del>
	xpenses		Accounting fees STMT 4	2,900.	1,450		1,450.
			Other professional fees			<del></del>	
	e E		Interest	4,188.	4,188		0.
	atıv		Taxes STMT 5	5,971.	2,529		0.
1	istr	19	Depreciation and depletion				
	녍		Occupancy				
	Ad	21	Travel, conferences, and meetings				
	and Administrative	22	Printing and publications				
1	19 8	23	Other expenses STMT 6	83,917.	72,162		2.
3	atir	24	Total operating and administrative				
はいるころの	Operating		expenses. Add lines 13 through 23	96,976.	80,329	·	1,452. 374,967.
1	0	25	Contributions, gifts, grants paid	374,967.			374,967.
Š		26	Total expenses and disbursements.				
ē			Add lines 24 and 25	471,943.	80,329	·	376,419.
3	]	27	Subtract line 26 from line 12:				
J			Excess of revenue over expenses and disbursements	575,572.	605 434	<del></del>	<del> </del>
			Net investment income (if negative, enter -0-)		695,131	N/A	<del></del>
		•	Adjusted net income (4 pageture, enter -0-)	1	ì	ı N/A	i i

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

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4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6,855,131.

6,774,573. Form **990-PF** (2014)

80,558.

4

SEE STATEMENT 7

SUMMER REST FOUNDATION

Part IV Capital Gains and	Losses for Tax on In	vestment	Income					
	e kınd(s) of property sold (e.g. se; or common stock, 200 shs			ΙΡ	fow acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo , day, yr.)
1a	13 m 13 (7) 3 m			ļ				
	ATEMENT			<del> </del>				
<u>c</u>								
<u>d</u>				-				<del></del>
e (e) Gross sales price	(f) Depreciation allowed (or allowable)	107	t or other basis xpense of sale				ain or (loss s (f) minus	
a			·		<del>.</del>			
b								
c				一				
d	<del></del>							
e 1,782,857.			1,087,86	0.	<u> </u>			694,997.
Complete only for assets showing gair	ın column (h) and owned by	the foundation	on 12/31/69		(1	) Gains (C	Col. (h) gain	
(ı) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col	(k), but	not less tha (from col (	n -0-) or
a								
b	· . · · · · · · · · · · · · · · · · · ·							
<u>c</u>								
_d						_	_	504
е		ļ <u> </u>						694,997.
2 Capital gain net income or (net capital le	oss) $\begin{cases} \text{if gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	n Part I, line i - in Part I, line	7 7	}	2			694,997.
3 Net short-term capital gain or (loss) as	defined in sections 1222(5) an	nd (6):		\				
If gain, also enter in Part I, line 8, colum	ın (c).			1			/-	
If (loss), enter -0- in Part I, line 8	" Cootion 4040/o) for	Daduard	Toy on Not		3		N/A	
	r Section 4940(e) for					onie		
(For optional use by domestic private foun-	dations subject to the section 4	194U(а) tax оп	net investment ir	ncome	:.)			
If section 4940(d)(2) applies, leave this pai	t blank.							
Man the foundation bolds for the posture of	340 tour on the distributoble and	ount of any up	or in the been no	d0				Yes X No
Was the foundation liable for the section 4				riouz				Yes LA NO
If "Yes," the foundation does not qualify un  1 Enter the appropriate amount in each of				ntries				<del></del>
(a)		13tt dettolla bel	ore making any e					(d)
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar	ritable-use assets		Distrit	(d) Oution ratio Vided by col. (c))
2013	_	0,622.		7	,042,972	_	(00% (0) 0%	.051203
2012		1,499.			,572,675			.045872
2012		$\frac{1}{3},703.$			,836,055			.044427
2010		7,682.			,465,617			.050681
2009		1,783.			,583,524			.054049
	<u></u>				<del> </del>			
2 Total of line 1, column (d)						2	i	.246232
3 Average distribution ratio for the 5-year	base period - divide the total (	on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existence if		•	-	_		3	1	.049246
	·							<del>-</del>
4 Enter the net value of noncharitable-use	assets for 2014 from Part X,	line 5				4		7,457,060.
								<del>- ` ` ` `</del> · · · · · · · · · · · · · · ·
5 Multiply line 4 by line 3						5		367,230.
6 Enter 1% of net investment income (1%	of Part I, line 27b)					6	]	6,951.
	• ,						1	
7 Add lines 5 and 6						7	[	374,181.
8 Enter qualifying distributions from Part	XII, line 4					8		376,419.
If line 8 is equal to or greater than line 7	, check the box in Part VI, line	1b, and comp	lete that part usin	ng a 19	% tax rate.			

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ir	nstru	ctio	ns)
1a l	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 I	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	1			6,9	<u>51.</u>
(	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-)	2				0.
	Add lines 1 and 2	3			6,9	51.
4 :	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			6,9	51.
6 (	Credits/Payments:					
a i	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,480		1			
	Exempt foreign organizations - tax withheld at source 6b	1	-			
	Tax paid with application for extension of time to file (Form 8868)  6c 5,000	.1				
	Backup withholding erroneously withheld 6d	1				
	Total credits and payments. Add lines 6a through 6d	7		-	6.4	80.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  SEE STATEMENT 9	9			4	71.
_	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	1			
	t VII-A Statements Regarding Activities	.1	<del></del>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in		Т	Yes	No
	any political campaign?		j	1a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definitio	1)?		1b		Х
	If the answer is "Yes" to <sub>1a</sub> or <sub>1b</sub> , attach a detailed description of the activities and copies of any materials publisl					
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			1c	~-	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			-"		<del></del>
	(1) On the foundation. $\triangleright$ \$ 0 • (2) On foundation managers. $\triangleright$ \$ 0					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$ 0.					[
	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 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	OI.		3		X.
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	<u> </u>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N.	I/A	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1,	1/ 12	5		X
				-		<u> </u>
	If "Yes," attach the statement required by General Instruction T					
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or	ia laur				,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the second of the	le law		_	Х	
	remain in the governing instrument?	.,		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X	V		7	Λ	<del> </del>
_	The state of the few datas are stated which the regulated (see patrictions)					
вa	Enter the states to which the foundation reports or with which it is registered (see instructions)		<del></del>			
	NC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
				٥,	Х	
	of each state as required by General Instruction G? If "No," attach explanation	ondo-		8b		<del> </del>
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	enuar				- V
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," 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	DE	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

b 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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Х

3b

4a

Yes X No

N/A

during the year?

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Part VII-B   Statements Regarding Activities for Which	n Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sec	` ''		es X No	- }	1
(2) Influence the outcome of any specific public election (see section 4955)	); or to carry on, directly or indir				İ
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organiza	tion described in section				
4945(d)(4)(A)? (see instructions)		<del>-</del>	es X No	Ì	
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or		[77]		
the prevention of cruelty to children or animals?			es X No	ļ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		ın Regulations	37.43		
section 53.4945 or in a current notice regarding disaster assistance (see ins	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance chec					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				1	1
expenditure responsibility for the grant?	Ŋ	1/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 4	945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on			l	
a personal benefit contract?		Y	es 🗓 No	ĺ	ĺ
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Y	es 🗶 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income attr			N/A	7b	
Part VIII Information About Officers, Directors, Tru	stees, Foundation Ma	anagers, Highl	y		
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and the		1		·	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	to position	enter -0-)	and deterred compensation	allo	wances
SUE M. TURNER	TRUSTEE		İ		
15 SUMMER REST ROAD					
VILMINGTON, NC 28405	0.50	0.	0.		0.
JAY G. LOFTIN, JR.	TRUSTEE				
L610 BUSH STREET				ļ	
RALEIGH, NC 27609	0.50	0.	0.		0.
		Ì		ł	
			1		
2 Compensation of five highest-paid employees (other than those		, 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	(e)	Expense unt, other wances
(a) Mairie and address of each employee paid more mail \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances
NONE					
	7				
			ĺ		
	<b>「</b>				
	<del></del>	<del>                                     </del>			
<u> </u>	7			1	
Total number of other employees paid over \$50,000		<u> </u>	<u> </u>		Ō
Arms at ames anti-character and declare.					<u>`</u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highline Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	vice (c) Compensa	ition
NONE		
	i	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
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	
27.72		
1 N/A	<b>—</b> ⊣	
	<del></del>	
	<del></del>	
2	<del></del>	
<u> </u>	—— <del>———————————————————————————————————</del>	—
3		
	——	
		—
4	<del></del>	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
	Amount	
1 N/A	<del></del>	
	<del></del>	
2	<del></del>	
	——	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.
Total. Aud lines i dillough o	Form <b>990-PF</b> (2)	
	10/111 000 11 (2)	J 17/

	ER REST FOUNDATION	N		<del></del>	56~	6534008	Page 8
Part X Minimum Invest	ment Return (All domestic four	ndations mus	st complete this	part Foreign fou	ndations, s	ee instructions )	
Fair market value of assets not use	ed (or held for use) directly in carrying o	out charitable, e	etc., purposes.				_
a Average monthly fair market value	of securities				1a	6,617	,585.
b Average of monthly cash balances					1b	497	,018.
c Fair market value of all other asset	s				1c	456	,016.
d Total (add lines 1a, b, and c)					1d	7,570	,619.
e Reduction claimed for blockage or	other factors reported on lines 1a and						
1c (attach detailed explanation)		] 1	e	0.	]		
2 Acquisition indebtedness applicab	le to line 1 assets	<u></u> .			2		0.
3 Subtract line 2 from line 1d					3	7,570	,619.
4 Cash deemed held for charitable a	ctivities. Enter 1 1/2% of line 3 (for grea	ater amount, se	e instructions)		4	113	,559.
	ssets. Subtract line 4 from line 3. Enter				5	7,457	,060.
6 Minimum investment return. Ente	er 5% of line 5				6	372	,853.
Part XI Distributable An foreign organizations ch	nount (see instructions) (Section 4		(j)(5) private opera	ating foundations ar	nd certain		
1 Minimum investment return from		· · · · · ·	<del></del> -		1 1	372	,853.
2a Tax on investment income for 201		1 2	a Í	6,951.	<del>                                     </del>		, , , , , ,
b Income tax for 2014 (This does no	-	2			1 [		
c Add lines 2a and 2b	5		<del>- 1</del>		2c	6	.951.
	tments. Subtract line 2c from line 1				3	365	,951. ,902.
4 Recoveries of amounts treated as					4		0.
5 Add lines 3 and 4	<b>, , , , , , , , , , , , , , , , , , , </b>				5	365	,902.
6 Deduction from distributable amou	unt (see instructions)				6	<del></del>	0.
	. Subtract line 6 from line 5. Enter here a	and on Part XII	I. line 1		7	365	,902.
Part YII	butions (see instructions)		- <del>,</del>		<del></del>		<u>,                                    </u>
1 Amounts paid (including administr	rative expenses) to accomplish charitab	ole, etc., purpos	es:				
a Expenses, contributions, gifts, etc.	total from Part I, column (d), line 26				1a	376	,419. 0.
b Program-related investments - total	al from Part IX-B				1b		0.
2 Amounts paid to acquire assets us	sed (or held for use) directly in carrying	out charitable,	etc., purposes		2		
3 Amounts set aside for specific cha	ritable projects that satisfy the:						
a Suitability test (prior IRS approval	required)				3a		
b Cash distribution test (attach the r	equired schedule)				3b		
4 Qualifying distributions. Add lines	s 1a through 3b. Enter here and on Part	t V, line 8, and l	Part XIII, line 4		4	376	,419.
5 Foundations that qualify under sec	ction 4940(e) for the reduced rate of tax	c on net investm	nent				
income. Enter 1% of Part I, line 27	Ъ				5	6	,951. ,468.
6 Adjusted qualifying distributions.	. Subtract line 5 from line 4				6	369	,468.
	e used in Part V, column (b), in subsequ	uent years whe	n calculating whet	ther the foundation	qualifies for	the section	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				365,902.
2 Undistributed income, if any, as of the end of 2014			0	
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 b From 2010 24,841.				
c From 2011				
d From 2012				
e From 2013 11,355.				
f Total of lines 3a through e	43,411.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ▶\$ 376,419.				
a Applied to 2013, but not more than line 2a		<del></del>	0.	
<b>b</b> Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U.			365,902.
d Applied to 2014 distributable amount e Remaining amount distributed out of corpus	10,517.			303,302.
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u>.</u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	53,928.			
<b>b</b> Prior years' undistributed income. Subtract		•		
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2009	24 041			
not applied on line 5 or line 7	24,841.			
9 Excess distributions carryover to 2015.	29,087.			
Subtract lines 7 and 8 from line 6a	25,007.		<u> </u>	
10 Analysis of line 9.  a Excess from 2010 7, 215.				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 11,355.				
e Excess from 2014 10,517.				
423581			<del></del>	Form <b>990-PF</b> (2014)

	REST FOUNDA			_ 56-65	34008 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described in	n section	4942(J)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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>b</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.	ļ				
Subtract line 2d from line 2c  Complete 3a, b, or c for the alternative test relied upon:  a "Assets" alternative test - enter:  (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 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	<u> </u>	L			
Part XV Supplementary Info at any time during t			if the foundation	n had \$5,000 or mo	ore in assets
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the clos	se of any tax
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribut Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable (	organizations and does i		
a The name, address, and telephone num	<del></del>			— <del>. — — —</del>	
b The form in which applications should b	oe submitted and informa	tion and materials they st	iould include:		
c Any submission deadlines:				<del>-</del>	
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors	

SUMMER REST FOUNDATION 56-6534008 Page 11 Form 990-PF (2014) Part XV Supplementary Information (continued) 3 Grahts and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year GENERAL SUPPORT ANGEL MINISTRIES NONE ÞС 6339 GLENWOOD AVENUE, SUITE 433 10,000. RALEIGH, NC 27612 BAND TOGETHER NC NONE ÞС GENERAL SUPPORT PO BOX 6445 RALEIGH, NC 27628 7,500. NONE ÞС GENERAL SUPPORT BOYS AND GIRLS CLUBS 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610 75,000. NONE ÞС GENERAL SUPPORT CAMP OAK HILL 1528 OAK HILL ROAD OXFORD, NC 27565 50,000. NONE РC SCHOLARSHIP EAST CAROLINA UNIVERSITY EAST FIFTH STREET 4,800. GREENVILLE, NC 27858-4353 SEE CONTINUATION SHEET(S) 374,967. Total ➤ 3a **b** Approved for future payment NONE

**▶** 3b

Total

Form 990-PF (2014)

Part XVI-A	Analysis	of Income-Producing	Activities
I UI	Ailuiyolo	or moonie i roadomig	, , , , , , , , , , , , , , , , , , , ,

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	000		1		
a	<u> </u>		1		
b	<u> </u>		╁─┤		
c	<u> </u>		+	<del></del>	
<del></del>					
e	<u> </u>				
- Con and applicate from appearant appropri	<del></del>		$\vdash$		<u> </u>
g Fees and contracts from government agencies 2 Membership dues and assessments	<u> </u>		<u> </u>		
	<del> </del>	<del></del>			<del></del>
3 Interest on savings and temporary cash	ļ		14	4 025	
investments 4 Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·	$\frac{1}{14}$	4,025. 83,551.	
5 Net rental income or (loss) from real estate:			1 1		<del></del>
a Debt-financed property	<del></del>		<del></del>		
		<del></del>			<del></del>
b Not debt-financed property	ļ		$\vdash$		
6 Net rental income or (loss) from personal	Ì		1 1		
property  7. Other reportment income			14	-3,524.	
7 Other investment income			1 - 1	3,324.	
8 Gain or (loss) from sales of assets other	ļ		18	694,997.	
than inventory			1 - 9	0,4,5,7,7	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			$\vdash$		
11 Other revenue:			,		
a b	<del></del>		$\vdash$		
			-		
c		·			
<del></del>			<del> </del>	·	
e		0.	<del>                                     </del>	779,049.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)	L			13	779,049.
(See worksheet in line 13 instructions to verify calculations.)				13	115,045.
		<del> </del>			
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	xemp	t Purposes	
Line No. Explain below how each activity for which incom	ne is renorted	in column (e) of Part XVI-4	Contrib	uted importantly to the accom	nlichment of
the foundation's exempt purposes (other than t			COILLIE	rated importantly to the accom	phoninent of
with the state of	, , , , ,				<del></del>
					<u>.–</u>
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Form 990-PF (2014)

Part XVII	_i Information Re Exempt Organ		siers io a	iliu Italisac	alons a	ilu neialionsi	mps with None	maritable	
1 Did the o	organization directly or indi		f the followin	g with any other	organization	described in section	on 501(c) of	Y	es No
	(other than section 501(c								_
a Transfers	s from the reporting found	ation to a noncharitab	le exempt or	ganization of:					
(1) Casl	h							1a(1)	X
(2) Othe	er assets							1a(2)	X
<b>b</b> Other tra	insactions;								
(1) Sale	s of assets to a noncharita	ible exempt organizati	on					1b(1)	X
(2) Puro	chases of assets from a no	ncharitable exempt or	rganization					1b(2)	X
(3) Ren	tal of facilities, equipment,	or other assets						1b(3)	X
	nbursement arrangements							1b(4)	X
(5) Loai	ns or loan guarantees							1b(5)	X
(6) Perf	formance of services or me	embership or fundrais	ıng solicitatio	ns				1b(6)	X
c Sharing	of facilities, equipment, ma	ıılıng lısts, other asset	s, or paid em	ployees				1c	X
d If the ans	swer to any of the above is	"Yes," complete the fo	ollowing sche	dule. Column (b)	should alw	ays show the fair m	arket value of the goo	ds, other assets	s,
or servic	es given by the reporting f	oundation. If the foun	dation receivi	ed less than fair n	narket value	ın any transactıon	or sharing arrangeme	nt, show in	
column	(d) the value of the goods,	other assets, or servi	ces received.						
(a)Line no	(b) Amount involved	(c) Name of		e exempt organiza	ition	(d) Description	of transfers, transactions,	and sharing arran	gements
			N/A						
							·····		
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						<u> </u>	<del></del>		
	undation directly or indirec	•			npt organiz	ations described			<b>v</b> .
	n 501(c) of the Code (othe		(3)) or in sect	110N 52/7				L Yes	X No
b it "Yes," (	complete the following sch (a) Name of org			(b) Type of org	anization		(c) Description of relat	ionehin	
	N/A			(b) Type or org	amzadon	'	(c) Description of relat		
	N/A_					-			
	<del></del>								
			- <del>-</del>		<del></del>			<del></del>	
			-	<del>                                     </del>	·		· · · · · · · · · · · · · · · · · · ·	·	
Unde	er penalties of perjury, I declare	that I have examined this	return, includir	ng accompanying sc	hedules and s	statements, and to the	best of my knowledge		
Sign and	belief, it is true, correct, and co	mplete Declaration of pre	parer (other tha	n taxpayer) is based	on all informa	ation of which preparer	has any knowledge	May the IRS disc return with the p	reparer
Here	The last	ua Sula	<i>a.</i>	+u lu	15	TRUSTE	E.	shown below (se	No
Sid	nature of officer or trustee		<i>w</i>	Date	+	Title		Les les	
	Print/Type preparer's n		Preparer's s	ignature		Date	Check If P	TIN	
	CAROLINE P	ABBOTT.	1		11-	i	self- employed		
Paid	CPA	,	( LUG	UUSHIH	UU !	11/09/15	1 1	P000392	86
Preparer		MAS, JUDY	& TUC	KER P.	Ā.		Firm's EIN ▶ 56		
Use Only		,							
,	Firm's address ▶ 47	00 FALLS	OF NEU	SE ROAD	SUIT	E 400			
	RA	LEIGH. NC	27609				Phone no. 919-	-571-70	55

# SUMMER REST FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the				T
• Recipient	If recipient is an individual,	Faundation	Dunant of south	<del>                                     </del>
	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		
FELLOWSHIP OF CHRISTIAN ATHLETES	NONE	₽C	GENERAL SUPPORT	
6511 CREEDMOOR ROAD, SUITE 206				
RALEIGH, NC 27613				15,000
FORK UNION MILITARY ACADEMY	NONE	PC	SCHOLARSHIP	i
4744 JAMES MADISON HIGHWAY				
FORK UNION, VA 23055				42,200
VERY VANOVED DECLOSAL MEDICAL GENGED	NONE	PUBLIC	UPAT MUCA DE	
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION	NONE	POBLIC	HEALTHCARE	
2131 S. 17TH STREET				
WILMINGTON, NC 28401				16,667
SPORTWORKS MINISTRY INC	NONE	PC	GENERAL SUPPORT	
P. O. BOX 8031	HONE		SHARKAD SOFFORT	
GREENVILLE, NC 27835		1		1,000
THE SHEPHERD FOUNDATION	NONE	PC	GENERAL SUPPORT	
PO BOX 50 KENSINGTON, MD 20895				5,000
REMAINSTRATE, INS. 20035				7,000
WAKE FOREST ATHLETICS DEACON CLUB	NONE	PC PC	SCHOLARSHIP	
499 DEACON BOULEVARD				5 600
WINSTON-SALEM, NC 27105	<del></del>	<del>                                     </del>	<del></del>	5,600
		)		
WAKE FOREST UNIVERSITY	NONE	₽C	SCHOLARSHIP	
499 DEACON BOULEVARD				20.000
WINSTON-SALEM, NC 27105	<del></del>			30,000
		ľ		İ
WAKEMED FOUNDATION	NONE	₽C	GENERAL SUPPORT	
3000 NEW BERN AVE, P. O. BOX 14465				
RALEIGH, NC 27610	<del></del>	<del>                                     </del>		10,000
HOPE ELEMENTARY CHARTER SCHOOL	NONE	PC	GENERAL SUPPORT	
1116 N. BLOUNT STREET				
RALEIGH, NC 27604		<del> </del>		25,000
PORT CITY COMMUNITY CHURCH	NONE	PC	GENERAL SUPPORT	
250 VISION DRIVE				
WILMINGTON, NC 28403		<u> </u>		50,000.
Total from continuation sheets				227,667.

3 Grants and Contributions Paid During the You	ear (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
NOMEN'S GIVING NETWORK OF WAKE COUNTY	NONE	PC	GENERAL SUPPORT	
ALEIGH, NC 27609				1,20
RIGHTSVILLE UNITED METHODIST CHURCH LIVE OAK DRIVE RIGHTSVILLE BEACH, NC 28480	NONE	PC	GENERAL SUPPORT	25,00
SAFECHILD 864 W. MORGAN STREET	NONE	PC	GENERAL SUPPORT	
ALEIGH, NC 27603		<del> </del>	<del> </del>	1,00
				,
	ļ			
		<del> </del>		
		1		
		1		

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990 .

OMB No. 1545-0047

Employer identification number Name of the organization SUMMER REST FOUNDATION 56-6534008 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-F7 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (II) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

# SUMMER REST FOUNDATION

56-6534008

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SUE TURNER 415 SUMMER REST ROAD WILMINGTON, NC 28405	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TODD TURNER  2 SHORE DRIVE  WILMINGTON, NC 28480	\$130,416.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TISHA TURNER  323 W. JONES STREET, SUITE 1275  RALEIGH, NC 27603	s108,680.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0	5.14	Schedule B /Farm	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

## SUMMER REST FOUNDATION

56-6534008

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	500 SH JP MORGAN CHASE & CO		
1		s29,370.	10/24/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	7,800 SH BANK OF AMERICA CORP		
2		\$\$	10/24/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	6,500 SH BANK OF AMERICA CORP		
3			
		\$ 108,680.	10/24/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 11-0		\$	90, 990-EZ, or 990-PF) (

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVINO	S AND T	'EMPOR <i>I</i>	ARY CA	SH :	INVESTMENT	S S	PATEMENT	1
SOURCE			(A) VENUE NET BOOKS			(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
INTEREST INCOME FRO PARTNERSHIPS MERRILL LYNCH	М		2,15 1,87			2,146. 1,875.			
TOTAL TO PART I, LI	NE 3		4,02	25. =======		4,021.			···
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM	SEC	URITIES	S	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	IS	( A REVE PER E	ENUE			(C) ADJUSTE NET INCO	
DIVIDEND INCOME FROM PARTNERSHIPS MERRILL LYNCH	1,601. 176,935.	94,	0. 985.		,60 ,95		601. 365.		
TO PART I, LINE 4	178,536.	94,	985.	83	3,55	1. 79,	966.		
FORM 990-PF		OTHER	RINCOL	ME				ТАТЕМЕИТ	3
DESCRIPTION			REV	(A) VENUE BOOKS	5	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM	
OCH-ZIFF CAPITAL MANAGEMENT GROUP LLC THE CARLYLE GROUP LP CRESTWOOD EAUITY PARTNERS LP CRESTWOOD MIDSTREAM PARTNERS LP ENERGY TRANSFER PARTNERS LP DCP MIDSTREAM PARTNERS LP THE BLACKSTONE GROUP LP				-1,0 -3 -1 -1,1	110. 023. 313. 126.	-1,0 -3 -1 -1,1	10. 23. 13. 26.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		-3,5	524.	-3,5	24.		
							_		

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	2,900.	1,450.		1,450.	
TO FORM 990-PF, PG 1, LN 16B	2,900.	1,450.		1,450.	
FORM 990-PF	TAX	ES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAX FEDERAL TAXES	2,529. 3,442.	2,529.		0.	
TO FORM 990-PF, PG 1, LN 18	5,971.	2,529.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE MISCELLANEOUS ADVISORY FEES	6,595. 10,978. 66,342.	5,820.		0. 0. 0.	
CHARITABLE CONTRIBUTIONS FROM PARTNERSHIPS	2.	0.		2.	
TO FORM 990-PF, PG 1, LN 23	83,917.	72,162.		2.	

FORM 990-PF OTHER DECREASE	ES IN NET ASSETS OR F	UND BALANCES	STATEMENT
DESCRIPTION			AMOUNT
BK/TAX ADJ FOR DIFF BETWEEN I	FMV & COST OF CONTRIE	BUTED STOCK	80,558
TOTAL TO FORM 990-PF, PART I		80,558	
FORM 990-PF	CORPORATE STOCK		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS CORPORATE BONDS FREEPRT-MCMRAN CPR & GLD JP MORGAN CHASE & CO SP500 STEPUP ISSUER JP MORGAN CHASE & CO TRAVELERS COS INC ASCEND ACCESS LTD MONARCH DEBT RECOVERY OZOFII ACCESS LTD BLUEARC DIVERSIFIED FUTURES I AMERICAN INTERNATIONAL GROUP THE CARLYLE GROUP L.P. OCH-ZIFF CAPITAL MANAGEMENT OF ENERGY TRANSFER PARTNERS L.P. CRESTWOOD EQUITY PARTNERS L.P. CRESTWOOD MIDSTREAM PARTNERS AFLAC INC FREEPRT-MCMRAN CPR & GLD AMAZON COM INC BANK OF AMERICA SX5E LIRN ISSUER RBC VISA INC THE BLACKSTONE GROUP LP PROSHARES ULTRA BLOOMBERG CRUBLACKSTONE CAPITAL HOLDINGS	INC GROUP LLC  LP  UDE OIL	3,827,974. 344,202. 63,109. 93,201. 168,000. 31,285. 30,253. 300,000. 325,000. 375,000. 312,783. 24,925. 31,229. 35,777. 15,357. 13,338. 12,461. 737. 58,705. 32,240. 32,305. 172,265. 100,000. 21,441. 32,568. 98,709. 57,500.	4,077,053 363,444 44,968 187,740 192,647 62,580 52,925 348,952 419,055 477,042 314,347 28,005 27,500 23,360 23,400 16,355 6,480 5,237 61,090 23,360 31,035 255,827 91,900 26,220 33,830 153,673 49,927
TOTAL TO FORM 990-PF, PART I		6,610,364.	7,397,952

FORM 990-PF							STAT	EMENT	9
TAX DUE FROM FORM 9	90-PF, PAR'	r VI						4	71. 7. 14.
TOTAL AMOUNT DUE								4	92.
FORM 990-PF							STAT	EMENT	10
DESCRIPTION	D	ATE	AMOUN'	r	BALANC	E I	MONTHS	PENAI	ΥT
TAX DUE EXTENSION PAYMENT DATE FILED	05/	15/15 15/15 15/15		471. 000.		471. 471. 471.	6		14.
TOTAL									14.
FORM 990-PF							STAT	EMENT	11
DESCRIPTION	DATE	AMO	DUNT	BALA	ANCE	RATE	DAYS	INTER	REST
TAX DUE EXTENSION PAYMENT DATE FILED	05/15/15 05/15/15 11/15/15	-	5,471. -5,000.		5,471. 471. 478.	.030			7.
TOTAL									7.

Part IV Capital Gains and Lo	osses for Tax on Investment Income		1	1100		
	d describe the kind(s) of property solo	d. e.g., real estate.	(b) How acquired	(c) Date acquired	(d) Date sold	
	rick warehouse; or common stock, 20		P - Purchase D - Donation	(mo , day, yr )	(mo., day, yr.)	
1a CAPITAL GAINS	FROM PARTNERSHIP	S	P	VARIOUS	VARIOUS	
b MERRILL LYNCH			P	09/23/14		
c MERRILL LYNCH			P		06/04/14	
		P	VARIOUS			
	#02145 - SEE ATT	P	05/07/13			
f MERRILL LYNCH			P	12/19/13		
q MERRILL LYNCH			P	VARIOUS		
h MERRILL LYNCH			P P	06/08/12		
THE OCEAN FUND						
BREVAN HOWARD	P	VARIOUS	$\frac{\sqrt{4}\sqrt{1003}}{10/28/14}$			
k CAPITAL GAINS		ARTICIPATION FUND	F	VARIOUS	10/20/14	
	DIAIDEMDS		<del>-  </del>	<del> </del>		
				<del> </del>		
m		· · · · · · · · · · · · · · · · · · ·				
n						
0				<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		n) Gain or (loss) plus (f) minus (g)		
a 25,914.					25,914.	
b 84,000.		84,000.			0.	
c 137,069.		124,047.			13,022.	
d 225,392.		197,126.			28,266.	
e 50,000.		50,000.			0.	
f 1,703.		1,587.			116.	
g 367,812.		274,127.			93,685.	
h 42,639.		31,973.			10,666.	
422,033.					422,033.	
331,310.		325,000.	<del>-</del>		6,310.	
k 94,985.		<u> </u>			94,985.	
1						
m						
n						
0			· · · · · · · · · · · · · · · · · · ·			
	ing gain in column (h) and owned by	the foundation on 12/31/69	(1)1.0	sses (from col. (h))	<del></del>	
(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	Gains (excess	of col. (h) gain over not less than "-0-")		
2		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			25,914.	
<u>a</u> b	<del> </del>		<del></del>		0.	
		<del>                                     </del>	<del></del>		13,022.	
c d	<del> </del>	<del> </del>			28,266.	
	<del> </del>				0.	
<u>e</u>	<del>                                     </del>	ļ				
<u></u>	<del></del>				93,685.	
9	<del> </del>	<del> </del>				
<u>n</u>	<del> </del>			<del></del>	10,666.	
<u> </u>	<del> </del>		<del></del>		422,033.	
<del>-</del>	<del> </del>	<del>   </del>	· <del></del>	<del></del>	6,310.	
К	<del> </del>		<del></del>		<u> </u>	
<u> </u>	<del></del>	<del>                                     </del>				
<u>m</u>	<del> </del>	<del>       </del>				
<u>n</u>		<del>                                     </del>				
0	<u> </u>	1	<del></del>	- <del></del>	<del></del>	
2 Capital gain net income or (net c	apital loss) { If gain, also enter	r in Part I, line 7 )-" in Part I, line 7	.		694,997.	
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) ar	, I				
If gain, also enter in Part I, line 8	l, column (c)	· · · · · · · · · · · · · · · · · · ·	1			
If (loss), enter "-0-" in Part I, line	8		1	N/A		