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

OMB No 1545-0052

2015

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 2015 or tax year beginning 07/01/15, and ending 06/30/16

Name of foundation THE CATHERINE KENNEDY HOME FOUNDATION		A Employer identification number 52-2282843			
		B Telephone number (see instructions) 910-452-0611			
Number and street (or P O box number if mail is not delivered to street address) PO BOX 4782		Room/suite			
City or town, state or province, country, and ZIP or foreign postal code WILMINGTON NC 28406					
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change					
H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation					
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 3,590,829		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)			
Part I. Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	11	11		
	4 Dividends and interest from securities	91,832	91,832		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	128,897			
	b Gross sales price for all assets on line 6a	302,108			
	7 Capital gain net income (from Part IV, line 2)		128,897		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	220,740	220,740	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,000	1,000		1,000
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,591			
	19 Depreciation (attach schedule) and depletion	59			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att sch)	9,625	9,559		66
	24 Total operating and administrative expenses.	13,275	10,559	0	1,066
Add lines 13 through 23	182,000			182,000	
25 Contributions, gifts, grants paid	195,275	10,559	0	183,066	
26 Total expenses and disbursements. Add lines 24 and 25					
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	25,465				
		210,181			
				0	

G20

Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
1 2 3 4 5 6 7 8 9 10a b c 11 12 13 14 15 16	Cash – non-interest-bearing Savings and temporary cash investments Accounts receivable ► Less: allowance for doubtful accounts ► Pledges receivable ► Less: allowance for doubtful accounts ► Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (att schedule) ► Less: allowance for doubtful accounts ► Inventories for sale or use Prepaid expenses and deferred charges Investments – U.S. and state government obligations (attach schedule) Investments – corporate stock (attach schedule) Investments – corporate bonds (attach schedule) Investments – land, buildings, and equipment, basis ► Less accumulated depreciation (attach sch) ► Investments – mortgage loans Investments – other (attach schedule) Land, buildings, and equipment, basis ► Less accumulated depreciation (attach sch) ► Other assets (describe ►) Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		0 19,351 15,371 13,793 SEE STMT 5 SEE STMT 6)	1,637	1,578 1,578 3,811,236 1,981 2,000 3,167 4,295 5,148 6,295 1,136,889 915,335 2,669,199 2,669,199 3,806,088 3,584,534 3,811,236 3,590,829 3,590,829
Liabilities	Accounts payable and accrued expenses Grants payable Deferred revenue Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) Other liabilities (describe ►)		SEE STATEMENT 7)	3,811,236 1,981 2,000 3,167 4,295 5,148 6,295	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions)		► <input checked="" type="checkbox"/> 1,136,889 2,669,199 3,806,088 3,811,236	915,335 2,669,199 3,584,534 3,590,829	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,806,088
2	Enter amount from Part I, line 27a	2	25,465
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	3,831,553
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 8	5	247,019
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	3,584,534

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 16,915 SH OF PIMCO UNCONSTRAINED		P	04/29/09	VARIOUS
b MUTUAL FUND CAP. GAIN DISTRIB				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a 179,993		173,211	6,782	
b 122,115			122,115	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a			6,782	
b			122,115	
c				
d				
e				
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	128,897
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	183,610	3,858,135	0.047590
2013	183,540	3,786,926	0.048467
2012	179,178	3,596,230	0.049824
2011	174,200	3,435,405	0.050707
2010	142,534	3,491,172	0.040827
2 Total of line 1, column (d)		2	0.237415
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0.047483
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5		4	3,612,768
5 Multiply line 4 by line 3		5	171,545
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	2,102
7 Add lines 5 and 6		7	173,647
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions.		8	183,066

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	
	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 ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	2,102
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	2,102
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	2,102
6	Credits/Payments:	
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a 4,200
b	Exempt foreign organizations – tax withheld at source	6b
c	Tax paid with application for extension of time to file (Form 8868)	6c
d	Backup withholding erroneously withheld	6d
7	Total credits and payments Add lines 6a through 6d	7 4,200
8	Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8 32
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10 2,066
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 2,066 Refunded ► 11	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	
c	Did the foundation file Form 1120-POL for this year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► NC	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	

14 The books are in care of ► ANNA ERWIN
2508 INDEPENDENCE BLVD. Telephone no. ► 910-452-0611

Located at ► WILMINGTON

NC

ZIP+4 ► 28412

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 □

16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►

16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	Yes	X No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/>	Yes	X No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/>	Yes	X No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/>	Yes	X No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/>	Yes	X No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/>	Yes	X No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	N/A	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ► 20 , 20 , 20 , 20	<input type="checkbox"/>	Yes	X No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.)	N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/>	Yes	X No
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b	X

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

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

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

▶ 0

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

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

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

Part IX-A Summary of Direct Charitable Activities

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

Expenses

1 N/A

2

3

4

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

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

Amount

1 N/A

2

All other program-related investments. See instructions

3

Total. Add lines 1 through 3 ►

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,666,207
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	1,578
d	Total (add lines 1a, b, and c)	1d	3,667,785
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3,667,785
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	55,017
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,612,768
6	Minimum investment return. Enter 5% of line 5	6	180,638

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

1	Minimum investment return from Part X, line 6	1	180,638
2a	Tax on investment income for 2015 from Part VI, line 5	2a	2,102
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	2,102
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	178,536
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	178,536
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	178,536

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	183,066
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	183,066
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	2,102
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	180,964

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				178,536
2 Undistributed income, if any, as of the end of 2015: a Enter amount for 2014 only			122,556	
b Total for prior years. 20 ____ , 20 ____ , 20 ____				
3 Excess distributions carryover, if any, to 2015: a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 183,066			122,556	
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2015 distributable amount				60,510
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				118,026
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)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9: a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling				►			
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/>	4942(j)(3) or	<input type="checkbox"/>	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed							
b	85% of line 2a							
c	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made directly for active conduct of exempt activities							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
a	"Assets" alternative test – enter:							
(1)	Value of all assets							
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c	"Support" alternative test – enter:							
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)							
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)							
(3)	Largest amount of support from an exempt organization							
(4)	Gross investment income							

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

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE SCHEDULE ATTACHED OF ALL GRANTS MADE DURING THE YEAR NC				182,000
Total			► 3a	182,000
b Approved for future payment N/A				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations.)

(See worksheet in line 13 instructions to verify correct answer)

Part XVI-B Relationship of Activities to

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

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
WELLS FARGO MONEY FUNDS	\$ 11			14	
TOTAL	\$ 11				

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	US Obs (\$ or %)
WELLS FARGO - PATHWAYS A/C	\$ 25,048			14	
WELLS FARGO - AMERICAN FUNDS	14,337			14	
WELLS FARGO - FIXED INC.	52,447			14	
TOTAL	\$ 91,832				

Federal Statements

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
INDIRECT ACCOUNTING FEES	\$ 2,000	\$ 1,000	\$ 1,000	\$ 1,000
TOTAL	\$ 2,000	\$ 1,000	\$ 0	\$ 1,000

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
FORM 990PF EXCISE TAX ON INVESTMENT INCOME	\$ 1,591	\$ 1,591	\$ 0	\$ 0
TOTAL	\$ 1,591	\$ 1,591	\$ 0	\$ 0

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

<u>Description</u>	<u>Date Acquired</u>	<u>Cost Basis</u>	<u>Prior Year Depreciation</u>	<u>Method</u>	<u>Life</u>	<u>Current Year Depreciation</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
HP DESKJET PRINTER	10/26/01	\$ 54	\$ 54	200DB	5	\$ 5	\$	\$
PLAIN PAPER FAX MACHINE	10/26/01	65	65	200DB	5			
GATEWAY MMX 233 COMPUTER	10/26/01	472	472	200DB	5			
KONICA 3135 COPIER	10/26/01	2,857	2,857	200DB	5			
GATEWAY P5-133 COMPUTER	10/26/01	173	173	200DB	5			
FILE CABINETS	10/26/01	24	24	200DB	5			
DELL DIMEN. 4500 SER. PENT.	9/16/02	4	4	COMPUTER	5			
OFFICE IMPROVE. OLD CKH BLDG.	5/04/04	1,520	1,520	200DB	5			
RECOVERED COUCH & 14 CHAIRS	9/14/04	4,580	2,943	S/L	39	59		
		2,416	2,416	200DB	7			

Federal Statements

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

<u>Description</u>	<u>Date Acquired</u>	<u>Cost Basis</u>	<u>Prior Year Depreciation</u>	<u>Method</u>	<u>Life</u>	<u>Current Year Depreciation</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
BOARDROOM TABLE	7/01/04	\$ 1,498	\$ 1,498	200DB	7	\$ 7	\$	\$
LAMPS	12/03/04	482	482	200DB	7			
TEAK TABLE	12/03/04	931	931	200DB	7			
END TABLE	12/03/04	300	300	200DB	7			
TOTAL		\$ 15,372	\$ 13,735					0

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
EXPENSES				\$
INVESTMENT MANAGEMENT FEES	9,559	9,559		
POSTAGE	66			\$ 66
TOTAL	\$ 9,625	\$ 9,559	\$ 0	\$ 66

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
AMERICAN FUNDS MUTUAL FUNDS	\$ 1,299,983	\$ 1,281,895	MARKET	\$ 1,281,895
FRANK RUSSELL MUTUAL FUNDS	1,416,595	1,425,831	MARKET	1,425,831
PIMCO UNCONSTRAINED BOND FD A	1,073,670	870,942	MARKET	870,942
TOTAL	\$ 3,790,248	\$ 3,578,668		\$ 3,578,668

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

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
OFFICE EQUIP & IMPROVEMENTS	\$ 1,637	\$ 15,371	\$ 13,793	\$ 1,578
TOTAL	\$ 1,637	\$ 15,371	\$ 13,793	\$ 1,578

Federal Statements

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

Description	Beginning of Year	End of Year
FEDERAL EXCISE TAX DUE	\$ 3,167	\$ 4,295
TOTAL	\$ 3,167	\$ 4,295

Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
CHANGE IN UNREALIZED APPRECIATION	\$ 247,019
TOTAL	\$ 247,019

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

Description
SEE COPY OF APPLICATION ATTACHED

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

Description
FEBRUARY 28

Federal Statements

Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
	BOARD MEMBER	0.00	0	0	0
ANN PARKER PO BOX 4782 WILMINGTON NC 28406	TREASURER	0.00	0	0	0
ANNA P. ERWIN PO BOX 4782 WILMINGTON NC 28406	VICE CHAIRWO	0.00	0	0	0
ANNE MURCHISON PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
LINDA HUNDLEY PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
CHRISTIANA JOHNSON PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
BETSY LEONARD PO BOX 4782 WILMINGTON NC 28406	CHAIRWOMAN	0.00	0	0	0
JANE MALOY PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
PETE BROWN PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
MARTHA CLARK PO BOX 4782 WILMINGTON NC 28406	BOARD MEMBER	0.00	0	0	0
ANITA LIEBSCHER PO BOX 4782 WILMINGTON NC 28406	SECRETARY	0.00	0	0	0

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Federal Statements

Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,
Etc. (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
NED MARABLE PO BOX 4782 WILMINGTON NC 28406		0.00	0	0	0

The Catherine Kennedy Home Foundation

The Cattle in the Rain 1

The Catherine Kennedy Home Foundation		2016 Grant Awards		2016 AWARD	
check	number	ORGANIZATION	ADDRESS		
5/18/2016	1493	Bread for Life	500 Kentwood Ave., Wilmington, NC	14,000.00	
5/18/2016	1494	Brunswick Family Assistance	4600 Main St., Shallotte, NC 28470	7,000.00	
5/18/2016	1495	Brunswick Senior Resources	P.O. Box 2470, Shallotte, NC 28459	6,000.00	
5/18/2016	1496	Calabash Lions Club	P.O. Box 7930, Ocean Isle Beach, NC	1,500.00	
5/18/2016	1497	Cape Fear Literacy Council	1012 S 17th St., Wilmington, NC 28401	1,500.00	
5/18/2016	1498	First Fruit Ministries	2750 Vance Street, Wilmington NC 28412	5,000.00	
5/18/2016	1499	Food Bank of Central & Eastern NC	1314 Marsteller St., Wilmington, NC 28401	6,500.00	
5/18/2016	1500	Good Samaritan Food & Clothing Pantry	4402 Northwest Rd., Leland, NC 28451	3,500.00	
5/18/2016	1501	Good Shepherd Center	811 Martin St., Wilmington, NC 28401	12,500.00	
5/18/2016	1502	Harrelson Center - The Help Hub	20 North 4th Street STE 214 Wilmington, NC 28401	3,000.00	
5/18/2016	1503	Mother Hubbard's Cupboard	313 N 5th Ave., Wilmington, NC 28401	13,000.00	
5/18/2016	1504	New Hope Clinic, Inc.	201 W Boiling Spring Road Southport NC 28461	4,000.00	
5/18/2016	1505	Oak Island Senior Center	5918 E Oak Island Dr, Oak Island, NC 28465	9,000.00	
5/18/2016	1506	Pender Adult Services	P.O. Box 84, Burgaw, NC 28425	6,000.00	
5/18/2016	1507	Pender County Christian Services	210 W. Fremont Street, Burgaw, NC 28425	13,000.00	
5/18/2016	1508	Recovery Resource Center	20 North 4th Street STE 214 Wilmington, NC 28401	3,000.00	
5/18/2016	1509	Southport Oak Island Interchurch Fellowship	P.O. Box 71, Oak Island, NC 28465	8,000.00	
5/18/2016	1510	St. Mary's Tileston Outreach	412 Ann St., Wilmington, NC 28401	15,000.00	
5/18/2016	1511	VOCAL	2222 S. College Road, Wilmington, NC 28403	4,500.00	
5/18/2016	1512	Wilmington Area Rebuilding Ministry (WARM)	20 N 4th St., Wilmington, NC 28401	16,000.00	
5/18/2016	1513	Wilmington Family YMCA	2710 Market St., Wilmington, NC 28405	7,000.00	
5/18/2016	1514	YWCA- Grandparenting Network	2815 South College Road Wilmington NC 28412	15,000.00	
5/18/2016	1515	South Brunswick Interchurch Council	P.O. Box 1461, Shallotte, NC 28459	8,000.00	
					182,000.00

THE CATHERINE KENNEDY HOME FOUNDATION

GRANT APPLICATION FORM

COPY

PART ONE: YOUR ORGANIZATION

1. Basic Information

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

E MAIL ADDRESS: _____

WEB SITE: _____

NAME OF CONTACT PERSON: _____

TITLE OF CONTACT PERSON: _____

PHONE: _____ FAX: _____

2. Is your organization a nonprofit, tax-exempt organization qualified under IRS Code Section 501(c)(3), or a governmental unit? If qualified under 501(c)(3), please attach a copy of your current IRS tax-exemption letter. Note: A private, non-operating foundation does not qualify for a grant.

3. List the officers and directors of your organization. Include phone numbers and applicable professional titles of each.

4. Summarize your organization's background, mission, programs and services as provided in the past, as well as its future goals, as they relate to services provided to benefit the elderly.

PART TWO: PROJECT/PROGRAM

1. State the amount of money requested from the Catherine Kennedy Home Foundation, and the period of time covered by your request.

Amount Requested: _____

COPY

Time Period Covered By Use of Grant Monies:

From: _____ To: _____

2. Specifically discuss ways in which the Catherine Kennedy Home Foundation could assist your organization in achieving its goals by providing services to the elderly. Clearly outline the program or project your group or organization wishes to have funded, including the probable number of persons impacted. Describe the strategies you will employ to accomplish your stated goals.

THREE: FINANCIAL INFORMATION

1. Attach hereto a copy of your organization's financial statement from the prior fiscal year.
2. Provide budget information for your organization, including income and expenses for the period you are requesting funds.

Expenses (By Category – salaries, supplies, rent, transportation, travel)

Total Expenses: _____

Income (List of sources)

Total Income: _____

COPY

2. List the organizations to whom you have applied for support for this specific program (as described in Part Two, Question Two above). Show the amount requested from each, and the status (pending, approved, disapproved) of each request.

<u>Organization</u>	<u>Amount</u>	<u>Status</u>
---------------------	---------------	---------------

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

PART FOUR: CONTRACT SIGNED BY APPLICANT

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

THE CATHERINE KENNEDY HOME FOUNDATION GRANT CONTRACT

Applicants for grant monies from The Catherine Kennedy Home Foundation agree to the following terms as conditions to receipt of any grant monies:

1. At the time of receipt of any monies, applicant organization's tax exempt status, as verified at time of application, remains valid; any future changes in your organization that could cause a change in tax-exempt status, will be reported to CKHF immediately. Failure to do so will cause obligations set out in sentence five below to occur.
2. The funds granted by CKHF will be used by applicant organization solely for purposes described in the grant application.