

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.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning

, 2018, and ending

KEYS OPEN DOORS FOUNDATION, INC.  
1102 NORTH FORT FISHER BLVD.  
KURE BEACH, NC 28449

G Check all that apply  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

H Check type of organization  Section 501(c)(3) exempt private foundation *OU*  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16) **\$ 1,457,272.** J Accounting method  Cash  Accrual  
 Other (specify) *(Part I, column (d) must be on cash basis)*

| 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  | 1,965.                             | 1,965.                    | 1,965.                  |   |
|  | 4 Dividends and interest from securities  | 51,926.                            | 51,926.                   | 51,926.                 |   |
|  | 5a Gross rents  |                                    |                           |                         |   |
|  | b Net rental income or (loss)   |                                    |                           |                         |   |
|  | 6a Net gain or (loss) from sale of assets not on line 10                                      | 114,978.                           |                           |                         |   |
|  | b Gross sales price for all assets on line 6a   | 880,837.                           |                           |                         |   |
|  | 7 Capital gain net income (from Part IV, line 2)  |                                    | 114,978.                  |                         |   |
|  | 8 Net short term capital gain   |                                    |                           | 114,978.                |   |
|  | 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)   |                                    |                           |                         |   |
|  | See Statement 1   | 20.                                |                           |                         |   |
|  | 12 Total. Add lines 1 through 11  | 168,889.                           | 168,869.                  | 168,869.                |   |
|  | 13 Compensation of officers, directors, trustees, etc.  | 0.                                 |                           |                         |   |
|  | 14 Other employee salaries and wages  |                                    |                           |                         |   |
|  | 15 Pension plans, employee benefits   |                                    |                           |                         |   |
|  | 16a Legal fees (attach schedule)  | See St 2                           | 8,529.                    | 8,529.                  | 8,529.  |
|  | b Accounting fees (attach sch)  |                                    |                           |                         |   |
|  | c Other professional fees (attach sch)  | See St 3                           | 14,907.                   | 14,907.                 | 14,907.   |
|  | 17 Interest   |                                    |                           |                         |   |
|  | 18 Taxes (attach schedule if less than \$1000) See Stm 4                                      | 1,686.                             | 1,686.                    | 1,686.                  | 1,686.  |
|  | 19 Depreciation (attach schedule) and depletion   |                                    |                           |                         |   |
|  | 20 Occupancy  |                                    |                           |                         |   |
|  | 21 Travel, conferences, and meetings  |                                    |                           |                         |   |
|  | 22 Printing and publications  |                                    |                           |                         |   |
|  | 23 Other expenses (attach schedule) See Statement 5   | 13,401.                            | 13,401.                   | 13,401.                 | 13,401.   |
|  | 24 Total operating and administrative expenses. Add lines 13 through 23                       | 38,523.                            | 38,523.                   | 38,523.                 | 38,523.   |
|  | 25 Contributions, gifts, grants paid  | Part XV                            | 140,000.                  |                         | 140,000.  |
|  | 26 Total expenses and disbursements Add lines 24 and 25                                       | 178,523.                           | 38,523.                   | 38,523.                 | 178,523.  |
|  | 27 Subtract line 26 from line 12:   |                                    |                           |                         |   |
|  | a Excess of revenue over expenses and disbursements   | -9,634.                            |                           |                         |   |
|  | b Net investment income (if negative, enter -0)   |                                    | 130,346.                  |                         |   |
|  | c Adjusted net income (if negative, enter -0)   |                                    |                           | 130,346.                |   |

| Part II Balance Sheets      |   | Attached schedules and amounts in the description column should be for end-of-year amounts only<br>(See instructions) | Beginning of year | End of year    |                       |
|-----------------------------|---|---|-------------------|----------------|-----------------------|
|                             |   |   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1 Cash – non-interest-bearing   |   |                   |                |                       |
|                             | 2 Savings and temporary cash investments  |   | 8,976.            | 15,534.        | 15,534.               |
|                             | 3 Accounts receivable   | ►   |                   |                |                       |
|                             | Less allowance for doubtful accounts  | ►   |                   |                |                       |
|                             | 4 Pledges receivable  | ►   |                   |                |                       |
|                             | Less. allowance for doubtful accounts   | ►   |                   |                |                       |
|                             | 5 Grants receivable   |   |                   |                |                       |
|                             | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |   |                   |                |                       |
|                             | 7 Other notes and loans receivable (attach sch)   | ►   |                   |                |                       |
|                             | Less allowance for doubtful accounts  | ►   |                   |                |                       |
|                             | 8 Inventories for sale or use   |   |                   |                |                       |
|                             | 9 Prepaid expenses and deferred charges   |   |                   |                |                       |
|                             | 10a Investments – U S and state government obligations (attach schedule)  |   |                   |                |                       |
|                             | b Investments – corporate stock (attach schedule)   |   |                   |                |                       |
|                             | c Investments – corporate bonds (attach schedule)   |   |                   |                |                       |
|                             | 11 Investments – land, buildings, and equipment basis   | ►   |                   |                |                       |
|                             | Less. accumulated depreciation (attach schedule)  | ►   |                   |                |                       |
|                             | 12 Investments – mortgage loans   |   |                   |                |                       |
|                             | 13 Investments – other (attach schedule)  | Statement 6   | 1,527,143.        | 1,510,951.     | 1,441,738.            |
|                             | 14 Land, buildings, and equipment. basis  | ►   |                   |                |                       |
|                             | Less accumulated depreciation (attach schedule)   | ►   |                   |                |                       |
|                             | 15 Other assets (describe ► )   |   |                   |                |                       |
|                             | 16 Total assets (to be completed by all filers – see the instructions Also, see page 1, item I)                           |   | 1,536,119.        | 1,526,485.     | 1,457,272.            |
| Liabilities                 | 17 Accounts payable and accrued expenses  |   |                   |                |                       |
|                             | 18 Grants payable   |   |                   |                |                       |
|                             | 19 Deferred revenue   |   |                   |                |                       |
|                             | 20 Loans from officers, directors, trustees, & other disqualified persons   |   |                   |                |                       |
|                             | 21 Mortgages and other notes payable (attach schedule)  |   |                   |                |                       |
|                             | 22 Other liabilities (describe ► )  |   |                   |                |                       |
| Net Assets or Fund Balances | 23 Total liabilities (add lines 17 through 22)  |   | 0.                | 0.             |                       |
|                             | Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.                       | ► <input type="checkbox"/>  |                   |                |                       |
|                             | 24 Unrestricted   |   |                   |                |                       |
|                             | Unrestricted  |   |                   |                |                       |
|                             | 26 Permanently restricted   |   |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.                                     | ► <input checked="" type="checkbox"/>   |                   |                |                       |
|                             | 27 Capital stock, trust principal, or current funds   |   |                   |                |                       |
|                             | 28 Paid-in or capital surplus, or land, bldg , and equipment fund   |   |                   |                |                       |
|                             | 29 Retained earnings, accumulated income, endowment, or other funds   |   | 1,536,119.        | 1,526,485.     |                       |
|                             | 30 Total net assets or fund balances (see instructions)   |   | 1,536,119.        | 1,526,485.     |                       |
|                             | 31 Total liabilities and net assets/fund balances (see instructions)  |   | 1,536,119.        | 1,526,485.     |                       |

## 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 | 1,536,119. |
| 2 Enter amount from Part I, line 27a   | 2 | -9,634.    |
| 3 Other increases not included in line 2 (itemize) ►   | 3 |            |
| 4 Add lines 1, 2, and 3  | 4 | 1,526,485. |
| 5 Decreases not included in line 2 (itemize) ►   | 5 |            |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30  | 6 | 1,526,485. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) |  | (b) How acquired<br>P — Purchase<br>D — Donation                                | (c) Date acquired<br>(mo . day, yr )            | (d) Date sold<br>(mo . day, yr )   |
|--|--|---|---|--|
| 1 a  | <b>NORTHERN TRUST MANAGED ACCOUNT</b>  | P   | Various   | Various  |
| b  | <b>NORTHERN TRUST MANAGED ACCOUNT</b>  | P   | Various   | Various  |
| c  |  |   |   |  |
| d  |  |   |   |  |
| e  |  |   |   |  |
|  | (e) Gross sales price  | (f) Depreciation allowed<br>(or allowable)                                      | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g)   |
| a  | 168,829.   |   | 168,723.  | 106.   |
| b  | 712,008.   |   | 597,136.  | 114,872.   |
| c  |  |   |   |  |
| d  |  |   |   |  |
| e  |  |   |   |  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  |  |   |   |  |
|  | (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69  | (k) Excess of col (i)<br>over col (j), if any   | (l) Gains (Col (h)<br>gain minus col (k), but not less<br>than -0-) or Losses (from col (h)) |
| a  |  |   |   | 106.   |
| b  |  |   |   | 114,872.   |
| c  |  |   |   |  |
| d  |  |   |   |  |
| e  |  |   |   |  |
| 2  | Capital gain net income or (net capital loss)  | If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 | 2   | 114,978.   |
| 3  | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).                                |   | 3   | 114,978.   |
|  | If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0-<br>in Part I, line 8 |   |   |  |

**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 )

N/A

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 doesn't 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)<br>Base period years<br>Calendar year (or tax year<br>beginning in)  | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|--|--|---|---|
| 2017   |  |   |   |
| 2016   |  |   |   |
| 2015   |  |   |   |
| 2014   |  |   |   |
| 2013   |  |   |   |
| <b>2</b> Total of line 1, column (d)   |  |   | 2   |
| <b>3</b> Average distribution ratio for the 5-year base period — divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years |  |   | 3   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  |  |   | 4   |
| <b>5</b> Multiply line 4 by line 3   |  |   | 5   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)  |  |   | 6   |
| <b>7</b> Add lines 5 and 6   |  |   | 7   |
| <b>8</b> Enter qualifying distributions from Part XIII, line 4   |  |   | 8   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the  
Part VI instructions

**Part VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**1 a Exempt operating foundations described in section 4940(d)(2), check here ►  and enter 'N/A' on line 1

Date of ruling or determination letter \_\_\_\_\_ (attach copy of letter if necessary – see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V,

check here ►  and enter 1% of Part I, line 27b

c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)

5 **Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-

6 Credits/Payments:

a 2018 estimated tax pmts and 2017 overpayment credited to 2018

b Exempt foreign organizations – tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

6 a

6 b

6 c

6 d

7 Total credits and payments Add lines 6a through 6d

8 Enter any **penalty** for underpayment of estimated tax Check here  if Form 2220 is attached

9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2019 estimated tax ►

Refunded

7 0.

8

9 2,607.

10

11

**Part VII-A: Statements Regarding Activities**

1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

|     | Yes | No |
|-----|-----|----|
| 1 a | X   |    |

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition

|     |   |
|-----|---|
| 1 b | X |
|-----|---|

If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

|     |   |
|-----|---|
| 1 c | X |
|-----|---|

c Did the foundation file **Form 1120-POL** for this year?

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year

(1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.

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

|   |   |
|---|---|
| 2 | X |
|---|---|

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

|   |   |
|---|---|
| 3 | X |
|---|---|

4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

|     |   |
|-----|---|
| 4 a | X |
|-----|---|

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

|     |     |
|-----|-----|
| 4 b | N/A |
|-----|-----|

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

|   |   |
|---|---|
| 5 | X |
|---|---|

If 'Yes,' attach the statement required by General Instruction T

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

|   |   |
|---|---|
| 6 | X |
|---|---|

7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV

|   |   |
|---|---|
| 7 | X |
|---|---|

8 a Enter the states to which the foundation reports or with which it is registered See instructions ►

|     |   |
|-----|---|
| 8 b | X |
|-----|---|

N/A

|   |   |
|---|---|
| 9 | X |
|---|---|

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

|    |   |
|----|---|
| 10 | X |
|----|---|

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If 'Yes,' complete Part XIV

J

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

**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   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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  | <input type="checkbox"/> 11  | <input checked="" type="checkbox"/> X                               |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>   | <input type="checkbox"/> 12  | <input checked="" type="checkbox"/> X                               |
| 14 | The books are in care of ► <u>THOMAS JACKSON</u> Telephone no ► Located at ► <u>221 SIMONTON STREET KEY WEST FL</u> ZIP + 4 ► <u>33040</u>   | <input type="checkbox"/> 13  | <input checked="" type="checkbox"/> X                               |
| 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 ► <u>15</u> N/A ► <u>N/A</u>   | <input type="checkbox"/> 15  | <input type="checkbox"/> N/A  |
| 16 | At any time during calendar year 2018, 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 ► | <input type="checkbox"/> 16  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

|     |  |   |   |
|-----|--|---|---|
| 1 a | During the year, did the foundation (either directly or indirectly)  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (1) | Engage in the sale or exchange, or leasing of property with a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (2) | Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (3) | Furnish goods, services, or facilities to (or accept them from) a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (4) | Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (5) | Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (6) | Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b   | If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions   | <input type="checkbox"/> 1 b  | <input type="checkbox"/> N/A  |
| c   | Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>   | <input type="checkbox"/> 1 c  | <input checked="" type="checkbox"/> X                               |
| 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))  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a   | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If 'Yes,' list the years ► <u>20 ___, 20 ___, 20 ___, 20 ___</u>   | <input type="checkbox"/> 2 a  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.)  | <input type="checkbox"/> 2 b  | <input type="checkbox"/> N/A  |
| c   | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► <u>20 ___, 20 ___, 20 ___, 20 ___</u>  | <input type="checkbox"/> 2 c  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3 a | 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"/> 3 a  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b   | If 'Yes,' did it have excess business holdings in 2018 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 2018) | <input type="checkbox"/> 3 b  | <input type="checkbox"/> N/A  |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  | <input type="checkbox"/> 4 a  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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 2018?  | <input type="checkbox"/> 4 b  | <input type="checkbox"/> X  |

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

|   |  |  |                              |  |  |  |
|---|--|--|------------------------------|--|--|--|
| 5 a   | During the year, did the foundation pay or incur any amount to   |  |                              | N/A                                    | N/A                                    |  |
| (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 <b>any</b> 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           |  |                              | 5 b                                    | N/A                                    |  |
| Organizations relying on a current notice regarding disaster assistance, check here   |  |  | <input type="checkbox"/>     |  |  |  |
| c   | If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53.4945–5(d) |  |                              | N/A                                    | N/A                                    |  |
| If 'Yes,' attach the statement required by Regulations section 53.4945–5(d)   |  |  | <input type="checkbox"/> Yes |  |  | <input type="checkbox"/> No            |
| 6 a   | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |  |                              | 6 b                                    | X                                      |  |
| If 'Yes' to 6b, file Form 8870  |  |  | <input type="checkbox"/> Yes |  |  | <input checked="" type="checkbox"/> No |
| 7 a   | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   |  |                              | 7 b                                    | N/A                                    |  |
| If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?   |  |  |                              |  |  |  |
| 8   | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   |  |                              | <input type="checkbox"/> Yes           | <input checked="" type="checkbox"/> No |  |

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

**1 List all officers, directors, trustees, and 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 |
|--|---|---|---|---------------------------------------|
| <u>DEBORAH JACKSON</u><br><u>1102 NORTH FORT FISHER BLVD.</u><br><u>KURE BEACH, NC 28449</u> | President<br>2.00   | 0.  | 0.  | 0.                                    |
| <u>THOMAS JACKSON</u><br><u>1102 NORTH FORT FISHER BLVD.</u><br><u>KURE BEACH, NC 28449</u>  | Vice Presiden<br>2.00                                     | 0.  | 0.  | 0.                                    |
| <u>ADELE STONES</u><br><u>1102 NORTH FORT FISHER BLVD.</u><br><u>KURE BEACH, NC 28449</u>    | Director<br>2.00  | 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

**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 |                     | 0                |

**Part IX-A1 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-B1 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 ► 0.

BAA

Form 990-PF (2018)

**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

|     |    |
|-----|----|
| 1 a |    |
| 1 b |    |
| 1 c |    |
| 1 d | 0. |

b Average of monthly cash balances

c Fair market value of all other assets (see instructions)

d **Total** (add lines 1a, b, and c)

e Reduction claimed for blockage or other factors reported on lines 1a and

1c (attach detailed explanation)

1 e

|   |    |
|---|----|
| 2 |    |
| 3 |    |
| 4 |    |
| 5 | 0. |

2 Acquisition indebtedness applicable to line 1 assets

3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities Enter 1-1/2% of line 3  
 (for greater amount, see instructions)

5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

6 Minimum investment return. Enter 5% of line 5

|   |    |
|---|----|
| 6 | 0. |
|---|----|

**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 |  |
|---|--|

2a Tax on investment income for 2018 from Part VI, line 5

2a 2,607.

|    |        |
|----|--------|
| 2a | 2,607. |
|----|--------|

b Income tax for 2018 (This does not include the tax from Part VI )

2b

|    |  |
|----|--|
| 2b |  |
|----|--|

c Add lines 2a and 2b

|    |        |
|----|--------|
| 2c | 2,607. |
|----|--------|

3 Distributable amount before adjustments Subtract line 2c from line 1

|   |         |
|---|---------|
| 3 | -2,607. |
|---|---------|

4 Recoveries of amounts treated as qualifying distributions

|   |  |
|---|--|
| 4 |  |
|---|--|

5 Add lines 3 and 4

|   |         |
|---|---------|
| 5 | -2,607. |
|---|---------|

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 | 0. |
|---|----|

**Part XII** **Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes

|     |          |
|-----|----------|
| 1 a | 178,523. |
|-----|----------|

a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26

|     |  |
|-----|--|
| 1 b |  |
|-----|--|

b Program-related investments – total from Part IX-B

|   |  |
|---|--|
| 2 |  |
|---|--|

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes

|     |  |
|-----|--|
| 3 a |  |
|-----|--|

3 Amounts set aside for specific charitable projects that satisfy the

|     |  |
|-----|--|
| 3 b |  |
|-----|--|

a Suitability test (prior IRS approval required)

|   |          |
|---|----------|
| 4 | 178,523. |
|---|----------|

b Cash distribution test (attach the required schedule)

|   |  |
|---|--|
| 5 |  |
|---|--|

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4

|   |          |
|---|----------|
| 6 | 178,523. |
|---|----------|

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

|   |  |
|---|--|
| 7 |  |
|---|--|

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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

**Part XIII Undistributed Income (see instructions)**

|  | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7   |               |                            |             | 0.          |
| 2 Undistributed income, if any, as of the end of 2018  |               |                            |             |             |
| a Enter amount for 2017 only   |               |                            | 0.          |             |
| b Total for prior years: 20 ___, 20 ___, 20 ___  |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2018  |               |                            |             |             |
| a From 2013  |               |                            |             |             |
| b From 2014  | 51,071.       |                            |             |             |
| c From 2015  | 62,306.       |                            |             |             |
| d From 2016  | 56,238.       |                            |             |             |
| e From 2017  | 234,375.      |                            |             |             |
| f Total of lines 3a through e  | 403,990.      |                            |             |             |
| 4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ 178,523.  |               |                            |             |             |
| a Applied to 2017, but not more than line 2a   |               |                            | 0.          |             |
| b Applied to undistributed income of prior years (Election required – see instructions)  |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required – see instructions)  | 0.            |                            |             |             |
| d Applied to 2018 distributable amount   |               |                            |             | 0.          |
| e Remaining amount distributed out of corpus   | 178,523.      |                            |             |             |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )  | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 582,513.      |                            |             |             |
| 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 assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b Taxable amount – see instructions  |               | 0.                         |             |             |
| e Undistributed income for 2017. Subtract line 4a from line 2a Taxable amount – see instructions   |               |                            | 0.          |             |
| f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019  |               |                            |             | 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 2013 not applied on line 5 or line 7 (see instructions)  | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a  | 582,513.      |                            |             |             |
| 10 Analysis of line 9  |               |                            |             |             |
| a Excess from 2014   | 51,071.       |                            |             |             |
| b Excess from 2015   | 62,306.       |                            |             |             |
| c Excess from 2016   | 56,238.       |                            |             |             |
| d Excess from 2017   | 234,375.      |                            |             |             |
| e Excess from 2018   | 178,523.      |                            |             |             |

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

N/A

**Part XVI** 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).)

See Statement 7

**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

None

## 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ►  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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

See Statement 8

**b** The form in which applications should be submitted and information and materials they should include:

See Statement for Line 2a

### c Any submission deadlines

See Statement for Line 2a

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

See Statement for Line 2a

**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)  |   |                                |                                  |          |
| <i>a Paid during the year</i>        |   |                                |                                  |          |
| See Statement 9                      |   |                                |                                  |          |
| <b>Total</b>                         |   |                                | ► 3a                             | 140,000. |
| <i>b Approved for future payment</i> |   |                                |                                  |          |
| <b>Total</b>                         |   |                                | ► 3b                             |          |

## Part XVI-A: Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

| Enter gross amounts unless otherwise indicated                  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(See instructions ) |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
|   | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |  |
| 1 Program service revenue                                       |                           |               |                                      |               |  |
| a   |                           |               |                                      |               |  |
| b   |                           |               |                                      |               |  |
| c   |                           |               |                                      |               |  |
| d   |                           |               |                                      |               |  |
| e   |                           |               |                                      |               |  |
| f   |                           |               |                                      |               |  |
| g Fees and contracts from government agencies                   |                           |               |                                      |               |  |
| 2 Membership dues and assessments                               |                           |               |                                      |               |  |
| 3 Interest on savings and temporary cash investments            |                           |               |                                      |               | 1,965.   |
| 4 Dividends and interest from securities                        |                           |               |                                      |               | 51,926.  |
| 5 Net rental income or (loss) from real estate                  |                           |               |                                      |               |  |
| a Debt-financed property  |                           |               |                                      |               |  |
| b Not debt-financed property                                    |                           |               |                                      |               |  |
| 6 Net rental income or (loss) from personal property            |                           |               |                                      |               |  |
| 7 Other investment income                                       |                           |               |                                      |               | 20.  |
| 8 Gain or (loss) from sales of assets other than inventory      |                           |               |                                      |               | 114,978.   |
| 9 Net income or (loss) from special events                      |                           |               |                                      |               |  |
| 10 Gross profit or (loss) from sales of inventory               |                           |               |                                      |               |  |
| 11 Other revenue  |                           |               |                                      |               |  |
| a   |                           |               |                                      |               |  |
| b   |                           |               |                                      |               |  |
| c   |                           |               |                                      |               |  |
| d   |                           |               |                                      |               |  |
| e   |                           |               |                                      |               |  |
| 12 Subtotal Add columns (b), (d), and (e)                       |                           |               |                                      |               | 168,889.   |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                           |               |                                      |               | 168,889.   |
| (See worksheet in line 13 instructions to verify calculations.) |                           |               |                                      |               |  |

(See worksheet in line 13 instructions to verify calculations )

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

**Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

|   | Yes     | No |
|---|---------|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? |         |    |
| a Transfers from the reporting foundation to a noncharitable exempt organization of   |         |    |
| (1) Cash  | 1 a (1) | X  |
| (2) Other assets  | 1 a (2) | X  |
| b Other transactions  |         |    |
| (1) Sales of assets to a noncharitable exempt organization  | 1 b (1) | X  |
| (2) Purchases of assets from a noncharitable exempt organization  | 1 b (2) | X  |
| (3) Rental of facilities, equipment, or other assets  | 1 b (3) | X  |
| (4) Reimbursement arrangements  | 1 b (4) | X  |
| (5) Loans or loan guarantees  | 1 b (5) | X  |
| (6) Performance of services or membership or fundraising solicitations  | 1 b (6) | X  |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  | 1 c     | X  |

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

| <b>(a) Line no</b> | <b>(b) Amount involved</b> | <b>(c) Name of noncharitable exempt organization</b> | <b>(d) Description of transfers, transactions, and sharing arrangements</b> |
|--------------------|----------------------------|--|---|
| N/A                |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |
|                    |                            |  |   |

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If 'Yes,' complete the following schedule

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

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

Sign  
Here

► Released to [Signature]  
Signature of officer or trustee

3

3

President

May the IRS discuss  
this return with the  
preparer shown below?  
See instructions.

|                                       |                                  |                      |          |                                     |           |
|---------------------------------------|----------------------------------|----------------------|----------|-------------------------------------|-----------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name       | Preparer's signature | Date     | Check<br>self-employed              | PTIN      |
|                                       | Brian L. Dunn                    | 3/3/19               |          | <input checked="" type="checkbox"/> | 369501547 |
|                                       | P.O. Box 900<br>Diablo, CA 94528 | Firm's EIN           | Phone no |                                     |           |

**BAA**

KEYS OPEN DOORS FOUNDATION, INC.

46-3283008

**Statement 1**  
**Form 990-PF, Part I, Line 11**  
**Other Income**

|                         | (a)<br>Revenue<br>per Books | (b)<br>Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income |
|-------------------------|-----------------------------|------------------------------------|-------------------------------|
| Other Investment Income | \$ 20.                      | \$ 0.                              | \$ 0.                         |
| Total                   | <u>\$ 20.</u>               | <u>\$ 0.</u>                       | <u>\$ 0.</u>                  |

**Statement 2**  
**Form 990-PF, Part I, Line 16a**  
**Legal Fees**

|       | (a)<br>Expenses<br>Per Books | (b)<br>Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|-------|------------------------------|------------------------------------|-------------------------------|-------------------------------|
| Total | <u>\$ 8,529.</u>             | <u>\$ 8,529.</u>                   | <u>\$ 8,529.</u>              | <u>\$ 8,529.</u>              |

**Statement 3**  
**Form 990-PF, Part I, Line 16c**  
**Other Professional Fees**

|                       | (a)<br>Expenses<br>per Books | (b)<br>Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|-----------------------|------------------------------|------------------------------------|-------------------------------|-------------------------------|
| INVESTMENT MANAGEMENT | \$ 11,437.                   | \$ 11,437.                         | \$ 11,437.                    | \$ 11,437.                    |
| OTHER                 | 3,470.                       | 3,470.                             | 3,470.                        | 3,470.                        |
| Total                 | <u>\$ 14,907.</u>            | <u>\$ 14,907.</u>                  | <u>\$ 14,907.</u>             | <u>\$ 14,907.</u>             |

**Statement 4**  
**Form 990-PF, Part I, Line 18**  
**Taxes**

|                                    | (a)<br>Expenses<br>per Books | (b)<br>Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|------------------------------------|------------------------------|------------------------------------|-------------------------------|-------------------------------|
| FOREIGN TAXES ON INVESTMENT INCOME | \$ 1,686.                    | \$ 1,686.                          | \$ 1,686.                     | \$ 1,686.                     |
| Total                              | <u>\$ 1,686.</u>             | <u>\$ 1,686.</u>                   | <u>\$ 1,686.</u>              | <u>\$ 1,686.</u>              |

**Statement 5**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

|                       | (a)<br>Expenses<br>per Books | (b)<br>Net<br>Investment<br>Income | (c)<br>Adjusted<br>Net Income | (d)<br>Charitable<br>Purposes |
|-----------------------|------------------------------|------------------------------------|-------------------------------|-------------------------------|
| BOOK: TAX DIFFERENCES | \$ 412.                      | \$ 412.                            | \$ 412.                       | \$ 412.                       |
| INSURANCE             | 562.                         | 562.                               | 562.                          | 562.                          |
| MISCELLANEOUS         | 547.                         | 547.                               | 547.                          | 547.                          |
| Rental Expenses       | 11,880.                      | 11,880.                            | 11,880.                       | 11,880.                       |
| Total                 | <u>\$ 13,401.</u>            | <u>\$ 13,401.</u>                  | <u>\$ 13,401.</u>             | <u>\$ 13,401.</u>             |

**Statement 6**  
**Form 990-PF, Part II, Line 13**  
**Investments - Other**

|   | Valuation<br>Method | Book<br>Value        | Fair Market<br>Value |
|---|---------------------|----------------------|----------------------|
| <u>Other Publicly Traded Securities</u> |                     |                      |                      |
| Northern Trust Managed Account          | Cost                | \$ 1,510,951.        | \$ 1,441,738.        |
|   | Total               | <u>\$ 1,510,951.</u> | <u>\$ 1,441,738.</u> |

**Statement 7**  
**Form 990-PF, Part XV, Line 1a**  
**Foundation Managers - 2% or More Contributors**

DEBORAH JACKSON  
 THOMAS JACKSON

**Statement 8**  
**Form 990-PF, Part XV, Line 2a-d**  
**Application Submission Information**

Name of Grant Program: Adele Stones  
 Name: Adele Stones  
 Care Of:  
 Street Address: 620 Ashe Street  
 City, State, Zip Code: Key West, FL 33030  
 Telephone:  
 E-Mail Address:  
 Form and Content: Written Application  
 Submission Deadlines:  
 Restrictions on Awards:

**Statement 9**  
**Form 990-PF, Part XV, Line 3a**  
**Recipient Paid During the Year**

| Name and Address  | Donee Relationship | Found-<br>ation<br>Status | Purpose of<br>Grant | Amount  |
|---|--------------------|---------------------------|---------------------|---------|
| Literacy Volunteers of America<br>2405 North Roosevelt Boulevard<br>Key West FL 33040 |                    | PC                        | No Restrictions     | \$ 500. |
| Relay for Life Lower Keys<br>PO Box 5816<br>Key West FL 33040                         |                    | PC                        | No Restrictions     | 1,000.  |
| Hickory Nest Gorge Outreach<br>2594 Memorial Highway<br>Lake Lure NC 28746            |                    | PC                        | No Restrictions     | 1,500.  |
| Lake Lure Classical Academy<br>1058 Island Creek Rd<br>Lake Lure NC 28746             |                    | PC                        | No Restrictions     | 3,000.  |
| Church of the Transfiguration<br>106 Saylor Lane<br>Bat Cave NC 28710                 |                    | PC                        | No Restrictions     | 1,000.  |
| Scleroderma Foundation<br>3930 Oaks Clubhouse Dr #206<br>Pompano Beach FL 33069       |                    | PC                        | No Restrictions     | 1,000.  |
| Zonta Club of Key West<br>1508 Washington St<br>Key West FL 33040                     |                    | PC                        | No Restrictions     | 3,500.  |
| Carolina Mountain Land Conservancy<br>PO Box 68<br>Asheville NC 28802                 |                    | PC                        | No Restrictions     | 500.    |
| Key West Theater<br>524 Eaton St<br>Key West FL 33040                                 |                    | PC                        | NO RESTRICTIONS     | 1,000.  |
| MCSO Animal Farm<br>5501 College Rd<br>Key West FL 33040                              |                    | PC                        | NO RESTRICTIONS     | 1,000.  |
| Historic Florida Keys Foundation<br>510 Greene St<br>Key West FL 33040                |                    | PC                        | NO RESTRICTIONS     | 500.    |

KEYS OPEN DOORS FOUNDATION, INC.

46-3283008

**Statement 9 (continued)**  
**Form 990-PF, Part XV, Line 3a**  
**Recipient Paid During the Year**

| Name and Address  | Donee Relationship | Found-<br>ation<br>Status | Purpose of<br>Grant | Amount  |
|---|--------------------|---------------------------|---------------------|---------|
| Navy League Key West Council<br>3340 N. Roosevelt Blvd<br>Key West FL 33040 |                    | PC                        | NO RESTRICTIONS     | \$ 500. |
| Red Barn Actor's Studio<br>PO Box 707<br>Key West FL 33040                  |                    | PC                        | NO RESTRICTIONS     | 500.    |
| Cosmore Foundation Inc.<br>1706 Grassy Knob Rd<br>Rutherford NC 28134       |                    | PC                        | NO RESTRICTIONS     | 1,000.  |
| Key West Literary Seminar<br>717 Love Lane<br>Key West FL 33040             |                    | PC                        | NO RESTRICTIONS     | 5,000.  |
| One World One Canvas<br>1077 Hawksbill Lane<br>Sugarloaf Key FL 33042       |                    | PC                        | NO RESTRICTIONS     | 2,000.  |
| Womankind<br>1511 Truman Ave<br>Key West FL 33040                           |                    | PC                        | NO RESTRICTIONS     | 1,000.  |
| Lake Lure Flowering Bridge<br>PO Box 125<br>Lake Lure NC 28746              |                    | PC                        | NO RESTRICTIONS     | 500.    |
| Key West Players<br>PO Box 724<br>Key West FL 33040                         |                    | PC                        | NO RESTRICTIONS     | 1,500.  |
| Key West Wildlife Center<br>PO Box 2297<br>Key West FL 33045                |                    | PC                        | NO RESTRICTIONS     | 5,000.  |
| Dr. Martin Luther King Scholarship Fund<br>PO Box 1825<br>Key West FL 33040 |                    | PC                        | NO RESTRICTIONS     | 1,500.  |
| Sister Season Fund<br>PO Box 4535<br>Key West FL 33041                      |                    | PC                        | NO RESTRICTIONS     | 1,000.  |
| A Positive Step Monroe County<br>5503 College Rd<br>Key West FL 33040       |                    |                           |                     | 25,000. |

KEYS OPEN DOORS FOUNDATION, INC.

46-3283008

**Statement 9 (continued)**  
**Form 990-PF, Part XV, Line 3a**  
**Recipient Paid During the Year**

| Name and Address  | Donee Relationship | Found-<br>ation<br>Status | Purpose of<br>Grant | Amount             |
|---|--------------------|---------------------------|---------------------|--------------------|
| Boys & Girls Club<br>1316 Reynolds St.<br>Key West FL 33040                         |                    |                           |                     | \$ 11,000.         |
| Keys to be the Change<br>1208 Watson St<br>Key West FL 33040                        |                    |                           |                     | 20,000.            |
| Literacy Volunteers of<br>America<br>2405 North Roosevelt Blvd<br>Key West FL 33040 |                    |                           |                     | 25,000.            |
| Star of the Sea Outreach<br>Mission<br>5640 Maloney Ave<br>Key West FL 33040        |                    |                           |                     | 25,000.            |
|   |                    |                           | Total               | \$ <u>140,000.</u> |