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DLN: 93492020000010

OMB No 1545-1150

2008

Form 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Fig. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

		2008 calendar vear. o	r tax year beginning 07-01-2008	, and ending 06-	30-2009			
B C	heck if	applicable	C Name of organization	, and chang vo-		D Emplo	yer iden	tification number
Γ_{A}	ddress o	change Please	Woods Charter School Foundation Inc		[•	•	
\Box_{N}	ame ch	ange label or	Number and street (or P O box, if mail is not do	elivered to street ad	dress) Room/suite	32-019 E Telepho	9825 <i>3</i> one numb	ner
Ir	nitial ret	urn print or	160 Woodland Grove Lane		[]	cicpii		
┌┰	emınat	ion See					(919) 96	50-5393
\Box	mended	return Specific	City or town, state or country, and ZIP + 4 Chapel Hill, NC 27516				emption	n
A	pplicatio	on pending tions.	Shaper ring no 27510		1	Numbe	•	-
♦ Se	ection		ons and 4947(a)(1) nonexempt charitable completed Schedule A (Form 990 or 990-EZ		G Accounting meth Other (specify)		Cash	Accrual
					H Check ► 	ıf the c	rganıza	tion
		<u>www woodschar</u>			is not required		-	cion
			e)—▼ 501(c) (3) ◀(insert no)	·				EZ, or 990-PF)
			is not a section 509(a)(3) supporting organ				y not m	ore than
			d, but if the organization chooses to file a re	· · · · · · · · · · · · · · · · · · ·				151 405
			determine gross receipts, if \$1,000,000 or more, file					151,485
Pā	art I		nses, and Changes in Net Assets	or Fund Bala	nces (See the ins	tructio		
	1	Contributions, gifts, q	grants, and similar amounts received .				1	141,647
	2	Program service reve	enue including government fees and contrac	ets			2	
	3	Membership dues and	d assessments				3	
	4	Investment income					4	
	5a	Gross amount from s	ale of assets other than inventory		5a			
a)	"		asis and sales expenses	- •				
Revenue	0		·		5b	lad - N	_	
Š	C		ale of assets other than inventory (Subtract			· · ·	5c	
ř	6	Special events and a check here	ctivities (complete applicable parts of Sche	edule G) Ifany a	mount is from gam	ing,		
	а	Gross revenue (not i	ncluding \$ of contributions					
		reported on line 1)			6a			
	Ь	Less direct expense	s other than fundraising expenses		6b			
		·	from special events and activities (Subtrac	t line 6h from lin				
	•	· ·	nom special events and activities (Subtrac	t lille ob il olil lill	le oa)	` '	6c	
	7a	Gross sales of invent	ory, less returns and allowances		7a			
	١.	Less cost of goods s						
	Ь	_		• •	7b			
	C	Gross profit or (loss)	from sales of inventory (Subtract line 7b fr	om line /a) .		.	7c	
	8					\vdash	8	9,838
		Other revenue (descr			.	—, ⊢	_	
	9		<u>_</u>		· · · •		9	151,485
	10	Grants and similar ar	nounts paid (attach schedule) 🕏 🗼 .				10	60,851
	11	Benefits paid to or for	r members				11	
	12	Salaries, other compo	ensation, and employee benefits			. [12	
ιΛ Δι	13	Professional fees and	dother payments to independent contractor	rs		.	13	
Expenses	14		ities, and maintenance		_		14	325
<u>-</u>			,			—	_	
ப	15	- , .	, postage, and shipping			-	15	73
	16	Other expenses (des	cribe 🕶 🚾			<u> </u>	16	6,900
	17	Total expenses (add	lines 10 through 16)	<u> </u>	<u></u> . •	<u>-</u>	17	68,149
NetAssets	18	Excess or (deficit) fo	r the year (Subtract line 17 from line 9)			-	18	83,336
 ≪1	19	Net assets or fund ba	alances at beginning of year (from line 27, c	olumn (A)) (mus	t agree with			
ن ا		end-of-year figure rei	ported on prior year's return)				19	93,932
Z	20		assets or fund balances (attach explanation	າກ ຈ ອງ		—	20	10,000
						-		
	21		alances at end of year (combine lines 18 th				21	187,268
Pa	rt II		—If Total assets on line 25, column (B) are					
		·	the instructions for Part II)	<u> </u>	A) Beginning of yea		(B) E	End of year
22	Cash,	, savings, and investm	ents	· · · <u> </u>	9,481	1 22		132,963
23	Land	and buildings				23		
24	Other	r assets (describe 🕨 💆	<u> </u>)	84,451	1 24		54,305
		assets			93,932	2 25		187,268
26	Total	liabilities (describe		,	· (26		0
			: (line 27 of column (B) must agree with line	21)	93,932	+ -		187,268

Part III Statement of Prog	ram Service Ac	complishment	S (See the instruction	s for Part III)		Expenses
What is the organization's primary extra PROVIDE FUNDING AND OTHE OF STUDENTS AT WOODS CHART AND SUPPLEMENTAL FACULTY RE	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)					
Describe what was achieved in carry describe the services provided, the title						
28 Provide grants to Woods Charter (Grants \$ 0)	School If this amount inclu	ıdes foreıgn grants	s, check here .	▶┌	28a	60,851
29						
(Grants \$)	If this amount inclu	ıdes foreıgn grants	s, check here .	▶┌	29a	
30						
(Grants \$)	If this amount inclu	ıdes foreıgn grants	s, check here .	▶┌	30a	
31 O ther program services (attach s (Grants \$)	chedule) If this amount inclu	 ıdes foreıgn grants	 s, check here .	▶┌	31a	
32 Total program service expenses (add lines 28a throug	n 31a)		. ►	32	60,851
Part IV List of Officers, Directo	rs, Trustees, and Key	Employees. List ea	ch one even if not co	mpensated (See the inst	tructions 1	for Part IV)
(a) Name and address	(b) Title ar hours po devoted to	er week	Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances
See Additional Data Table						

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

Total number of other employees pard over paid more than \$100,000 from the same than \$	Part	ΛI	Section 501(c)(3) orga	and		ganizations	must answer	questi	ons 46	-49
candidates for public office? if I'res," complete Schedule C, Part I 70 Did the organization engage in lobbying activities? If I'res," complete Schedule C, Part II 81 Is the organization engage in lobbying activities? If I'res," complete Schedule C, Part II 82 Is the organization make any transfers to an exempt non-charitable related organization? 83 In Mo 84 Is the organization make any transfers to an exempt non-charitable related organization? 84 In Mo 85 If I'res," was the related organization(s) a section \$27 organization? 85 Complete this table for the five highest compensated employees (other than officers, directors, trustess, and key employees) who received more than \$100,000 of compensation from the organization if there are none, enter "None" 86 (a) Name and address of each employee paid over some paid waverage paid more than \$100,000 of compensation from the organization of the five highest compensation of the organization of the organization of the five highest compensation of the five highest compensation of the highest compensation of the organization of the five highest compensation of the organization of the pensite of pensity if there are none, enter "None" 85 Complete this table for the five highest compensation of pensity if there are none, enter "None" 86 Compensation from the organization of pensity if the organization of pensity if the organization of the pensity is the organization of the high pensity is the organization of the high pensity is the organization of the high pensity is the organization of			·							Γ
### And Provided the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule C, Part II						alf of or in opp	osition to		Yes	
Section Sec	c	andı	dates for public office? If "Yes,"	complete Schedule C, P	art I					
See the organization operating a school as described in section 17(0)(1)(A)(III)* If "yes," complete Schedule 1 Age Mode	47 [47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
total number of other employees paid over \$100,000 ★	48 I	s the	organization operating a schoo	l as described in section	170(b)(1)(A)(II)? If "	yes," complete	e Schedule E	48		N o
50 Complete this bable for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each employee hours per week devoted to position (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee employees who employee benefit plans & account and other allowances. (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (c) Compensation (o) NE (d) Contributions to employee employees who each received more than \$100,000 of compensation. (e) Expense (c) Expense (a) Name and address of each independent contractor paid more than \$100,000 of compensation. (b) Type of service. (c) Compensation (d) Contributions to employee employees who each received more than \$100,000 of compensation. (e) Expense (a) Name and address of each independent contractor paid more than \$100,000 of compensation. (b) Type of service. (c) Compensation (d) Contributions to employee employees employees employee employees and selected to position. (e) Expense (c) Compensation (b) Type of service. (c) Compensation (d) Contributions to employee employees and selected to position. (e) Expense (d) Contributions to employee employees and selected to position. (e) Expense (e) Expense (f) Expenses (g) Expenses (g) Expenses (g) Expenses (hurding the area of the employees and the expenses and the expense	49a [Old th	e organization make any transfe	ers to an exempt non-ch	arıtable related organız	zation?		49a		No
Total number of other employees paid over \$100,000 for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" [Os Compensation of the employee benefit plans it deferred compensation of the reliable of the reliab	b I	f"Ye	s," was the related organization	(s) a section 527 organi	zation?			49b		
And more than \$100,000 be hours per week devoted to position deferred compensation of other employees paid over \$100,000 be 100,000								employ	yees) w	ho
Total number of other employees paid over \$100,000 ► 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000	(a) N			hours per week	(c) Compensation	employee l	benefit plans &	ad	count	and
Since the stable for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (h) Type of service (c) Compensation (e) Type of service (f) Compensation (h) Type of service (c) Compensation (e) Type of service (f) Compensation (e) Type of service (f) Compensation (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h) Type of service (c) Compensation (e) Compensation (f) Type of service (c) Compensation (e) Compensation (e) Compensation (f) Type of service (c) Compensation (e) Date (f) Compensation (g) Type of service (e) Compensation (e) Compensation (e) Date (f) Compensation (g) Type of service (e) Compensation (e) Compensation (f) Type of service (e) Compensation (e) Compensation (f) Type of service (f) Compensation (f) Type of service (g) Compensation (h) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (NONE									
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Since the stable for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (h) Type of service (c) Compensation (e) Type of service (f) Compensation (h) Type of service (c) Compensation (e) Type of service (f) Compensation (e) Type of service (f) Compensation (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h) Type of service (c) Compensation (e) Compensation (f) Type of service (c) Compensation (e) Compensation (e) Compensation (f) Type of service (c) Compensation (e) Date (f) Compensation (g) Type of service (e) Compensation (e) Compensation (e) Date (f) Compensation (g) Type of service (e) Compensation (e) Compensation (f) Type of service (e) Compensation (e) Compensation (f) Type of service (f) Compensation (f) Type of service (g) Compensation (h) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (e) Compensation (f) Type of service (g) Compensation (h) Type of service (
Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service. (c) Compensation NONE Compensation	Total r	numb								
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 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 officer) is based on all information of which preparer has any knowledge. Signature of officer Lillian Orlandi President Type or print name and title Preparer's Signature Ring 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 officer) is based on all information of which preparer has any knowledge. Signature of officer Lillian Orlandi President Type or print name and title Preparer's Signature Kinsten T Hoyle CPA Thomas Judy & Tucker P A 4505 Falls of Neuse Road Suite 450			lete this table for the five highes			each received	more than \$10	0,000 d	of	
Total number of other independent contractors receiving over \$100,000 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 officer) is based on all information of which preparer has any knowledge 2009-12-30 Signature of officer Lillian Orlandi President Type or print name and title Preparer's signature Kinsten T Hoyle CPA Date Check if self-empolyed Firm's name (or yours feelf-empolyed), address, and ZIP + 4 4505 Falls of Neuse Road Suite 450						(b) Type	e of service	(c) C	ompen	sation
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 officer) is based on all information of which preparer has any knowledge ******* 2009-12-30	NONE									
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 officer) is based on all information of which preparer has any knowledge ******* 2009-12-30										
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 officer) is based on all information of which preparer has any knowledge ******* 2009-12-30										
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 officer) is based on all information of which preparer has any knowledge ******* 2009-12-30										
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ******* 2009-12-30	Total r	numb	er of other independent contract	ors receiving over \$100	,000					
Lillian Orlandi President Type or print name and title Preparer's signature Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Lillian Orlandi President Type or print name and title Date Check if self-empolyed Preparer's PTIN (See Gen Inst X) EIN EIN EIN		:e	and belief, it is true, correct, and com	hat I have examined this retu plete Declaration of preparer	rn, including accompanying (other than officer) is base	d on all informati 2009-	on of which prepar	he best o er has ar	of my kno ny knowle	owledge edge
Paid Preparer's Kristen T Hoyle CPA Self-empolyed Firm's name (or yours if self-employed), address, and ZIP + 4 4505 Falls of Neuse Road Suite 450 EIN	Sign Here		Lillian Orlandı President			Date				
Jse Only If self-employed), address, and ZIP + 4 4505 Falls of Neuse Road Suite 450	Paid			0	5	self-	Preparer's PTIN	(See Gen	ı Inst X)	
address, and ZIP + 4 4505 Falls of Neuse Road Suite 450	-			dy & Tucker P A		•	EIN Þ			
	use Ui	niy		of Neuse Road Suite 450				40) 57:	7055	

Raleigh, NC 27609

May the IRS discuss this return with the preparer shown above? See instructions $\dots \dots \dots \dots$

No

Yes

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492020000010

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Noods	Charte	er School Found	lation Inc									
									-019825			
	τI			harity Status (to be co					Instruct	ions)		
	rganiz			ation because it is (Please								
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>		A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	ļ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the										
	_	hospital's name, city, and state										
5	Г	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unit desci	rıbed ın	
	_	Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	<u></u>	A federal, s	tate, or local go	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n Section 170(E	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	iplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	Anorganiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruci	tions)	
11	Γ		•	and operated exclusively fo		, ,			,	•		
				orted organizations describe						Section 5	09(a)(3)	. Check
		a T		type of supporting organiza			nes lle t nally Integ		n d	□ Type	III - Ot	her
e	Г			rtify that the organization is			-					
_	'	•	- '	agers and other than one or			•			•	•	
		section 50		-	·		_					•
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation,
		check this		as the organization accepted	d any gift	or contrib	ution from	any of the				ı
g		following pe		as the organization accepted	u any gni	or continu	ution nom	any or the				
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g((i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		orted		(described on lines 1-9	_	ation in	_	ınızatıon		ation in	supp	ort?
(Organization above or IRC section col (i) listed in in col (i) of your col (i) organized											
				(See Instructions))	Gee Instructions)) your governing support? in the U.S.? document?							
					Yes	No	Yes	No Yes No				
					162	140	163	110	162	140		
										 		
										 		
										-		
										-		
					1	I	1	I	1		I	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you ched	ked the box	on line 5, 7, or	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1								
	membership fees received (Do not				226,965		141,647	368,612
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3				226,965		141,647	368,612
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
_	(f) Public Support subtract line 5 from line							
6	4							368,612
Т	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	(4) 200 .	(2) 2000	(0) 2000	226,965	(-)	141,647	368,612
8	Gross income from interest, dividends,				,			·
Ü	payments received on securities loans,				220			220
	rents, royalties and income from similar				228			228
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss				449		9,838	10,287
	from the sale of capital assets (Explain in Part IV)						3,030	10,207
11	Total Support (Add lines 7 through 10)							379,127
12	Gross receipts from related activities, etc	(See instructio	ns)			12		·
							21	
13	First Five Years. If the Form 990 is for the organization, check this box and stop here	-	nrst, secona, tnir	a, fourth, or fifth	itax year as a 5	υ I (c)(.		▶ ▽
	organization, thete this box and stop here						,	- 1.
С	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6		ded by line 11 c	olumn (f))		14		-
	Public Support Percentage for 2007 Scheo							
15	-	·				15		
16a	33 1/3% Test - 2008. If the organization di		•		3 1/3% or more,	check	this box	- -
L	and stop here. The organization qualifies a 33 1/3% Test - 2007. If the organization di		•		1 F to 2.2 1/20/- or	r maara	chack the	•
D	box and stop here. The organization qualifi				15 15 33 1/370 01	i illore,	, check thi	` ▶□
17a	10% Facts and Circumstances Test - 2008.				3 16a or 16h a	nd line	14 is 10'	•
	more, and if the organization meets the "fa	_						
	organization meets the "facts and circums							▶ ┌
Ь	10% Facts and Circumstances Test - 2007.	If the organizat	ion did not check	c a box on line 1	.3, 16a, 16b, or	17a an	id line 15 i	
	more, and if the organization meets the "fa		·					_
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the b	oox on line 13, 1	5a, 16b, 17a or	17b, check this	box ar	ıd see	▶ □
	instructions							

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 32-0198253

Name: Woods Charter School Foundation Inc

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
Lillian Orlandi 160 Woodland Grove Lane Chapel Hill, NC 27516	President 1 00	0	0	0
Donald Beeson 160 Woodland Grove Lane Chapel Hill, NC 27516	Vice-President 1 00	0	0	0
Teresa Reed 160 Woodland Grove Lane Chapel Hill, NC 27516	Treasurer 1 00	0	0	0
Cotton Bryan 160 Woodland Grove Lane Chapel Hill, NC 27516	Secretary 1 00	0	0	0
J Harrel Rentz 160 Woodland Grove Lane Chapel Hill, NC 27516	Director 1 00	0	0	0
Andrew Phillips 160 Woodland Grove Lane Chapel Hill, NC 27516	Director 1 00	0	0	0
Nicolle Stewart 160 Woodland Grove Lane Chapel Hill, NC 27516	Development Coordinator 1 00	0	0	0



TY 2008 General Explanation Attachment

Name: Woods Charter School Foundation Inc

ldentifier	Return Reference	Explanation
Schedule A, Part II, Line 10	Explanation for Other Income	Other Income

efile GRAPHIC print - DO NOT PROCESS As Filed	Data - DLN: 93492020000010

TY 2008 Grants and Similar Amounts Paid Schedule

Name: Woods Charter School Foundation Inc

Item No.	1
Class of Activity	Charitable
Donee's Name	Woods Charter School
Donee's Address	160 Woodland Grove Lane Chapel Hill, NC 27516
Amount (FMV)	60,851
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

TY 2008 Other Assets Schedule

Name: Woods Charter School Foundation Inc

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	84,451	53,055
Prepaid Expenses	0	1,250

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492020000010

TY 2008 Other Changes in Net Assets Schedule

Name: Woods Charter School Foundation Inc

Description	Amount
Non cash contributions	10,000

TY 2008 Other Expenses Schedule

Name: Woods Charter School Foundation Inc

Description	Amount
Bank Service Charges	1,503
Accounting Fees	2,020
Business Expenses	106
Marketing/Development	1,786
Supplies	163
Outside Contract Services	349
Conference, Convention & Meetings	445
Training and Development	50
Baskets for L/M Donors	478



TY 2008 Other Revenues Schedule

Name: Woods Charter School Foundation Inc

Description	Amount
Other Income	9,838

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: Woods Charter School Foundation Inc

EIN: 32-0198253

Declaration: The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.