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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2009****Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization

Hugh G. Ashcraft Foundation

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

701 Crestdale Drive

City or town, state or country, and ZIP + 4

Matthews, NC 28105

**D** Employer identification number**E** Telephone number

704-844-3100

**F** Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**H** Check ► ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 265,663.64**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	252,984.76
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	
	4	Investment income . . . . .	4	12,678.88
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	
	5b	Less: cost or other basis and sales expenses . . . . .	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 5a) . . . . .	6a	
	6b	Less: direct expenses other than fundraising expenses . . . . .	6b	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c		
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
7b	Less: cost of goods sold . . . . .	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8	Other revenue (describe ► ) . . . . .	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	265,663.64	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10	128,456.23
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	
	15	Printing, publications, postage, and shipping . . . . .	15	
	16	Other expenses (describe ► Insurance, Other ) . . . . .	16	4,762.29
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	133,218.52
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	132,445.12
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	281,213.45
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	413,658.57

**Part II** Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	279,602.96	22 410,078.84
23 Land and buildings . . . . .		23
24 Other assets (describe ► Grant Loans ) . . . . .	1,610.49	24 3,579.73
25 <b>Total assets</b> . . . . .	281,213.45	25 413,658.57
26 <b>Total liabilities</b> (describe ► ) . . . . .		26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	281,213.45	27 413,658.57

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED DEC 21 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>	<input checked="" type="checkbox"/>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>	<input checked="" type="checkbox"/>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>	
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	<b>38a</b>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> , section 4955 ▶ <u>0</u> . . . . .		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <u>North Carolina</u> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>Scott Nations C/O Harris Teeter</u> Telephone no ▶ <u>704-844-3100</u> Located at ▶ <u>701 Crestdale Drive, Matthews, NC</u> ZIP + 4 ▶ <u>28105</u> . . . . .		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	<b>42c</b>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44</b>	<input checked="" type="checkbox"/>
<b>45</b> 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 . . . . .	<b>45</b>	<input checked="" type="checkbox"/>

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes        | No                                  |
|--|------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <b>46</b>  | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <b>47</b>  | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <b>48</b>  | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <b>49a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <b>49b</b> | <input checked="" type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


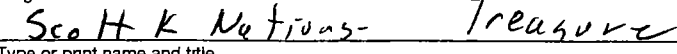
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>No Paid Employees</b>				
		0		

**f** Total number of other employees paid over \$100,000 . . . . . **0**

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None</b>		
		0

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

<b>Sign Here</b>	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		Date <u>11-15-10</u>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**Hugh G. Ashcraft Foundation**

Employer identification number

**58 1840748**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other.

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II** **Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,923	93,496	145,879	184,458	252,985	754,741
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3	77,923	93,496	145,879	184,458	252,985	754,741
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						146,000
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						608,741

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	77,923	93,496	145,879	184,458	252,985	754,741
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,204	13,337	10,479	7,001	12,679	51,699
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						806,440
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	<b>75.5 %</b>
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	<b>64.3 %</b>
<b>16a</b> <b>33⅓% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b</b> <b>33⅓% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**2009 YEARLY RECAP  
HUGH ASHCRAFT FOUNDATION**

<b>BEGIN. TOTAL ASSETS (1/1/09)</b>	<b>281,213.45</b>
<b>BEGINNING CASH</b>	<b>279,602.96</b>
<b>FOUNDATION INCOME (01/01/09 - 12/31/09)</b>	
CONTRIBUTIONS	252,984 76
DONATIONS	-
INTEREST REC'D	12,678 88
ADJUSTMENTS	-
GRANTS	(128,456.23)
EXPENSE	(4,762 29)
LOANS MADE	(5,000 00)
REPAYMENTS	3,030 76
<b>ENDING CASH BAL (12/31/09)</b>	<b>410,078.84</b>
<b>BEGIN. LOANS OUTST. (01/01/09)</b>	<b>1,610.49</b>
REPAYMENTS	(3,030 76)
LOANS MADE	5,000 00
<b>ENDING TOTAL ASSETS (12/31/09)</b>	<b>413,658 57</b>

# HUGH G. ASHCRAFT FOUNDATION

## GRANTS 2009

ASSOCIATE	SS#	Store #	ADDRESS	GRANT AMOUNT	Gift Card	Hire	Term	DATE APPROVED	CRITERIA	Assisted with
Smith, Chris		249	4607 Potlert Rd, Matthews NC 28105	813.75				8/18/09	Seperation	Rent
Herman, Elisa White		159	150 Heavenly Acres Lane, Taylorsville NC 28681	317.58	300			8/18/09	Seperation	Rent/gift cards
Hall, Antanika		181	1614 Fairfax Drive, VA Beach 23454	1,650.00				9/18/09	Needing to relocate	Deposit and rent
Bradford, Sherry		177	138 Green Turtle Lane #2, Charlottesville VA 22901	787.74				9/24/09	Loss of spouse income (medical)	Power Bill
Robinson, Sondra		39	4100 Lot K, Rivendell Lane Lot K, Charlotte NC 28227	450.00				9/18/09	Sudden and unforeseen	Rent
Gardner, Cheryl		104	3004 Taft Court, Raleigh NC 27610	1,005.90	200			10/2/09	Loss of her income - medical	Mortgage and gift cards
Horne Lewis, Annette		201	600 DeAnna Lane #B, Charlotte NC 28217	731.98				10/2/09	Loss of spouse income (laid off)	Rent and Power
Kavanaugh, Keith		51	1529 Hiawatha Drive, VA Beach VA 23464	682.78				10/2/09	Loss of spouse income (medical)	Rent
Hester, Donna		140	2801 Lannie Drive, Hillsborough, NC 27278	773.44				10/2/09	Loss of her income (medical)	Rent, Power and giftcard
Davis, Marisa		201	2833 Lanecrest Drive Apt 3, Charlotte NC	400.85				10/2/09	Hours cut facing power turnoff	Power
Stevens, Connie		190	2203 Cini Lane, Charlotte NC	1,179.23				10/2/09	Loss of spouse income (laid off)	Mortgage, Utilities
Akins, Richard		340	142 Link Drive, Iron Station NC 28080	4,000.00				10/2/09	Funeral Expenses	Funeral Expenses
Njuguna, Samuel		172	408 Argonne Drive, Durham, NC 27704	1,576.31				10/2/09	Loss of his income (medical)	Mortgage, Utilities
Sears, Roberta		210	218 Santa Ana, Wilmington, NC 28412	440.00				10/12/09	Death of Mother	Flight Fare
Higgins, Patricia		162	2537 Battery Place, Wilmington NC 28412	1,133.00				10/12/09	Facing Eviction	Rent
Proby, Candace		121	4778 Grassy Creek Road, Denver, NC 28037	1,374.13				10/14/09	Sudden and Unforeseen	Rent and Power
Jones, Susan		177	1404A Vine Street, Charlottesville VA 22902	615.15				10/16/09	Sudden and Unforeseen	Utilities
Menneh, Vernadine		80	4833 Tapers Drive, Raleigh NC 27816	986.28				10/16/09	Seperation	Rent and Power
Branson, Mary		46	2901 Brooknell Court, Concord 28027	2,339.42				10/16/09	Seperation	Mortgage and Utilities
Burke, Brenda		132	PO Box 6482 Charlottesville VA 22906	300.00				10/16/09	Sudden and unforeseen	Fuel Purchase
Shifflett, Tiffany		132	4581 Browns Rd, Crozet VA 22935	554.62				10/16/09	Loss of income	Power Bill
Johnson, Markisha		166	916 Old Forester Lane, Charlotte NC 28214	254.26	300			10/16/09	Loss of income (stepped down)	Utilities and gift cards
Lynch, Elsie		238	22 Wabash Rd, Inwood WV 25428	2,989.50				10/16/09	Loss of spouse income	Mortgage and Power
Galuski, Kimberly		14	2310 Memorial Hwy, Lake Lure NC 28746	871.41				10/16/09	Loss of her income (medical)	Mortgage and Power
Mathews, Laure		210	824 Bent Creek Drive, #103, Wilmington NC 28405	629.00						
Aldridge, Nicholas		78	25661 Dunlap Road, Lot 6, Albemarle NC 28001	2,000.00				11/8/09	uncovered medical expense	medical bill
Puhala, John		262	6413 Thornhill Road, Springfield VA 22150	1,539.95				11/6/09	Loss of spouse income	rent, power
Karpen, Elizabeth		88	14939 Rolling Sky Drive, Charlotte NC 28273	380.08				11/8/09	Loss of household income x 2	utilities
Blankin, Diane		305	37 Colleton Drive, Charleston SC 29407	872.55				11/19/09	Power turned off	Power Bill
Brinkley, Janet		158	2722C 17th St, Wilmington NC 28412	907.75				11/19/09	Death of Mother	Funeral Expenses
Pate, Jack		39	4100 Peggy Lane, Charlotte NC 28227	1,652.80				11/19/09	Fire	Deductible, Mortgage, Duke Energy
Baughner, Donna		132	246 Lakeview Drive, Ruckersville VA 22968-3012	438.16				11/19/09	Sudden and unforeseen	power bill
Cook, Jamina		12	3819 Audrey St., Charlotte NC 28215	768.00				11/30/09	Facing Eviction	rent
Holcomb, Angela		64	3808 Hunt Chase Ct, Greensboro NC 27407	419.62				12/4/09	Loss of her income (medical)	utilities
Foushee, Melba		297	1720 Hairston Ct, Chapel Hill NC 27516	1,153.78				12/4/09	Loss of her income (medical)	Rent/Utilities
Pitts, Shawn		249	2315 Lanecrest Drive, Charlotte NC 28215	2,325.81				12/4/2009	Loss of spouse income	Mortgage/Utilities
Taylor, Sandra		228	5470 Shattalon Drive, Apt 3-E, Winston Salem NC 27106	242.60				12/30/09	Medical	utilities
Bridgewater, Werner		23	3610 Peartree Ct #41, Silverspring MD 20906	1,368.87				12/30/09	Facing Eviction	Rent
TOTAL Grants				128,425.94	3,700.00	132,153.04				
Heath, Brandon				3,000.00				1/20/09	uninsured medical - LOAN	
Moore, Larry				2,000.00				9/4/09	sudden and unforeseen - LOAN	
Total Loans				5,000.00						

**December 31, 2009**

**Hugh G. Ashcraft Foundation**

**Board Members**

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<b>President</b>	<b>Bob Ramsey</b>
<b>Vice President</b>	<b>Craig Parker</b>
<b>Treasurer</b>	<b>Scott Nations</b>
<b>Board Member</b>	<b>John Gruener</b>
<b>Board Member</b>	<b>Iris Burch</b>
<b>Board Member</b>	<b>Leah Belk</b>
<b>Board Member</b>	<b>Maria Descalzi</b>

# HUGH G. ASHCRAFT FOUNDATION

## GRANTS 2009

ASSOCIATE	SS#	Store #	ADDRESS	GRANT AMOUNT	Gift Card	Hire	Term	DATE APPROVED	CRITERIA	Assisted with
Phillips, Pamela		294	15815 Umbrella Lane #106, Charlotte NC 28278	767.45	100			1/9/09	Loss of her income - child with cancer	Rent, Power, Gift Card
Murphy, Mary Rogers		322	7497 Furnace Brach Rd Apt C, Glenburnie MD 21060	566.80	200		4-Feb	1/9/09	Loss of relationship income and medical	Power Bill, Gift Cards
Michaux, Roxanna		204	8417 River Birch Dr, Apt 106, Charlotte NC 28210	1,256.30			May-09	1/9/09	Eviction Notice	Rent
Laurento, Theresa		118	2120 Colorwood Ct, Fuquay Varina, NC 27526	1,353.94				1/9/09	Loss of spouse income - car salesman not selling cars	Rent, Power, Gas
Henry, Christina		282	9883 Good Luck Road #8, Lanham, MD 20705	1,389.00				1/9/09	Seperation	Rent
Fiallo, Bertha		136	1342 Rio Valley Drive #104, Raleigh, NC 27614	840.51			6/22/2009	1/16/09	Loss of spouse income - husband lost job	Rent and Power
Stinson, Lynn		167	10116 Rockwood Road, Charlotte NC 28215	317.27			10/6/2009	1/16/09	Loss of her income - medical	Utility bill
Mitchell, Andrea		112	1031 Circle Drive Apt D, Angier, NC 27501	997.50				1/16/09	Loss of spouse income - husband lost job	Rent
Barbee, Evelyn		78	10240 Fink Rd, Mt Pleasant NC 28124	2,000.00				1/16/09	house damage due to mold	Cash to associate
Stankovic, Sretanda		173	4208 Chilton Way, High Point, NC 27265	900.00				1/16/09	Loss of her income - cancer	Mortgage
Kiger, John Alvin		102	2415 Chestnut Heights Road, Winston Salem NC 27107	415.00	200			1/16/09	Death	Funeral expenses
Phillips, Christina		182	3733 Dresden Drive #E, Charlotte NC 28205	943.56				1/26/09	Eviction Notice	Deposit/Utilities
Watkins, Ravon		146	114 Worthdale Drive, Winston Salem NC 27103	1,000.00				1/26/09	Loss of spouse income - medical	Mortgage/Utilities
Hodge, Tesa		83	1018 Wahler Place SE, Washington, DC 20038	478.23				2/10/09	Loss of spouse income - lost job	Utility bill
Halston, Shirley		155	416 Camden Ridge Drive, Winston-Salem NC 27105	200.84				2/10/09	Loss of her income - medical	Utility bill
Gallagher, Tammy		68	217 Morgan Place, Concord NC 28025	2,000.00			8/22/2009	2/20/09	Fire	Cash to associate
Marrero, Evelyn		174	3120 Longspur Drive, Matthews NC 28105	2,174.73				2/20/09	Loss of his income - decreased hours	Mortgage
Gott, Kristi		66	8601 Beeswood Drive, Charlotte NC 28277	2,257.41			9/22/2009	2/23/09	Death	Mortgage
Mahaffey, Joan		182	6708 Forest Green Drive, Waxhaw, NC 28173	1,515.38				2/24/09	Loss of his income - decreased miles (driver)	Mortgage
Wood, Kimberly		33	4216 J Parker Street, Greensboro NC 27405	890.13				3/5/09	Sudden and unforeseen	Rent and Utilities
Koewler, Dee Anne		58	307 Founders Walk Drive, Morrisville NC 27560	1,525.19			9/1/2009	3/5/09	Seperation	Rent and Utilities
Brown, Connie		289	4872 Nobles Mill Pond Road, Rocky Mt. 27801	1,443.36				3/20/09	Loss of spouse income - lost brick job	Mortgage
Germany, Tasha		104	107 Twin Oaks Pl, Cary NC 27511	648.75			4/11/2009	3/20/09	Loss of her income - medical	Utility bills
Bremner, Tracey		179	433 Crown Point Circle, Concord, NC 28027	669.70				4/3/09	Loss of her income - medical	Rent/Power
Voss, Linda		257	210 Marilyn Circle, Cary NC 27513	119.65	100			4/3/09	Loss of her income - medical	Power
Campbell, Lisa		110	509 E Clonier, Dallas NC 28034	4,000.00				4/8/09	Death	Funeral expenses
Hester, Donna		140	2801 Lannie Drive, Hillsborough, NC 27278	299.41	200			4/22/09	Loss of her income - medical	Utilities and gift cards
Brown, Kennette		282	5308 85th Avenue, New Carrion, MD 20784	2,589.00				4/22/09	Sudden and unforeseen	Deposit/Rent
Lasanta, Jill		268	148 Talbert Woods Place, Mooresville nc 28117	2,071.26				4/22/09	Sudden and unforeseen - stopped payment on first mortgage check 1278023, new check issued on 4/27 1279576 sent FEDEX	Mortgage/gas bill
White, Judy		35	2341 Carmine Street, Apt 3, Charlotte NC 28206		250			4/22/09	Extensive Medical	Gift Cards
Burrell, Jayne		83	12072 Cardamom Drive, Woodbridge, VA 22192	1,519.90				5/1/09	Loss of Spouse Income - Lost Job	Mortgage
Campbell, Sparkle		162	809 N 5th Street, Wilmington NC 28401	1,660.16				5/15/09	Loss of spouse income - husband quit job to care for mother	Rent/Utility
Kennedy, Thomas		298	1913 Alexander Road, Raleigh NC 27608	2,748.16				5/15/09	Loss of spouse income - works on commission in real estate - no sales for one year	Rent/Utility
Jones, Kisha		160	4416 South Tryon Street, #4100, Charlotte NC 28217	1,425.79				5/15/09	Seperation	Rent/Utility
Annette, Tonya		205	2309 Booker Avenue, Charlotte NC 28216	1,012.00				5/22/09	Facing Eviction	Rent
Danz, Debora Hendrix		350	1828 Sunrise Drive, VA Beach VA 23455	500.00				6/5/09	Divorce	Rent
Howell, Jimmy		162	1004 Walker Ridge Ct, Wilmington NC 28412	1,400.00				6/5/09	Loss of his income - medical	Rent
Kates, Brian		162	808 Musevale Drive, Wilmington NC 28412	1,150.00				6/9/09	Sudden and Unforeseen	Rent
Hancock, Joyce		201	4891 Birdie Way, Concord, NC 28025	754.09			8/23/2009	6/30/09	Sudden	Power
Suarez, Michelle		63	3430 Susel Avenue Apt 142D, Rocky Mt, NC 27804	1,632.10				7/3/09	Loss of her income - medical	Rent/Utility
Marrone, Cheryl		11	12129 Taragate Drive, Charlotte NC 28273	1,868.15				7/3/09	Loss of roommate	Rent/Utility
Miller, Roger		35	2761 Eastway Drive, Charlotte 28205	1,650.00				7/3/09	Loss of his income	Rent
Shaver, Angela		19	295 Flemming Rd, Apt C, Charleston, SC 29412	2,449.12				7/3/09	Loss of roommate	Rent
Faggart-Wallace, Amy Denise		220	61 Tulip Avenue, Concord NC 28025	4,000.00				7/3/09	Death of Husband	Funeral expenses
Smith, Patricia Denise		25	6252 D Hackberry Drive, Hope Mills NC 28348		250			6/5/09	Sudden and Unforeseen	Gift Cards Only
Bullock, Janet		124	1601 Turnpike Road, Darlington SC 29532	1,099.05				7/8/09	Sudden and Unforeseen	Mortgage
Daise, Darlene		160	1705 West Blvd, Apt C1, Charlotte NC 28208	1,646.16				7/17/09	Facing Eviction	Rent/Utility
Little, Trina		12	1723 West Blvd, Charlotte NC 28208	633.00				7/17/09	Facing Eviction	Rent
Harris, Jeremy Todd		104	100 Woodcreek Drive, Apt E, Cary NC 27511	714.85				7/17/09	Facing Eviction	Rent
Neely, Cassandra		4	7429 Quailwood Drive, Apt F, Charlotte NC 28226	866.25				7/22/09	Medical Expenses/Son and loss of her income	Rent
Perry, Christina Robin		112	705 Spartacus Ct, Cary, NC 27518	1,410.87				8/7/09	Medical Expenses/associate	Rent
Graham, Willie		108	13300 Blues Farm Rd, Apt 14, Laurinburg, NC 28352	2,159.05				8/7/09	Loss of spouse income (her full time job)	Rent/Utilities
Slidd, Phillip Scott		157	7023 Indian Trail Fairview Rd, Indian Trail NC 28079	1,175.00				8/7/09	Loss of wife income and cut in pay from former job	Rent
Ambrosely, Michelle		88	12914 Mosby lane, Charlotte NC 28273	1,038.98				8/7/09	Sudden and unforeseen	Rent/Utility
Messick, Donna		91	208 Lovella Drive, Winston Salem, NC 27107	2,501.01				8/21/09	Loss of spouse income (commission)	Mortgage
Adams, Catherine		289	2320 Anderson Drive, Raleigh NC 27608	750.00	100			8/21/09	Dental Bills	Rent
Ford, Michael		63	4196 Batchelor Rd, nashville NC 27856		400			8/21/09	Medical	Gift Cards Only
Toolan, Diane		104	521 Dogwood Creek Place, Fuquay Varina, NC 27526	457.81				8/21/09	Loss of her income (surgery)	Mortgage
Byrd, Kishana Divine		118	1315 Verdoucq Drive, Holly Springs, NC 27540	1,180.00				8/21/09	Loss of her income (medical)	Rent
Caldwell, Brandi		205	2166 Montclair Drive #15, Charlotte NC 28227		500			9/4/09	Loss of spouse income (out of work)	Gift Cards Only
McNichols, Janelle		29	111 Graham Street, Hamlet, NC 28345		500			9/4/09	Divorce	Gift Cards Only
Pegues, Delores		201			100			9/4/09	Sudden and Unforeseen	Gift Card Only
Echols, Gall		306	2515 Spring Garden Street, Greensboro NC 27403	4,000.00				9/4/09	Sudden and unforeseen	Mortgage/Utilities
Drake, Marina		241	25578 New Market Rd #1, Courtyard, VA 23837	720.28				9/4/09	Loss of income (child support)	Rent/Utilities
Serrano, Gloria		61	7111 Lanark Ct, Charlotte NC 28217	1,199.24				9/4/09	Loss of his and her income (cancer)	Mortgage/Utilities/Giftcard
Losilo, Michael		200	1927 Pinetuck Ct, Cary NC 27513	871.08				9/4/09	Loss of his income (medical)	Rent/Utilities
Noonan, Gina		83	5850 Cameron Run Terrace #524, Alexandria VA 22303	965.89				9/4/09	Sudden and Unforeseen	Rent
Hester, Stephanie		177	999 5th Street SW, Charlottesville VA 22901	960.45				9/17/09	Sudden and Unforeseen	Power Bill
Ellis, Julie		149	3576 Legacy Road, Lancaster SC	2,157.00				9/18/09	Loss of her income (medical)	Power and Rent
Rizzo, Richard Jr		103	3300-308 Huddleston Drive, Raleigh, NC 27612	91.98				9/18/09	Sudden and Unforeseen	Power
Raymer, Sherr Dawn		201	3621 Ritch Avenue, Charlotte NC 28206	875.00				9/18/09	Loss of her income (medical)	Rent
Harris, Shelly		201	1800 Kensington Drive, Charlotte NC 28205	300.00				9/18/09	Sudden and Unforeseen	Rent

# HUGH G. ASHCRAFT FOUNDATION

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Total Loans				5,000.00						