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

Department of the Treasury  
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

For calendar year 2010, or tax year beginning **, 2010, and ending , 20**

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

Name of foundation <b>Victoria Susan Sutton Charitable Trust</b>		A Employer identification number <b>56-6376395</b>
Number and street (or P O. box number if mail is not delivered to street address) <b>101 N. Tryon St.</b>		Room/suite <b>1240</b>
B Telephone number (see page 10 of the instructions) <b>704/375.3720</b>		
City or town, state, and ZIP code <b>Charlotte, NC 28246</b>		
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► <b>\$ 3,883.</b> <b>(Part I, column (d) must be on cash basis.)</b>		
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
<b>C</b> If exemption application is pending, check here ► <input type="checkbox"/> <b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>		

<b>Part I</b> <b>Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	81,109.			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0.	0.	0.	
	4 Dividends and interest from securities . . . . .	0.	0.	0.	
	5a Gross rents . . . . .	0.	0.	0.	
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	0.			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . .		37,483.		
	8 Net short-term capital gain . . . . .			0.	
	9 Income modifications . . . . .			0.	
	10a Gross sales less returns and allowances . . . . .	0.			
	b Less: Cost of goods sold . . . . .	0.			
	c Gross profit or (loss) (attach schedule) . . . . .	0.		0.	
	11 Other income (attach schedule) . . . . .	0.	0.	0.	
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	<b>81,109.</b>	0.	0.	
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
	14 Other employee salaries and wages . . . . .	0.	0.	0.	0.
	15 Pension plans, employee benefits . . . . .	0.	0.	0.	0.
	16a Legal fees (attach schedule) . . . . .	4,636.	695.	0.	3,941.
	b Accounting fees (attach schedule) . . . . .	0.	0.	0.	0.
	c Other professional fees (attach schedule) . . . . .	0.	0.	0.	0.
	17 Interest <b>RECEIVED MAY 21 2012</b> . . . . .	0.	0.	0.	0.
	18 Taxes (attach schedule) (see page 14 of the instructions)	0.	0.	0.	0.
	19 Depreciation (attach schedule) and depletion . . . . .	0.	0.	0.	0.
	20 Occupancy <b>OGDEN, UT</b> . . . . .	0.	0.	0.	0.
	21 Travel, conferences, and meetings . . . . .	0.	0.	0.	0.
	22 Printing and publications . . . . .	0.	0.	0.	0.
	23 Other expenses (attach schedule) . . . . .	0.	0.	0.	0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	<b>4,636.</b>	<b>695.</b>	0.	3,941.
	25 Contributions, gifts, grants paid . . . . .	99,034.			99,034.
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	<b>103,670.</b>	<b>695.</b>	0.	102,975.
	<b>27</b> Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	(22,561).			
	b Net investment income (if negative, enter -0-) . . .		36,788.		
	c Adjusted net income (if negative, enter -0-) . . .			0.	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	<b>Beginning of year</b>	<b>End of year</b>	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	0.	0.	0.
	2	Savings and temporary cash investments . . . . .	0.	0.	0.
	3	Accounts receivable ► . . . . .	0.		
		Less: allowance for doubtful accounts ► . . . . .	0.	0.	0.
	4	Pledges receivable ► . . . . .	0.		
		Less: allowance for doubtful accounts ► . . . . .	0.	0.	0.
	5	Grants receivable . . . . .	0.	0.	0.
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			0.
	7	Other notes and loans receivable (attach schedule) ► . . . . .	0.		
		Less: allowance for doubtful accounts ► . . . . .	0.	0.	0.
	8	Inventories for sale or use . . . . .	0.	0.	0.
	9	Prepaid expenses and deferred charges . . . . .	0.	0.	0.
	10a	Investments—U.S. and state government obligations (attach schedule) . . . . .	26,444.	3,883.	3,883.
	b	Investments—corporate stock (attach schedule) . . . . .	0.	0.	0.
	c	Investments—corporate bonds (attach schedule) . . . . .	0.	0.	0.
	11	Investments—land, buildings, and equipment: basis ► . . . . .	0.		
	Less: accumulated depreciation (attach schedule) ► . . . . .	0.	0.	0.	
12	Investments—mortgage loans . . . . .	0.	0.	0.	
13	Investments—other (attach schedule) . . . . .	0.	0.	0.	
14	Land, buildings, and equipment: basis ► . . . . .	0.			
	Less: accumulated depreciation (attach schedule) ► . . . . .	0.	0.	0.	
15	Other assets (describe ► N/A) . . . . .	0.	0.	0.	
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	26,444.	3,883.	3,883.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	0.	0.	
	18	Grants payable . . . . .	66,200.	44,400.	
	19	Deferred revenue . . . . .	0.	0.	
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .	0.	0.	
	21	Mortgages and other notes payable (attach schedule) . . . . .	0.	0.	
	22	Other liabilities (describe ► N/A) . . . . .	0.	0.	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	66,200.	44,400.	
<b>Net Assets or Fund Balances</b>	24	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
		and complete lines 24 through 26 and lines 30 and 31.			
	25	Unrestricted . . . . .			
	26	Temporarily restricted . . . . .			
		Permanently restricted . . . . .			
	27	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>			
		and complete lines 27 through 31.			
	28	Capital stock, trust principal, or current funds . . . . .	26,444.	3,883.	
	29	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .	0.	0.	
	30	Retained earnings, accumulated income, endowment, or other funds . . . . .	0.	0.	
	31	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	26,444.	3,883.	
	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	92,644.	48,283.		

**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	26,444.
2	Enter amount from Part I, line 27a . . . . .	2	(22,561).
3	Other increases not included in line 2 (itemize) ► . . . . .	3	0.
4	Add lines 1, 2, and 3 . . . . .	4	3,883.
5	Decreases not included in line 2 (itemize) ► . . . . .	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	3,883.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> Publicly traded securities			D	7/28/10	7/30/10
<b>b</b> Publicly traded securities			D	12/2/10	12/3/10
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>	
<b>a</b> 21,947.		0.	13,141.	8,806.	
<b>b</b> 59,162.		0.	30,485.	28,677.	
<b>c</b>					
<b>d</b>					
<b>e</b>					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
<b>(i) F M V as of 12/31/69</b>		<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col. (i) over col. (j), if any</b>		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	37,483.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8				<b>3</b>	0.

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009			
2008			
2007			
2006			
2005			
<b>2</b> Total of line 1, column (d)			<b>2</b>
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			<b>4</b>
<b>5</b> Multiply line 4 by line 3			<b>5</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b>
<b>7</b> Add lines 5 and 6			<b>7</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4			<b>8</b>

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 on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)	1	736.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> 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-)	2	0.
3	Add lines 1 and 2	3	736.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	736.
6	<b>Credits/Payments:</b>		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	0.
b	Exempt foreign organizations—tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	736.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	0.
11	Enter the amount of line 10 to be: <b>Credited to 2011 estimated tax</b> ► 0. <b>Refunded</b> ►	11	0.

**Part VII-A Statements Regarding Activities**

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	✓
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b	✓
<i>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.</i>			
1c	Did the foundation file Form 1120-POL for this year?	1c	✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	✓
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	✓
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	✓
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	✓
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► <b>North Carolina</b>		
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? <i>If "No," attach explanation</i>	8b	✓
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	9	✓
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	✓

**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 page 20 of the instructions)	11	✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓
Website address ► <b>NONE</b>			
14	The books are in care of ► <b>Grier Furr &amp; Crisp, PA</b> Telephone no. ► <b>704/375.3720</b> Located at ► <b>101 N. Tryon St., Ste. 1240, Charlotte, NC</b> ZIP+4 ► <b>28246-0104</b>		
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 ► <b>15</b>	□	
16	At any time during calendar year 2010, 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 page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes ✓

**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.	Yes	No
1a	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . <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 (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . <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 (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 (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		
1b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 page 22 of the instructions)? . . . Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010? . . .		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b> b Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 22 of the instructions.) . . . c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► <b>20</b> , <b>20</b> , <b>20</b> , <b>20</b>		
2b			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 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 2010.) . . .		
3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
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 2010?		✓
4b			✓

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

<b>5a</b>	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the 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>b</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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		<b>5b</b>	✓
<b>c</b>	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>		<b>6b</b>	✓
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the 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
Please see Schedule D.				
.....				
.....				
.....				
.....				
.....				

**2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the 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				
.....				
.....				
.....				
.....				
.....				
<b>Total number of other employees paid over \$50,000</b>				►

**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 page 23 of the instructions). If none, enter "NONE."**

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

## **Part IX-A      Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
<b>1</b>	NONE	
	.....	
<b>2</b>		
	.....	
<b>3</b>		
	.....	
<b>4</b>		
	.....	

**Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
<b>1</b>	<b>NONE</b>	
	.....	
	.....	
<b>2</b>		
	.....	
	.....	
All other program-related investments See page 24 of the instructions.		
<b>3</b>	<b>NONE</b>	
	.....	
	.....	
<b>Total.</b> Add lines 1 through 3 ►		

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	9,180.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	<b>Total</b> (add lines 1a, b, and c)	1d	9,180.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,180.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	138.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,042.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	452.

**Part XI Distributable Amount** (see page 25 of the 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	452.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	736.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	0.
c	Add lines 2a and 2b	2c	736.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see page 25 of the instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

**Part XII Qualifying Distributions** (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	102,975.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,975.
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 page 26 of the instructions)	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	102,975.

**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 page 26 of the instructions)**

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7 . . . . .				0.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only . . . . .			0.	
b Total for prior years: 20 ____,20 ____,20 ____		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 . . . . .	80,503.			
b From 2006 . . . . .	130,893.			
c From 2007 . . . . .	52,982.			
d From 2008 . . . . .	128,937.			
e From 2009 . . . . .	104,564.			
f Total of lines 3a through e . . . . .	497,879.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 102,975.				0.
a Applied to 2009, but not more than line 2a . . . . .			0.	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) . . . . .		0.		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions) . . . . .	0.			
d Applied to 2010 distributable amount . . . . .				0.
e Remaining amount distributed out of corpus . . . . .	102,975.			
5 Excess distributions carryover applied to 2010 (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 . . . . .	600,854.			
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 page 27 of the instructions . . . . .		0.		
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions . . . . .				0.
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011 . . . . .				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	80,503.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a . . . . .	520,351.			
10 Analysis of line 9:				
a Excess from 2006 . . . . .	130,893.			
b Excess from 2007 . . . . .	52,982.			
c Excess from 2008 . . . . .	128,937.			
d Excess from 2009 . . . . .	104,564.			
e Excess from 2010 . . . . .	102,975.			

**Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)**

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ►				N/A
b	Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)				
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon:				
a	"Assets" alternative test—enter:				
(1)	Value of all assets				
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test—enter $\frac{1}{3}$ of minimum investment return shown in Part X, line 6 for each year listed				
c	"Support" alternative test—enter:				
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3)	Largest amount of support from an exempt organization				
(4)	Gross investment income				

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the 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).)

**Victoria Susan Sutton**

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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

Please see Exhibit I.

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

Please see Exhibit I.

c Any submission deadlines:

Please see Exhibit I.

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

Please see Exhibit I.

**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>				
Please see Schedule E.				
<b>Total</b>				► 3a 99,034.
<i>b Approved for future payment</i>				
Please see Schedule F.				
<b>Total</b>				► 3b 44,400.

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

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions on page 29 to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)
N/A	

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

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

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (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

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 or fiduciary) is based on all information of which preparer has any knowledge

**Sign Here**  **Chair**  
Signature of officer or trustee **15/17/12** Date **Title**

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Christian P. Cherry</b>	Preparer's signature <i>Christian P. Cherry</i>	Date <b>5/16/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01608530</b>
	Firm's name ► <b>Grier Furr &amp; Crisp, PA</b>	Firm's EIN ► <b>56-1643255</b>			
	Firm's address ► <b>101 N. Tryon St., Ste. 1240, Charlotte, NC 28246</b>	Phone no <b>704/375.3720</b>			

## Schedule B

• **(Form 990, 990-EZ,  
or 990-PF)**

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No 1545-0047

2010

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**Name of the organization**

**Employer identification number**

Victoria Susan Sutton Charitable Trust

**56-6376395**

**Organization type (check one):**

**Filers of:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Form 990 or 990-EZ**

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

## Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

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

Name of organization Victoria Susan Sutton Charitable Trust	Employer identification number 56-6376395
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**Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Victoria Susan Sutton 520 N. Church St. Charlotte, NC 28202	\$ 81,109.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization Victoria Susan Sutton Charitable Trust	Employer identification number 56-6376395
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**Part II Noncash Property (see instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	860 shares of Columbia Acorn Fund	\$ 21,947	7/28/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,046 shares of Calamos INVT TR New	\$ 59,162.	12/2/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

**PART I, Line 1, Column A**

**Schedule A - Contributions**

Victoria Susan Sutton contributed a total of \$81,108.96 to the Foundation on the following dates:

7/28/2010	\$21,947.20	(transferred 860 shares of Columbia Acorn Fund)
12/02/2010	\$59,161.76	(transferred 1,046 shares of Calamos INVT TR New)
<b>TOTAL</b>	<b>\$81,108.96</b>	

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**PART I, Line 16a, Columns A, B & D**

**Schedule B - Legal Fees**

The Foundation paid legal fees of \$4,636.16 on December 9, 2010. Of this total, \$695.00 was allocated toward legal services that were undertaken to produce or collect investment income from interest or for the management, conservation or maintenance of property held for the production of income.

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**PART II, Line 10a**

**Schedule C – Investments in U.S. and State Government Obligations**

Columns (a), (b) and (c): As of January 1, 2010, the Foundation held 26,443.75 shares of Evergreen US Government Money Market Fund, valued at \$26,443.75. As of December 31, 2010, the Foundation held 3,883.00 shares of Evergreen US Government Money Market Fund, valued at \$3,883.00.

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**PART VIII, Line 1**

**Schedule D - Officers, Directors, Trustees,  
Foundation Managers, and Their Compensation**

(a)	(b)	(c)	(d)	(e)
Victoria Susan Sutton 520 N. Church Street Charlotte, NC 28202 Trustee/Chair	Less than one	0	0	0
Charles Davis Bing 520 N. Church Street Charlotte, NC 28202 Trustee	Less than one	0	0	0
Elizabeth Sutton Spratt 1920 Suttonview Road	Less than one	0	0	0

Fort Mill, SC 29715  
Trustee/Secretary

Catherine Sutton Bryant 101 Loch Bend Lane Cary, NC 27518 Trustee	Less than one	0	0	0
Kathryn Lynn Ridge 19610 Weaver's Ridge Huntersville, NC 28078 Trustee/Vice Chairman	Less than one	0	0	0
J. Cameron Furr, Jr. c/o Grier Furr & Crisp, PA 101 N. Tryon St., Ste. 1240 Charlotte, NC 28246 Assistant Secretary	Less than one	0	0	0

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**Part XV, Line 3a**

**Schedule E - Grants and Contributions Paid During the Year**

<u>Name and Address</u>	<u>Purpose of Grant or Contribution</u>	<u>Amount</u>
N.C. Wildlife Federation 2155 McClintock Road Charlotte, NC 28205	Annual Pledge (2010)	\$1,500.00
Clemson University G01 Sikes Hall Box 345123 Clemson, SC 29634-5123	Tuition – Weaver Scholarship (2010 spring(2), 2010 fall(2))	\$19,992.00
University of SC - Upstate 800 University Way Spartanburg, SC 29303 Attn: Bonnie Carson	Tuition – Weaver Scholarship (2010 spring, 2010 fall)	\$9,946.00
Wright State University Financial Aid E136 Student Union 3640 Kernal Glenn Way Dayton, OH 45435	Tuition – Weaver Scholarship (2010 spring, 2010 fall)	\$9,946.00
First Presbyterian Church 200 West Trade Street Charlotte, NC 28202 First Presbyterian Church 200 West Trade Street	Annual Pledge (2010)	\$21,000.00
	Extraordinary Times Fund (2010)	\$5,000.00

Charlotte, NC 28202

Community School of the Arts 345 N. College Street, Suite 413 Charlotte, NC 28202	Annual Pledge	\$450.00
Levine Children's Hospital Carolinas Healthcare Foundation PO Box 32861 Charlotte, NC 28232	Annual Pledge	\$20,000.00
United Way of Central Carolinas 301 South Brevard Street Charlotte, NC 28202	Annual Pledge	\$11,000.00
Friends of Accion c/o Covenant Presbyterian Church 1000 E. Morehead Street Charlotte, NC 28204	Annual Pledge	<u>\$200.00</u>
<b>TOTAL 2010 CONTRIBUTIONS</b>		<b>\$99,034.00</b>

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**Part XV, Line 3b**

**Schedule F - Grants and Contributions Approved for Future Payment**

<u>Name and Address</u>	<u>Purpose of Grant or Contribution</u>	<u>Amount</u>
Levine Children's Hospital	Five Year Pledge (1 Year Remaining)	\$20,000.00
First Presbyterian	Annual Pledge	<u>\$24,400.00</u>
<b>TOTAL CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT</b>		<b>\$44,400.00</b>

# **The Dottie Kirkley Weaver Scholarship**

# **The Dottie Kirkley Weaver Scholarship Information**

The Dottie Kirkley Weaver Scholarship was established in 1999 by the Victoria Susan Sutton Charitable Trust. Mrs. Weaver served as women's basketball coach of Fort Mill High School during the late 1960's and early 1970's, instilling in her players a strong sense of honesty, equality and fair play. All whose lives she touched came away richer, having received the invaluable gift of a kind and devoted mentor.

Vicki Sutton established the Weaver Scholarship on behalf of all those who had the privilege of a knowing Dottie Kirkley Weaver. Ms. Sutton believes that the scholarship is an apt way to remember a special teacher, coach and friend while affording deserving female athletes from Fort Mill High School the opportunity to continue their education.

## **Eligibility**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School;
- (b) have participated in a sport at Fort Mill High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

## **Nature of the Award**

One scholarship will be awarded each academic year. The amount of the scholarship will equal the recipient's actual tuition and fees at any accredited college or university in the United States, including a community college, up to the cost of in-state tuition and fees charged by the University of South Carolina at Columbia for each year of the award. The award will be paid directly to the educational institution on the recipient's behalf. A recipient may receive the scholarship for up to four years of study so long as she remains a full-time student and maintains a grade point average of at least 2.5 for each academic year. A recipient shall provide to the Trust an official transcript prior to each annual renewal.

## **Selection Process and Criteria**

A committee composed of one teacher, one representative from the athletic department, one guidance counselor and one Board Member of the Victoria Susan Sutton Charitable Trust will review each application and will select the top three candidates. The selection committee then may

- elect to interview the top three candidates, and members of the Board of the Victoria Susan Sutton Charitable Trust will be invited to attend those interviews. The committee and any Board member who wishes to participate then will select the scholarship recipient.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at Fort Mill High School, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

Applicants are asked to indicate on the application form whether they have applied, or intend to apply, for any similar scholarships. The selection committee reserves the right to abate the Weaver scholarship if a Weaver Scholar is the beneficiary of other significant scholarships, awards or prizes.

## **Application Process**

Application packets are available in the guidance office. They should be completed and submitted to the guidance office no later than March 15. The Dottie Kirkley Weaver Scholar will be selected by and announced at the Spring Sports Banquet or by May 31.

In addition to completing the attached scholarship application form, applicants should submit a high school transcript. Applicants also should ensure that their recommendation forms are submitted before the deadline by their chosen coach and teacher.

# **The Dottie Kirkley Weaver Scholarship**

## **Application Form**

*(Please type or print using black ink.)*

### **Personal Information**

Name *(last)* \_\_\_\_\_ *(first)* \_\_\_\_\_ *(middle)* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_  Living  Deceased

Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_  Living  Deceased

Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

### **School Information**

Grade Point Average \_\_\_\_\_ Class Rank (%) \_\_\_\_\_ SAT score \_\_\_\_\_

### ***Sports Activities and Awards*** *(Attach additional sheets if necessary.)*

— Please list those sports activities in which you have participated, the years in which you participated, and whether or not you lettered in the sport

•    Please list the awards you have received for participating in sports activities, including awards you received for pre-high school sports activities.

***Other School Activities and Awards*** *(Attach additional sheets if necessary.)*

   Please list (in order of importance to you) your high school activities, such as participation in school clubs, and any leadership positions you held.

***Activities Outside of School*** *(Attach additional sheets if necessary.)*

Do you currently have a job?  Yes  No

If so, who is your current employer? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

   Please list (in order of importance to you) your involvement in extracurricular activities *outside* of school, such as community and volunteer organizations and church

   How did you spend your last summer break?

**Your Plans After Graduating from Fort Mill High School**

What school will you be attending?

Name \_\_\_\_\_

Address

Month/Year you will begin attendance

Will you attend full-time?  Yes  No

Please list the occupations or professions you are considering. You may indicate more than one career interest, or specify "undecided" if you are uncertain at this time

## Financial Information

What is your total annual income before taxes? NOTE If you are *not* financially independent, please indicate your family's combined annual income before taxes

<input type="checkbox"/> Less than \$30,000	<input type="checkbox"/> \$70,001 to \$80,000
<input type="checkbox"/> \$30,001 to \$40,000	<input type="checkbox"/> \$80,001 to \$90,000
<input type="checkbox"/> \$40,001 to \$50,000	<input type="checkbox"/> \$90,001 to \$100,000
<input type="checkbox"/> \$50,001 to \$60,000	<input type="checkbox"/> More than \$100,000
<input type="checkbox"/> \$60,001 to \$70,000	

How many family members are supported by the annual income indicated above? \_\_\_\_\_

How many of these family members are currently in college? \_\_\_\_\_

If you would like to include any additional information which would further illustrate your financial need, please do so in the space below. Please be specific

Have you been awarded, or do you plan to apply for, any other scholarships or financial aid?  Yes  No

If so, please indicate below the sources of the assistance you have been awarded or are applying for, and in what amounts. Please indicate whether or not you have received the assistance, and, if you have not yet received the assistance, when you expect to hear whether or not you will receive such assistance.

## · Short Essays

— In the space provided below, please describe your most significant involvement in a sports activity during high school. What did you learn from this experience? How did your participation influence others?

— In the space provided below, please describe the person who has had the most significant impact on your life, and explain why

## • References

Please give the attached comment sheets to one coach and one teacher (other than a coach) who know you well and who can provide information about you which will help the selection committee in its award decision

In addition, please list below three references **from outside of Fort Mill High School**. Examples include employers, leaders of civic groups, coaches from sports leagues outside of Fort Mill High School, ministers, etc. Your references should know you well and should be willing to talk with the selection committee about you and about how they know you

(1) Name

Address

Telephone ( )

(2) Name

Address

Telephone ( )

(3) Name

Address

Telephone ( )

I certify that, to the best of my knowledge, the **financial** information set out above is correct and complete

Signature Date

(To be signed by Parent or Guardian, or by Applicant if Applicant is financially independent)

I certify that, to the best of my knowledge, all the information contained in this application and its attachments is correct and complete I agree that the selection committee has my permission to verify it

Signature Date

(To be signed by Applicant)

# **The Dottie Kirkley Weaver Scholarship**

## **Teacher Recommendation Form**

Note: This form should be completed by a teacher who is not a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School;
- (b) have participated in a sport at Fort Mill High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at Fort Mill High School, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship. In my opinion, this applicant is fully qualified for the reasons stated below. (You may use the space below, or attach additional sheets. Please make the selection committee aware of any special or unique circumstances that should be considered in evaluating this applicant's record and potential. Remember that written comments will be received in confidence and will be used only in the selection process.)

---

Signature

Name (type or print)

---

Title

Date

# **The Dottie Kirkley Weaver Scholarship**

## **Coach Recommendation Form**

Note: This form should be completed by a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School;
- (b) have participated in a sport at Fort Mill High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at Fort Mill High School, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship. In my opinion, this applicant is fully qualified for the reasons stated below. (You may use the space below, or attach additional sheets. Please make the selection committee aware of any special or unique circumstances that should be considered in evaluating this applicant's record and potential. Remember that written comments will be received in confidence and will be used only in the selection process.)

---

Signature

Name (type or print)

---

Title

Date