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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047

**2011**Open to Public  
Inspection**A** For the **2011** calendar year, or tax year beginning **04/01, 2011**, and ending **03/31, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>C A CANNON CHAR TRUST #1 (#190)</b>		<b>D</b> Employer identification number <b>56-6132354</b>
	Doing Business As		<b>E</b> Telephone number <b>704 262-2347</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1525 W W.T. HARRIS BLVD. D1114</b>		
	City or town, state or country, and ZIP + 4 <b>CHARLOTTE, NC 28288</b>		
	<b>F</b> Name and address of principal officer <b>WELLS FARGO BANK 1525 WEST W T HARRIS BLVD CHARLOTTE NC 28288</b>		<b>G</b> Gross receipts \$ <b>43,447,640.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>N/A</b>			
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1986</b> <b>M</b> State of legal domicile <b>NC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CANNON CHARITABLE TRUST NO 1 AWARDS GRANTS TO VARIOUS ORGANIZATIONS SPECIFIED IN THE GOVERNING TRUST DOCUMENT PRIMARILY FOR HEALTHCARE, HIGHER EDUCATION AND SUPPORT FOR CHURCHES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>2</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>NONE</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>NONE</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>NONE</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>NONE</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,003,162</b>	<b>10,771,613.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>5,954</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,009,116</b>	<b>10,771,613.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>7,380,320</b>	<b>7,381,106.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,056,453</b>	<b>1,170,564.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>NONE</b>		
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a, 11d, 11f-24e)	<b>221,138</b>	<b>237,830.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,657,911</b>	<b>8,789,500.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,648,795</b>	<b>1,982,113.</b>
	<b>20</b> Total assets (Part X, line 36)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>165,884,364</b>	<b>167,798,680.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	<b>NONE</b>	<b>NONE</b>
		<b>165,884,364</b>	<b>167,798,680.</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer <b>Wells Fargo Bank, N.A.</b>		Date <b>09/24/2012</b>
	Type or print name and title <b>WELLS FARGO BANK, NA, TRUSTEE, Trustee</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	
	Firm's address ▶	Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)JSA  
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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE CANNON CHARITABLE TRUST NO 1 AWARDS GRANTS TO VARIOUS  
ORGANIZATIONS SPECIFIED IN THE GOVERNING TRUST DOCUMENT PRIMARILY  
FOR HEALTHCARE, HIGHER EDUCATION AND SUPPORT FOR CHURCHES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,952,606. including grants of \$ 2,952,606. ) (Revenue \$ )

CMC-NORTHEAST MEDICAL CENTER

920 CHURCH STREET NORTH

CONCORD NC 28025

TO PROVIDE FUNDS FOR THE GENERAL SUPPORT OF THE HOSPITAL

**4b** (Code: ) (Expenses \$ 700,000. including grants of \$ 700,000. ) (Revenue \$ )

WINGATE UNIVERSITY

PO BOX 159

WINGATE NC 28174

TO PROVIDE FUNDS FOR THE GENERAL SUPPORT OF THE UNIVERSITY

**4c** (Code: ) (Expenses \$ 300,000. including grants of \$ 300,000. ) (Revenue \$ )

LENOIR-RHYNE COLLEGE

CAMPUS BOX 7163

HICKORY NC 28603

TO PROVIDE FUNDS FOR THE GENERAL SUPPORT OF THE COLLEGE

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ 3,428,500. ) (Revenue \$ )

**4e** Total program service expenses ► 3,952,606.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	X
<b>3</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>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</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>4a</b>		X
<b>b</b> If Yes, enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <b>1a</b> 5		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WELLS FARGO BANK TEL: (704) 262-2347**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH C HUNTER CO-TRUSTEE	2	X						134,804	NONE	NONE
(2) EDWIN OUTEN CO-TRUSTEE	2	X						134,804	NONE	NONE
(3) WILLIAM C CANNON CO-TRUSTEE	2	X						NONE	NONE	NONE
(4) ROBERT C HAYES CHAIRMAN/CO-TRUSTEE	2	X						NONE	NONE	NONE
(5) WELLS FARGO BANK CORPORATE TRUSTEE	40		X					900,956	NONE	NONE
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							1,170,564	NONE	NONE	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0										

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>						
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,718,935.			4,718,935.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory . . . . .		38728705			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		32676027			
	<b>c</b>	Gain or (loss) . . . . .		6,052,678			
	<b>d</b>	Net gain or (loss) . . . . .		6,052,678.			6,052,678.
	<b>8a</b>	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>						
<b>12</b>	<b>Total revenue. See instructions . . . . .</b>			10,771,613.			10,771,613.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	7,381,106.	7,381,106.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,170,564.	702,338.	468,226.	NONE
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	13,677.		13,677.	
c Accounting.	400.		400.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	5,954.		5,954.	
g Other.				
12 Advertising and promotion.				
13 Office expenses.	568.		568.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	655.		655.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOREIGN TAXES.	174,870.		174,870.	
b CANNON SHARED PROPERTY.	34,206.		34,206.	
c ADR FEES.	5,100.		5,100.	
d NCCF GRANT MAKERS.	2,400.		2,400.	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	8,789,500.	8,083,444.	706,056.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,727,689.	<b>1</b>	8,064.
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	991,462.
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		
	<b>11</b> Investments - publicly traded securities . . . . .	164,156,675.	<b>11</b>	166,799,154.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	165,884,364.	<b>16</b>	167,798,680.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	<b>26</b>	NONE
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	165,884,364.	<b>30</b>	167,798,680.
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	165,884,364.	<b>33</b>	167,798,680.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	165,884,364.	<b>34</b>	167,798,680.	

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒ **X**

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	10,771,613.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	8,789,500.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,982,113.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	165,884,364.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-67,797.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	167,798,680.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		<input checked="" type="checkbox"/> <b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .		<input checked="" type="checkbox"/> <b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		<input checked="" type="checkbox"/> <b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2011)

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

Employer identification number

C A CANNON CHAR TRUST #1 (#190)

56-6132354

**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? 

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		<input checked="" type="checkbox"/>
- 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	
(A) SEE PART IV									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<b>Section A. Public Support</b>						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<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 . . . . .						
<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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<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 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<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 stop here . . . . . <input type="checkbox"/>						

<b>Section C. Computation of Public Support Percentage</b>		
<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2011.</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 stop here. 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 - 2010.</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 stop here. 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 or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	N/A (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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION:

ROWAN CABARUS COMM COLLEG

EIN: 56-1184865

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 200,000.

NAME OF SUPPORTED ORGANIZATION:

STANLEY REGIONAL MEDICAL

EIN: 56-0599234

TYPE OF ORGANIZATION FROM PART I: 3

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 200,000.

NAME OF SUPPORTED ORGANIZATION:

FIRST MISSIONARY BAP CHUR

EIN: 56-1572870

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 69,000.

NAME OF SUPPORTED ORGANIZATION:

GLENROCK BAPTIST CHURCH

EIN: 57-1043889

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

GRACE LUTHERAN CHURCH

EIN: 56-1040091

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 32,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

LUTHERAN THEO SOUTHEN SEM

EIN: 57-0327888

TYPE OF ORGANIZATION FROM PART I: 7

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 120,000.

NAME OF SUPPORTED ORGANIZATION:

MIDWAY UMC

EIN: 56-0791340

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

NEW BEGINNINGS BAPTIST CH

EIN: 20-5710313

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

NAME OF SUPPORTED ORGANIZATION:

LIFE WAY BAPTIST CHURCH

EIN: 58-2451048

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

NAME OF SUPPORTED ORGANIZATION:

PROSPECT PRESBYTERIAN CH

EIN: 56-0754112

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 21,000.

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**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**  
=====

NAME OF SUPPORTED ORGANIZATION:

PROVIDENCE PRESBY CHURCH

EIN: 57-0471778

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 35,000.

NAME OF SUPPORTED ORGANIZATION:

ELWOOD LANE ORIGINAL

EIN: 56-0116135

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

WOODLEAF UMC

EIN: 562113420

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 30,000.

NAME OF SUPPORTED ORGANIZATION:

YORK BAPTIST ASSOC

EIN: 57-0426922

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

LEES-MCRAE COLLEGE

EIN: 56-0529953

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 240,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

CATAWBA COLLEGE

EIN: 56-0530251

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 250,000.

NAME OF SUPPORTED ORGANIZATION:

LENOIR-RHYNE COLLEGE

EIN: 56-0556753

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 300,000.

NAME OF SUPPORTED ORGANIZATION:

LIVINGSTONE COLLEGE

EIN: 56-0603922

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 175,000.

NAME OF SUPPORTED ORGANIZATION:

CMC-NORTHEAST MEDICAL CEN

EIN: 56-6000156

TYPE OF ORGANIZATION FROM PART I: 3

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 2,952,606.

NAME OF SUPPORTED ORGANIZATION:

WINGATE UNIVERSITY

EIN: 56-6049935

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 700,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

BETHEL BAPTIST CHURCH

EIN: 56-1717806

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

NAME OF SUPPORTED ORGANIZATION:

EPWORTH UMC

EIN: 56-0902061

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 2,000.

NAME OF SUPPORTED ORGANIZATION:

BOYS AND GIRLS CLUB

EIN: 56-0577630

TYPE OF ORGANIZATION FROM PART I: 7

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 100,000.

NAME OF SUPPORTED ORGANIZATION:

BROOKDALE BAPTIST CHURCH

EIN: 56-1129403

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

FIRST BAPTIST CHURCH (MP)

EIN: 56-1241125

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

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**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

FIRST CHRISTIAN UCC

EIN: 56-0543253

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 9,000.

NAME OF SUPPORTED ORGANIZATION:

HIS PROV CHRISTIAN CH

EIN: 56-1323129

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

PFEIFFER UNIVERSITY

EIN: 56-0529990

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 197,000.

NAME OF SUPPORTED ORGANIZATION:

EPISCOPAL CHURCH OF THE

EIN: 56-6001643

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

GETHSEMANE MISS BAP CH

EIN: 56-1287627

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

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**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

NORWOOD CHURCH OF THE NAZ

EIN: 58-1371049

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

NAME OF SUPPORTED ORGANIZATION:

ST PAULS EPISCOPAL CHURCH

EIN: 58-1488907

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

ST STEPHENS LUTHERAN CHUR

EIN: 56-0915242

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

NAME OF SUPPORTED ORGANIZATION:

TEGA CAY BAPTIST

EIN: 57-0831379

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

TRINITY CHURCH OF THE NAZ

EIN: 57-6081999

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

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**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**  
=====

NAME OF SUPPORTED ORGANIZATION:

CHURCH OF GOD CHILDRENS H

EIN: 56-0599234

TYPE OF ORGANIZATION FROM PART I: 7

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 82,000.

NAME OF SUPPORTED ORGANIZATION:

SHADYBROOK BAPTIST CHURCH

EIN: 56-0990449

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 12,000.

NAME OF SUPPORTED ORGANIZATION:

FIRST REFORMED UNITED CH

EIN: 56-0554212

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

LANE STREET BAPTIST CH

EIN: 56-1352565

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

PRICE MEMORIAL AME ZION

EIN: 56-1084954

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 35,000.



**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

ST MARK'S LUTHERAN CHURCH

EIN: 56-6072354

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

UNITY UMC

EIN: 56-1247737

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 30,000.

NAME OF SUPPORTED ORGANIZATION:

CLEMONT FWB CHURCH

EIN: 56-4371112

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

CONCORDIA LUTHERAN CHURCH

EIN: 56-1997338

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 34,000.

NAME OF SUPPORTED ORGANIZATION:

PARK RIDGE BAPTIST CHURCH

EIN: 57-0407519

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 14,000.

**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**  
=====

**NAME OF SUPPORTED ORGANIZATION:**

CABARRUS COUNTY LIBRARY

EIN: 56-2581471

TYPE OF ORGANIZATION FROM PART I: 6

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 200,000.

**NAME OF SUPPORTED ORGANIZATION:**

HARMONY UMC

EIN: 56-1395033

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

**NAME OF SUPPORTED ORGANIZATION:**

ROCK HILL CELEBRATION PLA

EIN: 57-1073670

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

**NAME OF SUPPORTED ORGANIZATION:**

CENTER GROVE LUTHERAN CH

EIN: 56-6017710

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 34,000.

**NAME OF SUPPORTED ORGANIZATION:**

IMMANUEL BAPTIST CHURCH

EIN: 56-15387643

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

MT PLEASANT UMC

EIN: 56-6001441

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 27,000.

NAME OF SUPPORTED ORGANIZATION:

MT VERNON PREBYTERIAN CHU

EIN: 32-0128329

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 8,000.

NAME OF SUPPORTED ORGANIZATION:

NEW BIRTH BAPTIST CHURCH

EIN: 74-3052478

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

WESTSIDE CH OF THE NAZ

EIN: 56-6170610

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

NEW PINEY GROVE MISSION

EIN: 56-1971020

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

PARKERS GROVE BAPTIST CHU

EIN: 56-1152693

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

SOUTH CHINA GROVE UMC

EIN: 26-2661502

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 30,000.

NAME OF SUPPORTED ORGANIZATION:

SECOND PRESBYTERIAN CHURC

EIN: 56-1387329

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

UNION CHAPEL AME ZION CH

EIN: 56-1413608

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

NAME OF SUPPORTED ORGANIZATION:

SILVERHILL PRIMITIVE BAPT

EIN: 56-1224644

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

CONTINUED ON NEXT PAGE

Schedule A (Form 990 or 990-EZ) 2011

**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**

**NAME OF SUPPORTED ORGANIZATION:**

ST JAMES EVANG LUTHERAN

EIN: 56-0591309

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 22,000.

**NAME OF SUPPORTED ORGANIZATION:**

FIRST PREBYTERIAN CHURCH

EIN: 56-0812452

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

**NAME OF SUPPORTED ORGANIZATION:**

JACKSON PARK UMC

EIN: 56-1131506

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

**NAME OF SUPPORTED ORGANIZATION:**

ZION HILL A.M.E. ZION

EIN: 56-1441521

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

**NAME OF SUPPORTED ORGANIZATION:**

CENTRAL UMC

EIN: 56-0603902

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 22,000.

CONTINUED ON NEXT PAGE

Schedule A (Form 990 or 990-EZ) 2011

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

SOUTHEASTERN BAP THEOG

EIN: 56-0649251

TYPE OF ORGANIZATION FROM PART I: 7

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 5,000.

NAME OF SUPPORTED ORGANIZATION:

ALL SAINTS EPISCOPAL CH

EIN: 56-0787605

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 28,600.

NAME OF SUPPORTED ORGANIZATION:

DUNN'S MOUNTAIN BAP CH

EIN: 56-1333106

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 11,000.

NAME OF SUPPORTED ORGANIZATION:

NEW HOPE LUTHERAN CHURCH

EIN: 56-1929972

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 45,000.

NAME OF SUPPORTED ORGANIZATION:

MT MITCHELL BAPTIST

EIN: 56-1122145

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 23,000.

**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**  
=====

**NAME OF SUPPORTED ORGANIZATION:**

FORREST HILLS UMC

EIN: 56-6003493

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

**NAME OF SUPPORTED ORGANIZATION:**

WOODVALE BAPTIST CHURCH

EIN: 57-0643812

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 4,800.

**NAME OF SUPPORTED ORGANIZATION:**

TRI-COUNTY COWBOY CHURCH

EIN: 56-0556746

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 2,600.

**NAME OF SUPPORTED ORGANIZATION:**

ST MATTHIAS LUTHERAN CH

EIN: 57-0758208

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 30,000.

**NAME OF SUPPORTED ORGANIZATION:**

THE RIVER CHURCH OF GOD

EIN: 56-1355517

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 17,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

TRINITY CHURCH THE NAZ

EIN: 57-6081999

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 10,000.

NAME OF SUPPORTED ORGANIZATION:

ROCK HILL AFRICAN EPIS ME

EIN: 56-1958850

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 80,000.

NAME OF SUPPORTED ORGANIZATION:

UNITED BAPTIST CHURCH

EIN: 58-1345374

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 35,000.

NAME OF SUPPORTED ORGANIZATION:

CLOVER CHURCH OF THE NAZ

EIN: 62-1090609

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 5,000.

NAME OF SUPPORTED ORGANIZATION:

CHRIST EPISCOPAL CHURCH

EIN: 56-6047521

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.



**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

COLD SPRINGS UMC

EIN: 56-1388897

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

NAME OF SUPPORTED ORGANIZATION:

FAITH FELLOWSHIP CHURCH

EIN: 56-13923273

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 14,000.

NAME OF SUPPORTED ORGANIZATION:

FISHER STREET BAPTIST CHU

EIN: 58-1918638

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 19,000.

NAME OF SUPPORTED ORGANIZATION:

FREEDOM CHRISTIAN WORSHIP

EIN: 56-1582701

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 11,000.

NAME OF SUPPORTED ORGANIZATION:

LIVING WATER CHURCH OF GO

EIN: 56-1352565

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 45,000.

CONTINUED ON NEXT PAGE

Schedule A (Form 990 or 990-EZ) 2011

**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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C**  
=====

NAME OF SUPPORTED ORGANIZATION:

MIAMI BAPTIST CHURCH

EIN: 56-1416290

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 15,000.

NAME OF SUPPORTED ORGANIZATION:

MT CALVARY EVANGELICAL

EIN: 56-1737120

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 30,000.

NAME OF SUPPORTED ORGANIZATION:

MT GALLANT CHURCH OF GOD

EIN: 57-8732619

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 35,000.

NAME OF SUPPORTED ORGANIZATION:

RIVER OF LIFE CHURCH OF G

EIN: 11-3751611

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 7,500.

NAME OF SUPPORTED ORGANIZATION:

ST PAUL UNITED CHURCH OF

EIN: 56-6052520

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 25,000.

**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. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (C  
=====

NAME OF SUPPORTED ORGANIZATION:

UNITY PRESBYTERIAN

EIN: 56-1403069

TYPE OF ORGANIZATION FROM PART I: 1

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 20,000.

TOTAL SUPPORT:

-----  
7,381,106.

=====

SCHEDULE I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Employer identification number

56-6132354

C A CANNON CHAR TRUST #1 (#190)

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐

Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE STATEMENT 1							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 91

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

JSA

1E1288 1 000

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N/A					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2**

ORGANIZATIONS ARE REQUIRED TO SUBMIT A DETAILED LIST OF ACTIVITIES FOR

WHICH THE GRANT FUNDS WERE USED, AT THE END OF THE YEAR.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

C A CANNON CHAR TRUST #1 (#190)

56-6132354

**EXPLANATION FOR FORM 990, PAGE 2, PART III, LINE 4d**

TO PROVIDE GENERAL SUPPORT FOR THE VARIOUS CHARITIES.

**DESCRIPTION OF REASONABLE EFFORTS UNDERTAKEN**

**FORM 990, PAGE 6, PART VI, LINE 2**

ROBIN C HAYES AND WILLIAM C CANNON JR ARE COUSINS

**FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW**

WELLS FARGO AS CO-TRUSTEE IS RESPONSIBLE FOR THE PREPARATION OF FORM

990 BASED ON THE FINANCIAL DATA CONTAINED IN OUR RECORDS. UPON

COMPLETION, A COPY OF FORM 990 IS FORWARDED TO LEGAL REPRESENTATIVES

OF THE GOVERNING BODY AND THE CO-TRUSTEES FOR REVIEW AND APPROVAL.

ONCE APPROVED BY THOSE PARTIES, FORM 990 IS THEN FILED WITH THE

FEDERAL TAXING AUTHORITY BY THE REGULATORY DEADLINE.

**EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c**

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY ALL MEMBERS OF

THE GOVERNING BODY.

**DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION**

**FORM 990, PAGE 6, PART VI, LINE 15b**

THE FEE AND COMPENSATION ARRANGEMENT FOR THE CANNON TRUST 1 IS

DETERMINED BY THE TRUSTEES. VARIOUS BASIS POINTS ARE USED TO ARRIVE

AT THE COMPENSATION OF THE CORPORATE TRUSTEE AS WELL AS MEMBERS OF THE

GOVERNING BODY AS APPLICABLE.

Name of the organization

C A CANNON CHAR TRUST #1 (#190)

Employer identification number

56-6132354

**DESCRIPTION FOR MAKING DOCUMENTS PUBLIC****FORM 990, PAGE 6, PART VI, LINE 19**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT, FINANCIAL STATEMENTS AND  
CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE AVAILABILITY  
OF THIS INFORMATION IS COMMUNICATED TO GRANTEEES BY A LETTER EACH YEAR  
AND AN ADVERTISEMENT IS PLACED ANNUALLY IN A LOCAL NEWSPAPER.

**EXPLANATION FOR FORM 990, PART XI, LINE 5**

Mutual Fund Tax Effective Date Before TYE \$432.96, Mutual Fund Posting  
Date After TYE \$-25.84, Roc Basis Adjustment -\$7,854.00, Accrued  
Interest Paid In Current TY Effective Diff TY \$11,054.01, Accrued  
Interest Paid Differ TY Effective Current TY -\$24,403.44, 2008/2009  
Accrued Interest C/O -\$47,585.52, Sales Reversal Basis Adjust \$660.85,  
Rounding -\$76.02

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

C A CANNON CHAR TRUST #1 (#190)

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

56-6132354

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SEE PART VII SUPPLEMENT -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

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**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

56-6132354

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) _____							
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

Schedule R (Form 990) 2011

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?

- |   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of (i) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                              |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                     |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .  |     | X  |
| <b>f</b> Sale of assets to related organization(s) . . . . .  |     | X  |
| <b>g</b> Purchase of assets from related organization(s) . . . . .  |     | X  |
| <b>h</b> Exchange of assets with related organization(s) . . . . .  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                     |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . . |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  |     | X  |
| <b>n</b> Sharing of paid employees with related organization(s) . . . . .   |     | X  |
| <b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .                                     |     | X  |
| <b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .                                     |     | X  |
| <b>q</b> Other transfer of cash or property to related organization(s) . . . . .                                  |     | X  |
| <b>r</b> Other transfer of cash or property from related organization(s) . . . . .                                |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) **56-6132354**

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Schedule R (Form 990) 2011

## Part VII

## Supplemental Information

**Supplemental information** Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Supplement to Schedule R, Part II, Form 990

=====

Name of entity: C A CANNON TRUST NO 3

Address of Entity: 1525 WEST W T HARRIS BLVD, CHARLOTTE, NC 28288

Employer ID Number: 58-1360259

Primary Activity: SUPPORTING ORGANIZATION

Legal domicile state: NC

Exempt code section: 501(C)(3)

Public charity status: 11(D)-TYPE III-O

Direct controlling entity: N/A- FILING ORGANIZATION DOES NOT INDIRECTLY CONTROL RELATED ORG'

Sec. 512(b)(13) Controlled Entity: No

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Concordia Lutheran Church

ADDRESS:

185 Concordia Church Rd

Kannapolis, NC 28083

EIN:

56-1929972

AMOUNT OF CASH GRANT..... 10,000.

PURPOSE OF GRANT:

Roof replacement project

NAME OF ORGANIZATION:

Episcopal Church of the the Holy Comforter

ADDRESS:

PO Box 1336

Burlington, NC 27216

EIN:

56-6001643

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Continued Enhancement of Great Hall including Sound system

NAME OF ORGANIZATION:

First Missionary Baptist Church

ADDRESS:

POB 1322

Concord, NC 28026

EIN:

56-1572870

AMOUNT OF CASH GRANT..... 15,000.

PURPOSE OF GRANT:

Summer After School Program

NAME OF ORGANIZATION:

First Presbyterian Church

ADDRESS:

PO Box 596

Norwood, NC 28128

EIN:

56-0812452

AMOUNT OF CASH GRANT..... 20,000.

DESCRIPTION OF NON-CASH ASSISTANCE:

Debt Reduction

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

## NAME OF ORGANIZATION:

Jackson Park UM Church

## ADDRESS:

715 Mabel Ave

Kannapolis, NC 28081

## EIN:

56-1131506

AMOUNT OF CASH GRANT..... 10,000.

## NAME OF ORGANIZATION:

Lane Street Baptist Church

## ADDRESS:

2532 Lane Street

Kannapolis, NC 28083

## EIN:

56-1274210

AMOUNT OF CASH GRANT..... 20,000.

## PURPOSE OF GRANT:

Purchase Mower and Parking Lot Repair Assistance

## NAME OF ORGANIZATION:

Mt Mitchell United Methodist Church

## ADDRESS:

6001 Old Salisbury/Concord Rd

Kannapolis, NC 28083

## EIN:

56-1122145

AMOUNT OF CASH GRANT..... 23,000.

## PURPOSE OF GRANT:

Roof Replacement

## NAME OF ORGANIZATION:

Norwood Church of the Nazarene

## ADDRESS:

POB 1099

Norwood, NC 28128

## EIN:

58-1371049

AMOUNT OF CASH GRANT..... 25,000.

## PURPOSE OF GRANT:

HVAC Replacement

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

## NAME OF ORGANIZATION:

Park Ridge Baptist Church

## ADDRESS:

5099 Trotter Ridge Court

Rock Hill, SC 29732

## EIN:

57-0407519

AMOUNT OF CASH GRANT..... 14,000.

## PURPOSE OF GRANT:

Worship Center Renovation Project

## NAME OF ORGANIZATION:

Shadybrook Baptist Church

## ADDRESS:

1009 Oakwood Ave

Kannapolis, NC 56-0599234

## EIN:

56-0990449

AMOUNT OF CASH GRANT..... 12,000.

## PURPOSE OF GRANT:

New Lawn Mower

## NAME OF ORGANIZATION:

South China Grove Church of God

## ADDRESS:

163 Third Ave

China Grove, NC 28023

AMOUNT OF CASH GRANT..... 30,000.

## PURPOSE OF GRANT:

Paving Project Assistance

## NAME OF ORGANIZATION:

St Pauls Episcopal Church

## ADDRESS:

PO Box 1852

Salisbury, NC 28144

## EIN:

58-1488907

AMOUNT OF CASH GRANT..... 10,000.

## PURPOSE OF GRANT:

Handicapped Upgrades on Bathrooms



SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

St Stephens Lutheran Church

ADDRESS:

4401 St Stephens Church Rd  
Gold Hill, NC 28071

EIN:

56-0915242

AMOUNT OF CASH GRANT..... 25,000.

PURPOSE OF GRANT:

Outdoor Shelter

NAME OF ORGANIZATION:

Tega Cay Baptist Church

ADDRESS:

1875 Gold Hill Rd  
Fort Mill, SC 29708

EIN:

57-0831379

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Debt Reduction

NAME OF ORGANIZATION:

Trinity Church of the Nazarene

ADDRESS:

PO Box 10803  
Rock Hill, SC 29730

EIN:

57-6081999

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Building Completion Project

NAME OF ORGANIZATION:

Union Chapel A.M.E. Zion Church

ADDRESS:

POB 2112  
Albermarle, NC 28002

EIN:

56-1413608

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Completion of Building Projects

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Westside Church of the Nazarene

ADDRESS:

4700 Isenhour Rd  
Kannapolis, NC 28081

EIN:

56-6170610

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Debt Reduction

NAME OF ORGANIZATION:

Church of God Children's Home

ADDRESS:

3485 Orphange Circle  
Concord, NC

AMOUNT OF CASH GRANT..... 7,000.

NAME OF ORGANIZATION:

Lees McRae College

ADDRESS:

375 College Dr  
Banner Elk, NC 28604

EIN:

56-0529953

AMOUNT OF CASH GRANT..... 210,000.

PURPOSE OF GRANT:

Renovation of Tate Hall Student Housing & Sidewalk Repair

NAME OF ORGANIZATION:

Rock Hill AME Zion Church

ADDRESS:

3620 Rock Hill Church Road  
Concord, NC 28027

EIN:

56-1958850

AMOUNT OF CASH GRANT..... 40,000.

PURPOSE OF GRANT:

Debt Reduction

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

## NAME OF ORGANIZATION:

Pfeiffer University

## ADDRESS:

PO Box 960

Misenheimer, NC 28109

## EIN:

56-0529990

AMOUNT OF CASH GRANT..... 197,000.

## PURPOSE OF GRANT:

Freshman coaching &amp; mentoring program

## NAME OF ORGANIZATION:

Rowan Cabarrus Community College Foundation, Inc

## ADDRESS:

PO Box 1595

Salisbury, NC 28145

## EIN:

56-1731864

AMOUNT OF CASH GRANT..... 200,000.

## PURPOSE OF GRANT:

Unfit two lab spaces in NCRC facility for nursing program relocation

## NAME OF ORGANIZATION:

Stanly Regional Medical Center

## ADDRESS:

PO Box 1489

Albemarle, NC 28002

## EIN:

56-0556760

AMOUNT OF CASH GRANT..... 200,000.

## PURPOSE OF GRANT:

Purchase linear accelerator

## NAME OF ORGANIZATION:

Boys and Girls Club of Cabarrus County, Inc

## ADDRESS:

PO Box 1405

Concord, NC 28026

## EIN:

56-0577630

AMOUNT OF CASH GRANT..... 100,000.

## PURPOSE OF GRANT:

Support of projects

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

## NAME OF ORGANIZATION:

Bethel Baptist Church

## ADDRESS:

2474 Dale Earnhardt Blvd

Kannapolis, NC 28083

## EIN:

56-1717806

AMOUNT OF CASH GRANT..... 25,000.

## PURPOSE OF GRANT:

Debt reduction

## NAME OF ORGANIZATION:

Christ Episcopal Church

## ADDRESS:

3430 Old US Hwy 70

Cleveland, NC 27013

AMOUNT OF CASH GRANT..... 25,000.

## PURPOSE OF GRANT:

Facility roofing &amp; repair projects

## NAME OF ORGANIZATION:

Cold Springs UMC

## ADDRESS:

2550 Cold Springs Rd E

Concord, NC 28025

## EIN:

56-1388897

AMOUNT OF CASH GRANT..... 25,000.

## PURPOSE OF GRANT:

Debt reduction

## NAME OF ORGANIZATION:

Faith Fellowship Church of God

## ADDRESS:

PO Box 420

Kannapolis, NC 28082

AMOUNT OF CASH GRANT..... 14,000.

## PURPOSE OF GRANT:

Van debt reduction

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Fisher Street Baptist Church

ADDRESS:

810 Fisher Street  
Concord, NC 28027

EIN: 56-1918638

AMOUNT OF CASH GRANT..... 19,000.

PURPOSE OF GRANT:

Building completion project

NAME OF ORGANIZATION:

Forest Hill UMC

ADDRESS:

265 Union Street North  
Concord, NC 28025

EIN: 56-6003493

AMOUNT OF CASH GRANT..... 25,000.

PURPOSE OF GRANT:

Debt reduction

NAME OF ORGANIZATION:

Freedom Christian Worship center - Church of God

ADDRESS:

607 China Grove Hwy 152 East  
Rockwell, NC 28138

EIN: 56-1582701

AMOUNT OF CASH GRANT..... 11,000.

PURPOSE OF GRANT:

Support for the new faith community nurse program

NAME OF ORGANIZATION:

Gethsemane Missionary Baptist Church

ADDRESS:

719 South Caldwell Street  
Salisbury, NC 28144

EIN: 56-1287627

AMOUNT OF CASH GRANT..... 25,000.

PURPOSE OF GRANT:

After school tutoring & youth mentoring program

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Historic Providence Christian Church - UCC

ADDRESS:

819 N Main Street

Graham, NC 27253

EIN:

56-1323129

AMOUNT OF CASH GRANT.....

20,000.

PURPOSE OF GRANT:

Continuing building renovation

NAME OF ORGANIZATION:

Living Water Church of God

ADDRESS:

120 S Little Texas Road

Kannapolis, NC 28083

EIN:

56-1352565

AMOUNT OF CASH GRANT.....

45,000.

PURPOSE OF GRANT:

Support for the new faith community nurse program

NAME OF ORGANIZATION:

Miami Baptist Church

ADDRESS:

6701 Miami Church Rd

Concord, NC 28262

EIN:

56-1416290

AMOUNT OF CASH GRANT.....

15,000.

PURPOSE OF GRANT:

Various projects

NAME OF ORGANIZATION:

Mt. Calvary Evangelical Lutheran Church

ADDRESS:

212 N Little Texas Rd

Kannapolis, NC 28083

EIN:

56-1737120

AMOUNT OF CASH GRANT.....

30,000.

PURPOSE OF GRANT:

Heating system replacement

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Mt. Gallant Church of God

ADDRESS:

11105 Mount Gallant Rd

Rock Hill, SC 29732

EIN:

57-8732619

AMOUNT OF CASH GRANT.....

35,000.

PURPOSE OF GRANT:

Remodel children's church

NAME OF ORGANIZATION:

River of Life Church of God Family Worship Center

ADDRESS:

1945 Old Earnhardt Rd

Kannapolis, NC 28083

EIN:

11-3751611

AMOUNT OF CASH GRANT.....

7,500.

PURPOSE OF GRANT:

Kitchen upgrade

NAME OF ORGANIZATION:

St. Paul United Church of Christ

ADDRESS:

811 N Enochville Ave

China Grove, NC 28023

EIN:

56-6052520

AMOUNT OF CASH GRANT.....

25,000.

PURPOSE OF GRANT:

Facility repair and upgrafe

NAME OF ORGANIZATION:

Unity UMC

ADDRESS:

8505 Unity Church Rd

Kannapolis, NC 28081

EIN:

56-1247737

AMOUNT OF CASH GRANT.....

30,000.

PURPOSE OF GRANT:

Mobile meals ministry

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

## NAME OF ORGANIZATION:

Central UMC

## ADDRESS:

30 Union St North

Concord, NC 28025

AMOUNT OF CASH GRANT..... 22,000.

## PURPOSE OF GRANT:

Window replacement project

## NAME OF ORGANIZATION:

Church of God Orphanage &amp; Children's Home

## ADDRESS:

3485 Orphanage Circle

Concord, NC 28027

EIN: 56-0599234

AMOUNT OF CASH GRANT..... 75,000.

## PURPOSE OF GRANT:

Teen mother/baby program support

## NAME OF ORGANIZATION:

Clemont Free Will Baptist Church

## ADDRESS:

4682 Rainbow Drive

Kannapolis, NC 28081

AMOUNT OF CASH GRANT..... 10,000.

## PURPOSE OF GRANT:

Parking lot project

## NAME OF ORGANIZATION:

First Christian United Church of Christ

## ADDRESS:

PO Box 1678

Burlington, NC 27216-1678

EIN: 56-0543253

AMOUNT OF CASH GRANT..... 9,000.

## PURPOSE OF GRANT:

A/C replacement



SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

First Missionary Baptist Church

ADDRESS:

PO Box 1322  
Concord, NC 28026

EIN:

56-1572870

AMOUNT OF CASH GRANT..... 22,000.

PURPOSE OF GRANT:

Property acquisition

NAME OF ORGANIZATION:

Harmony UMC

ADDRESS:

101 White St NW  
Concord, NC 28027

EIN:

56-1395033

AMOUNT OF CASH GRANT..... 15,000.

PURPOSE OF GRANT:

Sanctuary renovation project including carpet & pews

NAME OF ORGANIZATION:

Immanuel Baptist Church

ADDRESS:

600 Spring Street SW  
Concord, NC 28025

EIN:

56-1537643

AMOUNT OF CASH GRANT..... 15,000.

PURPOSE OF GRANT:

Window replacement project

NAME OF ORGANIZATION:

Lees-McRae College

ADDRESS:

PO Box 128  
Banner Elk, NC 28604

EIN:

56-0529953

AMOUNT OF CASH GRANT..... 30,000.

PURPOSE OF GRANT:

Hemlock Hill housing project

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Mt Pleasant UMC

ADDRESS:

PO Box 237

Mt Pleasant, NC 28124

EIN:

56-6001441

AMOUNT OF CASH GRANT..... 27,000.

PURPOSE OF GRANT:

Debt reduction

NAME OF ORGANIZATION:

Mt. Vernon Presbyterian Church

ADDRESS:

435 Carson Rd

Woodleaf, NC 27054

EIN:

32-0128329

AMOUNT OF CASH GRANT..... 8,000.

PURPOSE OF GRANT:

Completion roof replacement

NAME OF ORGANIZATION:

New Birth Baptist Church

ADDRESS:

600 Annafreel St

Rock Hill, SC 29730

EIN:

74-3052478

AMOUNT OF CASH GRANT..... 10,000.

PURPOSE OF GRANT:

Building improvements

NAME OF ORGANIZATION:

New Piney Grove Missionary Baptist Church

ADDRESS:

1000 South Chapel St

Kannapolis, NC 28083

EIN:

56-1971020

AMOUNT OF CASH GRANT..... 15,000.

PURPOSE OF GRANT:

Roof repair & HVAC

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Parker's Grove Baptist Church

ADDRESS:

PO Box 82

New London, NC 28127

EIN:

56-1152693

AMOUNT OF CASH GRANT.....

10,000.

PURPOSE OF GRANT:

Parking lot paving project

NAME OF ORGANIZATION:

Providence Presbytery

ADDRESS:

515 Oakland Ave

Rock Hill, SC 29730

EIN:

57-0471778

AMOUNT OF CASH GRANT.....

35,000.

PURPOSE OF GRANT:

Bethelwoods covered play court project

NAME OF ORGANIZATION:

Rock Hill Celebration Place Church of the Nazarene

ADDRESS:

PO Box 36234

Rock Hill, SC 29732

EIN:

57-1073670

AMOUNT OF CASH GRANT.....

25,000.

PURPOSE OF GRANT:

Audio/visual/lighting equipment

NAME OF ORGANIZATION:

Second Presbyterian Church

ADDRESS:

1578 Dale Earnhardt Blvd

Kannapolis, NC 28083

EIN:

56-1387329

AMOUNT OF CASH GRANT.....

20,000.

PURPOSE OF GRANT:

Educational building renovation project

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Silverhill Primitive Baptist Church

ADDRESS:

162 Penrod Dr SW  
Concord, NC 28027

EIN: 56-1224644

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

A/C replacement & roof repair

NAME OF ORGANIZATION:

St. James Evangelical Lutheran Church

ADDRESS:

104 Union Street South  
Concord, NC 28025

EIN: 56-0591309

AMOUNT OF CASH GRANT..... 22,000.

PURPOSE OF GRANT:

Window replacement project

NAME OF ORGANIZATION:

St. Matthias Lutheran Church

ADDRESS:

PO Box 815  
Easley, SC 29641

EIN: 57-0758208

AMOUNT OF CASH GRANT..... 30,000.

PURPOSE OF GRANT:

Roof repair & repalcement project

NAME OF ORGANIZATION:

The River Church of God

ADDRESS:

121 Carolina Blvd  
Salisbury, NC 28146

EIN: 56-1355517

AMOUNT OF CASH GRANT..... 17,000.

PURPOSE OF GRANT:

Kitchen upgrade for expanding outreach efforts

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Zion Hill AME Church

ADDRESS:

86 Skipworth St  
Concord, NC 28025

EIN:

56-1441521

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

A/C replacement project including boiler

NAME OF ORGANIZATION:

Brookdale Baptist Church

ADDRESS:

2511 South Ridge Avenue  
Kannapolis, NC 28083

EIN:

56-1129403

AMOUNT OF CASH GRANT..... 20,000.

NAME OF ORGANIZATION:

All Saint's Episcopal Church

ADDRESS:

252 Lake Concord RD NE  
Concord, NC 28025

EIN:

56-0787605

AMOUNT OF CASH GRANT..... 28,600.

PURPOSE OF GRANT:

Roof, sound, security

NAME OF ORGANIZATION:

Cabarrus County f/b/o Library System

ADDRESS:

PO Box 707  
Concord, NC 28026

AMOUNT OF CASH GRANT..... 200,000.

PURPOSE OF GRANT:

Projects as outlined

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Carolinas Medical Center - Northeast

ADDRESS:

920 Church Street N

Concord, NC 28025

EIN:

56-000156

AMOUNT OF CASH GRANT..... 2,952,606.

PURPOSE OF GRANT:

Required 40% distribution

NAME OF ORGANIZATION:

Catawba College

ADDRESS:

2300 West Innes Street

Salisbury, NC 28144

EIN:

56-0530251

AMOUNT OF CASH GRANT..... 250,000.

PURPOSE OF GRANT:

Operational support

NAME OF ORGANIZATION:

Center Grove Lutheran Church

ADDRESS:

1601 South Cannon Blvd

Kannapolis, NC 28083

EIN:

56-6017710

AMOUNT OF CASH GRANT..... 34,000.

PURPOSE OF GRANT:

Boiler replacement

NAME OF ORGANIZATION:

Concordia Lutheran Church

ADDRESS:

185 Concordia Church Rd

China Grove, NC 28023

EIN:

56-1997338

AMOUNT OF CASH GRANT..... 24,000.

PURPOSE OF GRANT:

Faith community health ministry

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Dunn's Mountain Baptist Church

ADDRESS:

1350 Old Stone House Rd

Salisbury, NC 28146

EIN:

56-1333106

AMOUNT OF CASH GRANT.....

11,000.

PURPOSE OF GRANT:

Nursery & education expansion

NAME OF ORGANIZATION:

Elwood Lane Original Free Will Baptist Church

ADDRESS:

1914 Central Dr

Kannapolis, NC 28083

EIN:

56-0116135

AMOUNT OF CASH GRANT.....

20,000.

PURPOSE OF GRANT:

Various projects: fellowship building, heater replacement, roof, pipes

NAME OF ORGANIZATION:

First Baptist Church

ADDRESS:

PO Box 147

Mt Pleasant, NC 28124

EIN:

56-1241125

AMOUNT OF CASH GRANT.....

15,000.

PURPOSE OF GRANT:

Sanctuary renovation project

NAME OF ORGANIZATION:

First Missionary Baptist Church

ADDRESS:

PO Box 1322

Concord, NC 28026

EIN:

56-1572870

AMOUNT OF CASH GRANT.....

32,000.

PURPOSE OF GRANT:

Faith community health ministry

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

First Reformed United Methodist Church of Christ

ADDRESS:

513 West Front Street

Burlington, NC 27215

EIN:

56-0554212

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Debt reduction

NAME OF ORGANIZATION:

Glenrock Baptist Church

ADDRESS:

PO Box 151

Fort Mill, SC 29716

EIN:

57-1043889

AMOUNT OF CASH GRANT..... 10,000.

PURPOSE OF GRANT:

Various projects as outlined including debt reduction

NAME OF ORGANIZATION:

Grace Lutheran Church

ADDRESS:

56 Chestnut Street SW

Concord, NC 28025

EIN:

56-1040091

AMOUNT OF CASH GRANT..... 32,000.

PURPOSE OF GRANT:

Faith community health ministry

NAME OF ORGANIZATION:

Lenoir Rhyne University

ADDRESS:

LR Box 7546

Hickory, NC 28601

EIN:

56-0556753

AMOUNT OF CASH GRANT..... 300,000.

PURPOSE OF GRANT:

Belk Center renovation



SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Life Way Baptist Church

ADDRESS:

PO Box 98

York, SC 29745

EIN:

58-2451048

AMOUNT OF CASH GRANT..... 15,000.

PURPOSE OF GRANT:

Technology upgrade

NAME OF ORGANIZATION:

Livingstone College

ADDRESS:

701 W Monroe St

Salisbury, NC 28144

EIN:

56-0603922

AMOUNT OF CASH GRANT..... 175,000.

PURPOSE OF GRANT:

Bridge program support

NAME OF ORGANIZATION:

Lutheran Theological Southern Seminary

ADDRESS:

4201 North Main Street

Columbia, SC 29203

EIN:

57-0327888

AMOUNT OF CASH GRANT..... 120,000.

PURPOSE OF GRANT:

Operational support & HVAC replacement in Christ's Chapel

NAME OF ORGANIZATION:

Midway UMC

ADDRESS:

108 Bethpage Rd

Kannapolis, NC 28081

EIN:

56-0791340

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Opportunity house support

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

New Beginnings Baptist Church

ADDRESS:

706 Old North Main Street  
Clover, SC 29710

EIN:

57-1031381

AMOUNT OF CASH GRANT.....

25,000.

PURPOSE OF GRANT:

Support of Gold's kitchen project

NAME OF ORGANIZATION:

New Hope Lutheran Church

ADDRESS:

1615 Brantley Rd  
Kannapolis, NC 28083

EIN:

56-1929972

AMOUNT OF CASH GRANT.....

45,000.

PURPOSE OF GRANT:

Roof replacement project

NAME OF ORGANIZATION:

Price Memorial AME Zion Church

ADDRESS:

PO Box 692  
Concord, NC 28026

EIN:

56-1084954

AMOUNT OF CASH GRANT.....

35,000.

PURPOSE OF GRANT:

Renovation project

NAME OF ORGANIZATION:

Prospect Presbyterian Church

ADDRESS:

9425 WNC 152 Highway  
Mooresville, NC 28115

EIN:

56-0754112

AMOUNT OF CASH GRANT.....

21,000.

PURPOSE OF GRANT:

Faith community health ministry

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Rock Hill African Methodist Episcopal Zion Church

ADDRESS:

3620 Rock Hill Church Rd  
Concord, NC 28027

EIN:

56-1958850

AMOUNT OF CASH GRANT..... 40,000.

PURPOSE OF GRANT:

Debt reduction

NAME OF ORGANIZATION:

St Marks Lutheran Church

ADDRESS:

326 North Main Street  
China Grove, NC 28023

EIN:

56-6072354

AMOUNT OF CASH GRANT..... 10,000.

PURPOSE OF GRANT:

Special education program support for St Marks academy

NAME OF ORGANIZATION:

Trinity Church of the Nazarene Rock Hill

ADDRESS:

PO Box 10803  
Rock Hill, SC 29730

EIN:

57-6081999

AMOUNT OF CASH GRANT..... 10,000.

PURPOSE OF GRANT:

Additional AV equipment & storage

NAME OF ORGANIZATION:

United Baptist Church

ADDRESS:

3001 Clemont Ave  
Kannapolis, NC 28081

EIN:

58-1345374

AMOUNT OF CASH GRANT..... 35,000.

PURPOSE OF GRANT:

Roof replacement, water damage repair

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US  
=====

NAME OF ORGANIZATION:

Unity Presbyterian Church

ADDRESS:

PO Box 28

Woodleaf, NC 27054

EIN:

56-1403036

AMOUNT OF CASH GRANT..... 20,000.

PURPOSE OF GRANT:

Fellowship building project

NAME OF ORGANIZATION:

Wingate University

ADDRESS:

PO Box 159

Wingate, NC 28174

EIN:

56-6049935

AMOUNT OF CASH GRANT..... 700,000.

PURPOSE OF GRANT:

Helms Dormitory project

NAME OF ORGANIZATION:

Woodleaf UMC

ADDRESS:

PO Box 299

Woodleaf, NC 27054

EIN:

56-2113420

AMOUNT OF CASH GRANT..... 30,000.

PURPOSE OF GRANT:

Faith community health ministry

TOTAL CASH GRANTS..... 7,351,706.  
=====

Form **8868**

(Rev. January 2012)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions.

Name of exempt organization or other filer, see instructions.

Employer identification number (EIN) or

C A CANNON CHAR TRUST #1 (#190)

☒ **X**

56-6132354

Number, street, and room or suite no. If a P.O. box, see instructions.

Social security number (SSN)

1525 W.W.T. HARRIS BLVD. D1114-044

City, town or post office, state, and ZIP code. For a foreign address, see instructions

CHARLOTTE, NC 28288

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **WELLS FARGO BANK**

Telephone No. ► (704) 262-2347

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 or
- ☒ tax year beginning 04/01, 2011, and ending 03/31, 20 12.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)