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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2012</b>
		<b>Open to Public Inspection</b>

<b>A For the 2012 calendar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-2013</b>		
<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 C A CANNON CHAR TRUST #1 (#190)  Doing Business As	<b>D Employer identification number</b>  56-6132354
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1525 W WT HARRIS BLVD D1114-044	E Telephone number  (704) 262-2347
	City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28288	<b>G</b> Gross receipts \$ 38,734,511
	<b>F</b> Name and address of principal officer WELLS FARGO BANK 1525 WEST W T HARRIS BLVD CHARLOTTE, NC 28288	<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 Website:</b> ▶ N/A		
<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 1986 <b>M</b> State of legal domicile NC

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization’s mission or most significant activities 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>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>	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	2
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d )	10,771,613	10,027,537
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,771,613	10,027,537
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	7,381,106
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,170,564	1,233,182
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		237,830	427,423
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		8,789,500	9,200,830
<b>19</b> Revenue less expenses Subtract line 18 from line 12		1,982,113	826,707
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16)	167,798,680	169,296,877
	<b>21</b> Total liabilities (Part X, line 26)	0	0
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	167,798,680	169,296,877

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge					
Sign Here	***** Signature of officer				2013-09-10 Date
	- Trustee Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No					

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 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 \$ 3,016,225 including grants of \$ 3,016,225 ) (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 \$ 690,000 including grants of \$ 690,000 ) (Revenue \$ )

WINGATE UNIVERSITY PO BOX 159 WINGATE NC 28174 TO PROVIDE FUNDS FOR THE GENERAL SUPPORT OF THE UNIVERSITY

4c

(Code ) (Expenses \$ 250,000 including grants of \$ 250,000 ) (Revenue \$ )

LENOIR-RHYNE COLLEGE CAMPUS BOX 7163 HICKORY NC 28603 TO PROVIDE FUNDS FOR THE GENERAL SUPPORT OF THE COLLEGE

(Code ) (Expenses \$ including grants of \$ 3,584,000 ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ 3,584,000 ) (Revenue \$ )

4e

Total program service expenses ▶ 3,956,225

Form 990 (2012)

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)? <i>If "Yes," complete Schedule A.</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . .		No
<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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part II</i> . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . .		No
<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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules *(continued)*

21	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> . . . . .	21	Yes	
22	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> . . . . .	22		No
23	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> . . . . .	23		No
24a	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> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> . . . . .	26		No
27	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> . . . . .	27		No
28	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	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> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	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> . . . . .	32		No
33	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> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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> . . . .	35b		
36	<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> . . . . .	36		No
37	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> .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	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.		
2b	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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		No
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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	5	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	2	
2	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? . . . . .	2	Yes
3	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? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	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? . . . . .	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	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 . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	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? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did the organization have a written document retention and destruction policy? . . . . .	14	No
15	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?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
15b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
16b	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? . . . . .	16b	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 868 NORTH CHURCH STREET CONCORD, NC (704) 262-2347

Check if Schedule O contains a response to any question in this Part VII . . . . .

**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** 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, or 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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,233,183	109,088	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 3

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## 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 of compensation from the organization ►

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .				
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	4,711,323		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss) . . . . .				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses	34,023,188			
c		Gain or (loss)	28,706,974			
d		Net gain or (loss) . . . . .	5,316,214			5,316,214
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from fundraising events . .				
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b		Less direct expenses . . . . .	b			
c		Net income or (loss) from gaming activities . .				
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold . . . . .	b			
c		Net income or (loss) from sales of inventory . .				
		Miscellaneous Revenue	Business Code			
11a						
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .					
12	Total revenue. See Instructions . . . . .		10,027,537			10,027,537

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)

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

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	7,540,225	7,540,225		
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	1,233,182		1,233,182	
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	16,427		16,427	
c	Accounting	400		400	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	3,990	1,995	1,995	
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	1,818	909	909	
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	225,270	112,635	112,635	
b	CANNON SHARED PROPERTY	111,466	55,733	55,733	
c	INVESTMENT EXPENSE	51,580	25,790	25,790	
d	ADR FEES	8,236	4,118	4,118	
e	All other expenses	8,236	4,118	4,118	
25	Total functional expenses. Add lines 1 through 24e	9,200,830	7,745,523	1,455,307	0
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

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			8,064	1	51,068
	2	Savings and temporary cash investments . . . . .			991,462	2	7,257,506
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Loans and other 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). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a			10c	
	b	Less: accumulated depreciation . . . . .	10b				
	11	Investments—publicly traded securities . . . . .			166,799,154	11	161,988,303
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			167,798,680	16	169,296,877
Liabilities	17	Accounts payable and accrued expenses . . . . .				17	
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	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 . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			167,798,680	30	168,765,231
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	531,646
	33	Total net assets or fund balances . . . . .			167,798,680	33	169,296,877
34	Total liabilities and net assets/fund balances . . . . .			167,798,680	34	169,296,877	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☒

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	10,027,537
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	9,200,830
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	826,707
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	167,798,680
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	671,490
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	169,296,877

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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	2b	No
2c	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	2c	
3a	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?	3a	No
3b	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	3b	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization C A CANNON CHAR TRUST #1 (#190)	Employer identification number 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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input checked="" type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input checked="" type="checkbox"/> Type III - Non-functionally integrated
e	<input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h		Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									7,540,225

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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						▶
b 33 1/3% support test—2011. 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						▶
17a 10%-facts-and-circumstances test—2012. 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						▶
b 10%-facts-and-circumstances test—2011. 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						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. 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).

Facts And Circumstances Test

Explanation

## Grants and Other Assistance to Organizations, Governments and Individuals in the United States

# 2012

## Open to Public Inspection

**■ Attach to Form 990**

Employer identification number

56-6132354

## Part I General Information on Grants and 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. Part II can be duplicated if additional space is needed.

[illegible]

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

**3** Enter total number of other organizations listed in the line 1 table . . . . .  \_\_\_\_\_

**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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
910	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

**2012**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
C A CANNON CHAR TRUST #1 (#190)

**Employer identification number**

56-6132354

Identifier	Return Reference	Explanation
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 TWO MEMBERS THE BOARD OF TRUSTEES WHO RECEIVE COMPENSATION
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 9		Mutual Fund Tax Effective Date Before TYE \$25 84, Mutual Fund Posting Date After TYE \$ -80 94 Roc Basis Adjustment -\$664,039 20 , Accrued Interest Paid Differ TY Effective Current TY- 4,668 61, Sales w th loss posting next ty effective-\$2,701 82, Rounding\$-24 91

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization  
C A CANNON CHAR TRUST #1 (#190)

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 (if applicable) 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

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) C A CANNON TRUST NO 3 1525 WEST W T HARRIS BLVD  CHARLOTTE, NC 28288 58-1360259	SUPPORTING ORGANIZATION	NC	501(C)(3)	11(D)-TYPE III-O	NA- FILING ORGANIZATION DOES NOT INDIRECTLY CONTROL RELATED ORG'S		No

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.)

(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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]



**Part VII**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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**Software ID:**  
**Software Version:**  
**EIN:** 56-6132354  
**Name:** C A CANNON CHAR TRUST #1 (#190)

Additional Data

Software ID:  
Software Version:  
EIN: 56-6132354  
Name: C A CANNON CHAR TRUST #1 (#190)

Form 990, Sch A, Part I, Line 11h - 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 )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) FIRST MISSIONARY BAP CHUR	561572870	1	Yes		Yes		Yes		52000
(B) GLENROCK BAPTIST CHURCH	571043889	1	Yes		Yes		Yes		12000
(C) GRACE LUTHERAN CHURCH	561040991	1	Yes		Yes		Yes		34000
(D) LUTHERAN THEO SOUTHEN SEM	570327888	7	Yes		Yes		Yes		50000
(E) MIDWAY UMC	560791340	1	Yes		Yes		Yes		15000
(F) NEW BIRTH BAPTIST CHURCH	743052478	1	Yes		Yes		Yes		20000
(G) LIFE WAY BAPTIST CHURCH	582451048	1	Yes		Yes		Yes		10000
(H) PROSPECT PRESBYTERIAN CH	560754112	1	Yes		Yes		Yes		23000
(I) PROVIDENCE PRESBY CHURCH	570471778	1	Yes		Yes		Yes		50000
(J) EAST PICKENS BAPTIST CHUR	570523995	1	Yes		Yes		Yes		15000
(K) WOODLEAF UMC	562113420	1	Yes		Yes		Yes		6000
(L) YORK BAPTIST ASSOC	570426922	1	Yes		Yes		Yes		15000
(M) LEES-MCRAE COLLEGE	560529953	2	Yes		Yes		Yes		250000
(N) CATAWBA COLLEGE	560530251	2	Yes		Yes		Yes		250000
(O) LENOIR- RHYNE COLLEGE	560556753	2	Yes		Yes		Yes		250000
(P) LIVINGSTONE COLLEGE	560603922	2	Yes		Yes		Yes		181000
(Q) CMC-- NORTHEAST MEDICAL CEN	208776473	3	Yes		Yes		Yes		3016225
(R) WINGATE UNIVERSITY	566049935	2	Yes		Yes		Yes		690000
(S) BETHEL BAPTIST CHURCH	561717806	1	Yes		Yes		Yes		20000
(T) EASTSIDE BAPTIST	200855278	1	Yes		Yes		Yes		10000
(U) BOYS AND GIRLS CLUB	560577630	7	Yes		Yes		Yes		108000
(V) BOGER'S CHAPEL UMC	560186375	1	Yes		Yes		Yes		15000
(W) FIRST BAPTIST CHURCH	561317291	1	Yes		Yes		Yes		20000
(X) FIRST CHRISTIAN UCC	560543253	1	Yes		Yes		Yes		10000
(Y) GRACE BAPTIST CHURCH	560857926	1	Yes		Yes		Yes		25000
(Z) GETHSEMANE MISS BAP CH	561287627	1	Yes		Yes		Yes		25000
(AA) NORWOOD CHURCH OF THE NAZ	581371049	1	Yes		Yes		Yes		10000
(AB) ST MATTHEWS EPISCOPAL CH	566064806	1	Yes		Yes		Yes		20000
(AC) THYATIRA PRESBYTERIAN CHU	561236037	1	Yes		Yes		Yes		3500
(AD) TRINITY CHURCH OF THE NAZ	576081999	1	Yes		Yes		Yes		20000
(AE) CHURCH OF GOD CHILDRENS H	560599234	7	Yes		Yes		Yes		75000
(AF) ST JAMES EVANGELICAL	560591309	1	Yes		Yes		Yes		25000
(AG) PRICE MEMORIAL AME ZION	561084954	1	Yes		Yes		Yes		47000
(AH) ST MARK'S LUTHERAN CHURCH	566072354	1	Yes		Yes		Yes		10000
(AI) UNITY UMC	561247737	1	Yes		Yes		Yes		40000
(AJ) CONCORDIA LUTHERAN CHURCH	561997338	1	Yes		Yes		Yes		30000
(AK) CABARRUS COUNTY LIBRARY	562581471	6	Yes		Yes		Yes		200000
(AL) ROCK HILL AME ZION CHURCH	561958850	1	Yes		Yes		Yes		20000
(AM) CENTER GROVE ROAD CHURCH	241843594	1	Yes		Yes		Yes		15000
(AN) MT VERNON PRESBY CHURCH	320128329	1	Yes		Yes		Yes		15000
(AO) MT ZION MISSIONARY BAPTIS	204659252	1	Yes		Yes		Yes		10000
(AP) MT ZION UNITED CHURCH OF	566082928	1	Yes		Yes		Yes		5000
(AQ) NEW BEGINNING BAPTIST CHU	571031381	1	Yes		Yes		Yes		25000
(AR) WESTSIDE CH OF THE NAZ	566170610	1	Yes		Yes		Yes		10000
(AS) WEST OAKBORO BAPTIST CHUR	561391494	1	Yes		Yes		Yes		35000
(AT) PARKERS CHAPEL AME ZION	561294294	1	Yes		Yes		Yes		15000
(AU) SOUTH CHINA GROVE UMC	262661502	1	Yes		Yes		Yes		19000
(AV) WEST BURLINGTON CHURCH OF	731633226	1	Yes		Yes		Yes		5000
(AW) UNITED PRESBYTERIAN CHUR	561403069	1	Yes		Yes		Yes		25000
(AX) SOUTH CHINA GROVE CHURCH	561606084	1	Yes		Yes		Yes		53000
(AY) JACKSON PARK UMC	561131506	1	Yes		Yes		Yes		7200
(AZ) CENTRAL UMC	560603902	1	Yes		Yes		Yes		10000
(BA) ALL SAINTS EPISCOPAL CH	560787605	1	Yes		Yes		Yes		35000
(BB) N KANNAPOLIS UMC	560001441	1	Yes		Yes		Yes		20000
(BC) NEW KIRK BPTIST CHURCH	570988996	1	Yes		Yes		Yes		10000
(BD) UNITED LOVE BAPTIST CHURC	561258395	1	Yes		Yes		Yes		10000
(BE) LIVING WATER CHURCH OF GO	561352565	1	Yes		Yes		Yes		35000
(BF) MT GALJANT CHURCH OF GOD	578732619	1	Yes		Yes		Yes		25000
(BG) STANLEY COMMUNITY COLLEGE	560994111	2	Yes		Yes		Yes		250000
(BH) STANLY REGIONAL MEDICAL C	560556760	2	Yes		Yes		Yes		96000
(BI) ST JOHN'S LUTHERAN CHURCH	560599230	1	Yes		Yes		Yes		15000
(BJ) ST LUKE'S LUTHERN CHURCH	566047434	1	Yes		Yes		Yes		10000
(BK) ROWAN- CABARRUS COMM COLLE	561731864	2	Yes		Yes		Yes		189000
(BL) APPLACHIAN REGIONAL HEALT	201067022	3	Yes		Yes		Yes		250000
(BM) BETHL AME ZION CHURCH	581579300	1	Yes		Yes		Yes		15000
(BN) BETHPAGE UMC	561389037	1	Yes		Yes		Yes		16000
(BO) CANTON BAPTIST CHURCH	561232494	1	Yes		Yes		Yes		15000
(BP) CENTRAL BAPTIST CHURCH	570737712	1	Yes		Yes		Yes		10000
(BQ) CHARITY BAPTIST CHURCH	561749250	1	Yes		Yes		Yes		15000
(BR) CHRISIT EPISCOPAL CHURCH	566047521	1	Yes		Yes		Yes		10000
(BS) CONCORD CHRH OF NAZARENE	566170590	1	Yes		Yes		Yes		5000
(BT) FIRST BAPTIST OF GOLD HIL	561535868	1	Yes		Yes		Yes		10000
(BU) EBENEZER EVANGELICAL LUTH	561315896	1	Yes		Yes		Yes		15000
(BV) FIRST CHURCH OF GOD	566167596	1	Yes		Yes		Yes		10000
(BW) FIRST PRESBYTERIAN CHURC	236398337	1	Yes		Yes		Yes		10000
(BX) FIRST PRESBYTERIAN	560529969	1	Yes		Yes		Yes		10000
(BY) FIRST PRIMITIVE BAPTIST C	561149291	1	Yes		Yes		Yes		9000
(BZ) FLINT HILL BAPTIST CHURCH	570741653	1	Yes		Yes		Yes		5000
(CA) FRANKLIN HEIGHTS BAPTIST	560883984	1	Yes		Yes		Yes		7300
(CB) FREEDOM CHRISTIAN CHURCH	561582701	1	Yes		Yes		Yes		15000
(CC) FRIENDSHIP FREEWILL BAPTI	561529293	1	Yes		Yes		Yes		8000
(CD) FRIENDSHIP UMC	561388710	1	Yes		Yes		Yes		15000
(CE) GILMORE CHAPEL AME ZION	561384563	1	Yes		Yes		Yes		15000
(CF) GRACE EVANGELICAL LUTHERA	561119038	1	Yes		Yes		Yes		10000
(CG) HILLSIDE PRESBYTERIAN CHU	123216547	1	Yes		Yes		Yes		10000
(CH) MAIN STREET BAPTIST CHURC	561821137	1	Yes		Yes		Yes		13000
(CI) MCGILL AVE BAPTIST CHURCH	560585245	1	Yes		Yes		Yes		35000
(CJ) MIFORD HILLS UMC	560791341	1	Yes		Yes		Yes		10000
(CK) MISSION 217 BAPTIST CHURC	454337155	1	Yes		Yes		Yes		10000
(CL) MISSION BAPTIST CHURCH	561187930	1	Yes		Yes		Yes		40000
(CM) MTOLIVE EVANGELICAL LUTH	561764587	1	Yes		Yes		Yes		10000
(CN) NORTH MAIN BAPTIST CHURCH	581313646	1	Yes		Yes		Yes		20000
(CO) OAKLAND BAPTIST CHURCH	570792932	1	Yes		Yes		Yes		10000
(CP) PHEIFFER UNIVERSITY	560529990	2	Yes		Yes		Yes		200000
(CQ) PICKEN'S 12 MILE BAPTIST	570527739	1	Yes		Yes		Yes		20000
(CR) PLEASANT GROVE BAPTIST CH	562188365	1	Yes		Yes		Yes		35000
(CS) ROCKY RIDGE UMC	566170457	1	Yes		Yes		Yes		10000
(CT) RODDEY BAPTIST	570699159	1	Yes		Yes		Yes		10000
(CU) ST ANDREW'S EPISCOPAL CHU	581488820	1	Yes		Yes		Yes		15000

Additional Data							Return to Form
Software ID: Software Version: EIN: 56-6132354 Name: C A CANNON CHAR TRUST #1 (#190)							
Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Concordia Lutheran Church 5300 Poplar Tent Rd Concord,NC 28027	56-0585245		23,000				Faith Community Nurse Program
First Missionary Baptist ChurchPOB 1322 Concord,NC 28026	56-1572870		32,000				Faith Nurse Community Program
South China Grove Church of God163 Third Ave China Grove,NC 28023	56-1606084		19,000				Building Repair Project
Westside Church of the Nazarene4700 Isehour Rd Kannapolis,NC 28081	56-6170610		10,000				Complete Building Program
Church of God Children's Home3485 Orphanage Circle Concord,NC 560599234	56-0529953		75,000				
Lees McRae College375 College Dr Banner Elk,NC 28604			250,000				Avery Residence Hall Renovation
Rock Hill AME Zion Church 3620 Rock Hill Church Road Concord,NC 28027	56-1958850		20,000				Debt Reduction
Rowan Cabarrus Community College Foundation IncPO Box 1595 Salisbury,NC 28145	56-1731864		189,000				Operational Support North Campus Facilities
Stanly Regional Medical CenterPO Box 1489 Albermarle,NC 28002	56-0556760		96,000				Cancer Support Resource Center/Advocacy Center Director/Case Manager
Boys and Girls Club of Cabarrus County IncPO Box 1405 Concord,NC 28026	56-0577630		108,000				Safety procedures upgrade/Play and Fitness structure
Bethel Baptist Church2474 Dale Earnhardt Blvd Kannapolis,NC 28083	56-1717806		20,000				Debt reduction
Christ Episcopal Church 3430 Old US Hwy 70 Cleveland,NC 27013	56-1582701		10,000				
Freedom Chrstian Worship center - Church of God607 China Grove Hwy 152 East Rockwell,NC 28138			15,000				Food Pantry Buiding Project
Gettsemane Missionary Baptist Church719 South Caldwell Street Salisbury,NC 28144	56-1287627		25,000				After school tutoring & youth mentoring program
Living Water Church of God 120 S Little Texas Road Kannapolis,NC 28083	56-1352565		35,000				Support for the Faith Community Healthcare Provider
Mt Gallant Church of God 11105 Mount Gallant Rd Rock Hill,SC 29732	57-8732619		25,000				Remodel children's church
Unity UMC8505 Unity Church Rd Kannapolis,NC 28081	56-1247737		40,000				Mobile meals ministry
Central UMC30 Union St Concord,NC 28025	56-0603902		10,000				Parlor Renovation Project
First Christian United Church of ChristPO Box 1678 Burlington,NC 272161678	56-0543253		10,000				A/C replacement & Parking Lot Project
First Missionary Baptist ChurchPO Box 1322 Concord,NC 28026	56-1572870		20,000				Summer Youth Project
Mt Vernon Presbyterian Church435 Carson Rd Woodleaf,NC 27054	32-0128329		15,000				Community Garden Multi Purpose Building
New Birth Baptist Church600 Annafrel St Rock Hill,SC 29730	74-3052478		20,000				Replace Heat Pump & Minor Improvment
Providence Presbytery515 Oakland Ave Rock Hill,SC 29730	57-0471778		50,000				New cabin construction at Bethelwoods Camp & Conference Center for York SC on behalf of 22 york county presbyterian churches
St James Evangelical Lutheran Church104 Union Street South Concord,NC 28025	56-0591309		25,000				Window replacement project
All Saint's Episcopal Church 252 Lake Concord RD NE Concord,NC 28025	56-0787605		35,000				Debt Reduction
Cabarrus County fbo Library SystemPO Box 707 Concord,NC 28026	56-2581471		200,000				Supplemental funding for the Cabarrus County public library
Carolinas Medical Center - Northeast920 Church Street N Concord,NC 28025	20-8776473		3,016,225				Required 40% distribution
Catawba College2300 West Innes Street Salisbury,NC 28144	56-0530251		250,000				Remodel of Salisbury-Rowan Residence Hall
Centergrove Road Church of Christ2306 Centergrove Rd Kannapolis,NC 28083	56-6017710		15,000				Mortgage Assistance, HVAC Replacement
Concordia Lutheran Church 185 Concordia Church Rd China Grove,NC 28023	56-1997338		7,000				Senior lunch program
First Baptist Church586 Vincent Street Norwood,NC 28124	56-1317291		20,000				Sanctuary repair
Glenrock Baptist ChurchPO Box 151 Fort Mill,SC 29716	57-1043889		12,000				Van project,debt reduction,limited parking lot paving
Grace Lutheran ChurchPO Box 891 Concord,NC 28025	56-1040091		34,000				Faith community health ministry
Lenoir Rhnye UniversityLR Box 7546 Hickory,NC 28601	56-0556753		250,000				Replacement of admin building's HVAC system & relocation of tele- communication & fiber optic system
Life Way Baptist ChurchPO Box 98 York,SC 29745	58-2451048		10,000				Sound & Lighting systems,seating for new facility
Livingstone College701 W Monroe St Salisbury,NC 28144	56-0603922		181,000				Capital improvements to Varick auditorium & Tubman Theater
Lutheran Theological Southern Seminary4201 North Main Street Columbia,SC 29203	57-0327888		50,000				Establish wireless network for campus, updating 4 classrooms & 1 auditorium
Midway UMC108 Bethpage Rd Kannapolis,NC 28081	56-0791340		15,000				Acoustical renovation of sanctuary
New Beginnings Baptist Church706 Old North Main Street Clover,SC 29710	57-1031381		25,000				Support of Gold's kitchen project
Price Memorial AME Zion ChurchPO Box 692 Concord,NC 28026	56-1084954		32,000				Building improvements including a/c repair/ replacement & sound system upgrade request
Prospect Presbyterian Church9425 WNC 152 Highway Mooresville,NC 28115	56-0754112		23,000				Faith community health ministry
St Marks Lutheran Church 326 North Main Street China Grove,NC 28023	56-6072354		10,000				Sanctuary floor renovation
United Presbyterian Church PO Box 28 Woodleaf,NC 27054	56-1403036		25,000				Facility expansion project
Wingate UniversityPO Box 159 Wingate,NC 28174	56-6049935		690,000				New & renovated campus housing
Woodleaf UMCPO Box 299 Woodleaf,NC 27054	56-2113420		6,000				Faith community nurse program
Appalachian Regional Healthcare System IncPO Box 2600 Boone,NC 28607	20-1067022		250,000				Post- Acute Care Facility
Bethel AME Zion Church 2219 Dale Earnhardt Blvd Kannapolis,NC 28083	58-1579300		15,000				Capital Campaign
Bethpage UMC109 Fellowshp Ave Kannapolis,NC 28081	56-1389037		16,000				Sanctuary A/C Replacement
Boger's Chapel UMC1775 Flowes Store Rd Concord,NC 28025	56-0186375		15,000				Sanctuary Florr Restoration
Canton Baptist Church 24615 Endy Rd Albermarle,NC 28001	56-1232494		15,000				Refurbursing projects
Central Baptist ChurchPO Box 689 York,SC 29745	57-0737712		10,000				Various projects
Chantry Baptist Church2420 Brantley Rd Kannapolis,NC 28083	56-1749250		15,000				Repair roof for main sanctuary, metal flashing and gutter damage
East Pickens Baptist Church 2244 Gentry Memorial Hwy Pickens,SC 29671	57-0523995		15,000				Miracle building project
Eastside Baptist Church199 Elgin Dr NE Concord,NC 28025	20-0855278		10,000				Renovation of vestibule and parking area
Ebenezer Evangelical Lutheran Church4914 Old Beatty Ford China Grove,NC 28023	56-1315895		15,000				HVAC replacement
First Baptist of Gold Hill 16141 Old Beatty Ford Rd Gold Hill,NC 28071	56-1535868		10,000				Paving ifront of church
First Church of God231 Corban Ave SW Concord,NC 28025	56-6167596		10,000				Parking lot project
First Presbyterian Church POB 789 Concord,NC 28026	23-6398337		10,000				Memorial garden improvements
First Presbyterian Church 508 West Davis St Burlington,NC 27216	56-0529969		10,000				Facility Upgrade Project
First Pnitive Baptist Church307 Broad Dr SW Concord,NC 28027	56-1149291		9,000				A/C Repair
Franklin Heights Baptist Church332 Wright Ave Kannapolis,NC 28083	56-0883984		7,300				Scouting Project, including scholarships
Friendship FWB Church532 West 22nd St Kannaplois,NC 28081	56-1529293		8,000				Restoration of HVAC and Containment
Friendship UMC4695 Mt Pleasant Rd South Concord,NC 28025	56-1388710		15,000				Efficient lighting for softball field
Gilmore Chapel AME Zion Church762 Central Dr Concord,NC 28027	56-1384563		15,000				HVAC replacement and other projects
Grace Baptist Church644 Edgemont St Albermarle,NC 28001	56-0857926		25,000				Various projects, steeple repair, sanctuary repair & exterior work
Grace Evangelical Lutheran Church3020 Grace Church Rd Salisbury,NC 28147	56-1119038		10,000				Family Life Center-Sound System Project
Hillside Presbyterian Church 3743 Maple Ave Burlington,NC 27215	12-3216547		10,000				HVAC Replacement
Jackson Park United Methodist Church715 Mabel Ave Kannapois,NC 28081	56-1131506		7,200				Boiler replacement
Main Street BaptistPOB 62 China Grove,NC 28023	56-1821137		13,000				Paving project
McGill Avenue Baptist Church5300 Poplar Tent Rd Concord,NC 28027	56-0585245		35,000				Debt reduction
Milford Hills UMC1630 Stateville Blvd Salisbury,NC 28144	56-0791341		10,000				Debt reduction
Mission 217 Baptist Church 465 S Cannon Blvd Kannapolis,NC 28083	45-4331716		10,000				Sanctuary equipment
Mission Baptist Church 12444 Mission Church Rd Locust,NC 28097	56-1187930		40,000				Building re-use project, expansion of children's space
Mt Olive Evangelical Lutheran Church9400 Gold Hill Mt Pleasant,NC 28124	56-1764587		10,000				Renovation of fellowship building
Mt Zion Missionary Baptist Church401 Wall Street Albermarle,NC 28001	20-4659252		10,000				Facility upgrade projects
New Kirk Baptist Church175 Museum Rd Rock Hill,SC 29732	57-0988996		10,000				New family life center gym completion
North Kannapolis UMC1307 North Main St Kannapolis,NC 28081	56-6001441		20,000				Debt reduction
North Main Baptist Church 1501 N Main St Salisbury,NC 28144	58-1313646		20,000				Repair and remodeling of sanctuary & other needed repairs
Oakland Baptist Church1067 Oakland Ave Rock Hill,SC 29732	57-0792932		10,000				Debt reduction
Parkers Chapel AME Zion Church578 Old Charlotte Road Concord,NC 28027	56-1294294		15,000				HVAC Replacement
Pfeiffer UniversityPO Box960 Misenheimer,NC 28109	56-0529990		200,000				Harris Hall renovation & marketing/branding support
Pickens- 12 Mile Baptist AssociationPOB 902 Pickens,SC 29671	57-0527739		20,000				Mary's House operations
Pleasant Grove Baptist Church17236 Frog Pond Rd Oakboro,NC 28129	56-2188365		35,000				Sanctuary renovation & remodeling
Price Memorial AME Zion ChurchPOB 692 Concord,NC 28026	56-1084954		15,000				Renovation project - additional grant
Rocky Ridge UMC1428 Old Charlotte Rd Concord,NC 28027	56-6170457		10,000				Family Life Center construction
Roddey Baptist ChurchPO Box 36 Catawba,SC 29704	57-0699159		10,000				Finish land project for Family Life Center
Norwood Church of the NazarenePOB1099 Norwood,NC 28128	58-1371049		10,000				Parking Lot Improvement
Saint Andrew's Episcopal ChurchPO Box 849 Rt 70 Haw River,NC 27258	58-1488820		15,000				Window protection & community garden water project
South China Grove Church of God163 Third Ave China Grove,NC 28023	56-1606084		53,000				Faith Community Nurse & Renovation of FCN facility
St John's Lutheran Church 100 St Johns Church Rd Concord,NC 28025	56-0599230		15,000				Installation of heat pump system
St Lukes Lutheran Church 11020 NC Hwy 801 Mt Ulla,NC 28125	56-0599230		10,000				Fellowship building capital campaign support
St Matthews Episcopal Church San Mateo Ministry 4401 Stateville Blvd Statesville,NC 28147	56-6064806		20,000				Parish house renovation project
Stanly Community College Foundation141 College Dr Albermarle,NC 28001	56-0994111		250,000				Allied health campus concentration project
Tnnity United Presbyterian Church of SalisburyPO Box 1046 Salisbury,NC 28145	56-1357571		20,000				Heating and Air Condition systems renovation
United Love Baptist Church 11487 Flowes Store Rd Midland,NC 28107	56-1258395		10,000				Foundation work
West Oakboro16803 Silver Rd Oakboro,NC 28129	56-1391494		35,000				Debt reduction
York Baptist Assocaition434 Museum Rd Rock Hill,SC 29732	57-0426922		15,000				York County Christian Women's Job Corps