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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning

, and ending

Name of foundation <b>VICTORIA SUSAN SUTTON CHARITABLE TRUST</b>		A Employer identification number <b>56-6376395</b>
Number and street (or P O box number if mail is not delivered to street address) <b>101 N. TRYON STREET</b>	Room/suite <b>1240</b>	B Telephone number <b>704-375-3720</b>
City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28246</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>12,242.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		55,114.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		3.	3.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		193.			STATEMENT 1
b Gross sales price for all assets on line 6a	55,307.				
7 Capital gain net income (from Part IV, line 2)			30,468.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		55,310.	30,471.		
13 Compensation of officers, directors, trustees, etc		100.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees	STMT 3	3,604.	541.		0.
b Accounting fees					
c Other professional fees					
17 Interest					
18 Taxes	STMT 4	1,341.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses	STMT 5	2.	2.		0.
24 Total operating and administrative expenses. Add lines 13 through 23		5,047.	543.		0.
25 Contributions, gifts, grants paid		102,714.			102,714.
26 Total expenses and disbursements. Add lines 24 and 25		107,761.	543.		102,714.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		<52,451.>			
b Net investment income (if negative, enter -0-)			29,928.		
c Adjusted net income (if negative, enter -0-)				N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 6	64,693.	12,242.	12,242.
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment: basis ▶		
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		64,693.	12,242.	12,242.
17 Accounts payable and accrued expenses				
18 Grants payable				
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable				
22 Other liabilities (describe ▶)				
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	64,693.	12,242.	
30 Total net assets or fund balances	64,693.	12,242.		
31 Total liabilities and net assets/fund balances	64,693.	12,242.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	64,693.
2 Enter amount from Part I, line 27a	2	<52,451.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	12,242.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,242.

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICALLY TRADED SECURITIES</b>			
<b>b PUBLICALLY TRADED SECURITIES</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 20,181.		9,993.	10,188.
<b>b</b> 35,126.		14,846.	20,280.
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			10,188.
<b>b</b>			20,280.
<b>c</b>			
<b>d</b>			
<b>e</b>			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	30,468.
	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2012			
2011			
2010			
2009			
2008			

2 Total of line 1, column (d)	2
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4
5 Multiply line 4 by line 3	5
6 Enter 1% of net investment income (1% of Part I, line 27b)	6
7 Add lines 5 and 6	7
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	599.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	599.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	599.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		12.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		611.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>NC</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>GRIER FURR &amp; CRISP, PA</u> Telephone no. ► <u>704-375-3720</u> Located at ► <u>101 N. TRYON STREET, SUITE 1240, CHARLOTTE, NC</u> ZIP+4 ► <u>28246</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? If "Yes," list the years ► _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?		4b
		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☒**5b****X****c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

**6b****X****7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		100.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000**0**Form **990-PF** (2013)

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

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

Total number of others receiving over \$50,000 for professional services

0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form 990-PF (2013)



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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities	<b>1a</b> 0.
<b>b</b>	Average of monthly cash balances	<b>1b</b> 42,307.
<b>c</b>	Fair market value of all other assets	<b>1c</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b> 42,307.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b> 0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b> 0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b> 42,307.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b> 635.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 41,672.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b> 2,084.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b> 2,084.
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5	<b>2a</b> 599.
<b>b</b>	Income tax for 2013. (This does not include the tax from Part VI.)	<b>2b</b>
<b>c</b>	Add lines 2a and 2b	<b>2c</b> 599.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b> 1,485.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b> 0.
<b>5</b>	Add lines 3 and 4	<b>5</b> 1,485.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b> 0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b> 1,485.

**Part XII****Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b> 102,714.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b> 0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 102,714.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b> 0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b> 102,714.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				1,485.
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2013:				
<b>a</b> From 2008	128,937.			
<b>b</b> From 2009	104,564.			
<b>c</b> From 2010	102,975.			
<b>d</b> From 2011	70,018.			
<b>e</b> From 2012	95,488.			
<b>f</b> Total of lines 3a through e	501,982.			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4: ▶ \$	102,714.			
<b>a</b> Applied to 2012, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2013 distributable amount				1,485.
<b>e</b> Remaining amount distributed out of corpus	101,229.			
<b>5</b> Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	603,211.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2012. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				0.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7	128,937.			
<b>9</b> Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	474,274.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2009	104,564.			
<b>b</b> Excess from 2010	102,975.			
<b>c</b> Excess from 2011	70,018.			
<b>d</b> Excess from 2012	95,488.			
<b>e</b> Excess from 2013	101,229.			



**Part XV** Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	25,000.
UNIVERSITY OF GEORGIA, OFFICE OF STUDENT FINANCIAL AID 220 HOLMES/HUNT ACADEMIC BUILDING ATHENS, GA 30602-6114	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	10,896.
UNIVERSITY OF SOUTH CAROLINA, OFFICE OF STUDENT FINANCIAL AID 1714 COLLEGE STREET COLUMBIA, SC 29208	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	11,026.
CLEMSON UNIVERSITY G01 SIKES HALL, BOX 345123 CLEMSON, SC 29634-5123	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	10,896.
PRESBYTERIAN COLLEGE 503 SOUTH BROAD STREET CLINTON, SC 29325	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	10,896.
Total			SEE CONTINUATION SHEET(S)	102,714.
b Approved for future payment				
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	26,000.
Total				
Total				26,000.





**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Name of the organization

Employer identification number

**VICTORIA SUSAN SUTTON CHARITABLE TRUST****56-6376395**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐

501(c)( ) (enter number) organization

☐4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐

527 political organization

Form 990-PF

☒

501(c)(3) exempt private foundation

☐

4947(a)(1) nonexempt charitable trust treated as a private foundation

☐

501(c)(3) taxable private foundation

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

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

**Special Rules**☐

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III☐For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

**VICTORIA SUSAN SUTTON CHARITABLE TRUST****56-6376395****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>VICTORIA SUSAN SUTTON</u> <u>520 N. CHURCH STREET</u> <u>CHARLOTTE, NC 28202</u>	\$ <u>55,114.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**VICTORIA SUSAN SUTTON CHARITABLE TRUST****56-6376395****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>415 SHARES OF EUROPACIFIC GROWTH FUND</u> <u>(20,015)</u> <u>681 SHARES OF FUNDAMENTAL INVS INC.</u> <u>(35,099)</u>	\$ <u>55,114.</u>	<u>11/27/13</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**VICTORIA SUSAN SUTTON CHARITABLE TRUST****56-6376395****Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ► \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**3 Grants and Contributions Paid During the Year (Continuation)**

323631  
05-01-13

# The Dottie Kirkley Weaver Scholarship

## Application Form

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

### Personal Information

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

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

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

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

### School Information

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

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

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

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

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

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

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

Do you currently have a job? ☐ Yes ☐ No

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

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

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

\_\_ How did you spend your last summer break?

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

What school will you be attending?

Name \_\_\_\_\_

Address \_\_\_\_\_

Month/Year you will begin attendance \_\_\_\_\_

Will you attend full-time? \_\_\_\_\_

☐ Yes

☐ No

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

## Financial Information

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

☐ Less than \$30,000

☐ \$30,001 to \$40,000

☐ \$40,001 to \$50,000

☐ \$50,001 to \$60,000

☐ \$60,001 to \$70,000

☐ \$70,001 to \$80,000

☐ \$80,001 to \$90,000

☐ \$90,001 to \$100,000

☐ More than \$100,000

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

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

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

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

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

## Short Essays

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

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

## References

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

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

(1)    Name  
Address  
Telephone: (    )

(2)    Name  
Address  
Telephone: (    )

(3)    Name  
Address  
Telephone: (    )

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

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

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

Signature Date  
(To be signed by Applicant)



# **The Dottie Kirkley Weaver Scholarship**

## **Teacher Recommendation Form**

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

### **General Information**

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

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

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

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

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

---

Signature

Name (type or print)

---

Title

Date

# **The Dottie Kirkley Weaver Scholarship** **Coach Recommendation Form**

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

## **General Information**

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

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

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

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

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

---

Signature

Name (type or print)

---

Title

Date

FORM 990-PF	GAIN OR (LOSS) FROM SALE OF ASSETS	STATEMENT	1
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(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICALLY TRADED SECURITIES	20,181.	20,015.	0.	0.	166.

(A) DESCRIPTION OF PROPERTY	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
PUBLICALLY TRADED SECURITIES	35,126.	35,099.	0.	0.	27.

CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	193.

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	2
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIRST CLEARING - 1000-1625	3.	0.	3.	3.	
TO PART I, LINE 4	3.	0.	3.	3.	

FORM 990-PF	LEGAL FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY'S ADVISORY FEES	3,604.	541.		0.
TO FM 990-PF, PG 1, LN 16A	3,604.	541.		0.

FORM 990-PF	TAXES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NET INVESTMENT INCOME EXCISE TAX	1,341.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,341.	0.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SERVICE FEE	2.	2.		0.
TO FORM 990-PF, PG 1, LN 23	2.	2.		0.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 6

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
EVERGREEN US GOVERNMENT MONEY MARKET FUND	X		12,242.	12,242.
TOTAL U.S. GOVERNMENT OBLIGATIONS			12,242.	12,242.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			12,242.	12,242.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICTORIA SUSAN SUTTON 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE/CHAIR 0.00	0.	0.	0.
CHARLES DAVIS BING 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE 0.00	0.	0.	0.
ELIZABETH SUTTON SPRATT 1920 SUTTONVIEW ROAD FORT MILL, SC 29715	TRUSTEE/SECRETARY 0.00	100.	0.	0.
CATHERINE SUTTON BRYANT 101 LOCH BEND LANE CARY, NC 27518	TRUSTEE 0.00	0.	0.	0.
KATHRYN LYNN RIDGE 19610 WEAVER'S RIDGE HUNTERSVILLE, NC 28078	TRUSTEE/VICE CHAIRMAN 0.00	0.	0.	0.
J. CAMERON FURR, JR. 101 N. TRYON STREET, STE 1240 CHARLOTTE, NC 28246	ASSISTANT SECRETARY 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		100.	0.	0.

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FORM 990-PF	GRANT APPLICATION SUBMISSION INFORMATION	STATEMENT	8
	PART XV, LINES 2A THROUGH 2D		

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**NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED**

---

FORT MILL HIGH SCHOOL, ATTN: MS. PETERS, GUIDANCE  
225 MUNN ROAD  
FORT MILL, SC 29715

---

**TELEPHONE NUMBER**

---

**NAME OF GRANT PROGRAM**

803-548-8235

THE DOTTIE KIRKLEY WEAVER SCHOLARSHIP (SEE ATTACHED)

---

**EMAIL ADDRESS**

---

PETERSC@FORT-MILL-K12.SC.US

---

**FORM AND CONTENT OF APPLICATIONS**

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PAPER APPLICATION, INCLUDING HIGH SCHOOL TRANSCRIPT, TEACHER RECOMMENDATION FORMS, AND COACH RECOMMENDATION FORM (SEE ATTACHED)

---

**ANY SUBMISSION DEADLINES**

---

APRIL 23

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**RESTRICTIONS AND LIMITATIONS ON AWARDS**

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TO BE ELIGIBLE, STUDENTS MUST BE A FEMALE GRADUATING SENIOR OF FORT MILL HIGH SCHOOL OR ANOTHER HIGH SCHOOL IN THE CHARLOTTE, NC REGION; HAVE PARTICIPATED IN A SPORT FOR AT LEAST ONE SEMESTER; HAVE BEEN ACCEPTED TO A TWO- OR FOUR-YEAR COLLEGE/UNIVERSITY; AND HAVE MAINTAINED AT LEAST A 2.5 GPA THROUGH THE FIRST SEMESTER OF HER HIGH SCHOOL SENIOR YEAR.