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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).

For calendar year 2014 or tax year beginning

, and ending

Name of foundation

**SAM & PAM HOOKER FOUNDATION**

Number and street (or P O box number if mail is not delivered to street address)

**1229 HALL ROAD**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**WESTFIELD, NC 27053**

A Employer identification number

**45-2723090**

G Check all that apply:

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

B Telephone number

**336-985-3561**C If exemption application is pending, check here ► H Check type of organization:  Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationD 1. Foreign organizations, check here ► 2. Foreign organizations meeting the 85% test, check here and attach computation ► 

I Fair market value of all assets at end of year

J Accounting method:  Cash  Accrual

(from Part II, col (c), line 16)

 Other (specify) \_\_\_\_\_E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► ► \$ **5,020.** (Part I, column (d) must be on cash basis)**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	<b>37,800.</b>		<b>N/A</b>	
2	Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B Interest on savings and temporary cash investments				
3					
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		<b>0.</b>		
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	<b>Total.</b> Add lines 1 through 11	<b>37,800.</b>	<b>0.</b>		
13	Compensation of officers, directors, trustees, etc	<b>0.</b>	<b>0.</b>		<b>0.</b>
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees	<b>STMT 1</b>	<b>1,325.</b>	<b>0.</b>	<b>1,325.</b>
c	Other professional fees				
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy				
RECEIVED					
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses AUG 03 2015				
24	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	<b>1,325.</b>	<b>0.</b>		<b>1,325.</b>
25	Contributions, gifts, grants paid	<b>37,302.</b>			<b>37,302.</b>
26	<b>Total expenses and disbursements</b>				
	Add lines 24 and 25	<b>38,627.</b>	<b>0.</b>		<b>38,627.</b>
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	<b>&lt;827.00</b>			
b	Net investment income (if negative, enter -0-)		<b>0.</b>		
c	Adjusted net income (if negative, enter -0-)			<b>N/A</b>	

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
Assets	1	Cash - non-interest-bearing	5,847.	3,520.
	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 ► 1,500.	0.	0.
		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		
	b	Investments - corporate stock		
	c	Investments - corporate bonds		
	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 l)	5,847.	5,020.
	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.
Liabilities	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>			
	and complete lines 24 through 26 and lines 30 and 31			
	24	Unrestricted		
	25	Temporarily restricted		
	26	Permanently restricted		
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0.	0.
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	5,847.	5,020.
	30	Total net assets or fund balances	5,847.	5,020.
	31	Total liabilities and net assets/fund balances	5,847.	5,020.

## 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	5,847.
2	Enter amount from Part I, line 27a	2	<827.>
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1, 2, and 3	4	5,020.
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	5,020.

**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.)	
1a	b <b>NONE</b>					
c						
d						
e						
(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)			
a						
b						
c						
d						
e						
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			
a						
b						
c						
d						
e						
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			
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }		3			

**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))
2013	27,075.	4,704.	5.755740
2012	15,203.	3,873.	3.925381
2011	6,150.	3,827.	1.607003
2010			
2009			

2 Total of line 1, column (d)	2	11.288124
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	3.762708
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	1,863.
5 Multiply line 4 by line 3	5	7,010.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	7,010.
8 Enter qualifying distributions from Part XII, line 4	8	38,627.

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.

**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.	1 0.
Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	
3 Add lines 1 and 2	2 0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	4 0.
6 Credits/Payments:	5 0.
a 2014 estimated tax payments and 2013 overpayment credited to 2014	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 <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9 0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10
11 Enter the amount of line 10 to be: <b>Credited to 2015 estimated tax</b> ► <span style="float: right;">Refunded</span>	11

**Part VII-A Statements Regarding Activities**

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?	Yes 1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b X
c Did the foundation file Form 1120-POL for this year?	1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ <u>0.</u> (2) On foundation managers. ► \$ <u>0.</u>	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ <u>0.</u>	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2 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? <i>If "Yes," attach a conformed copy of the changes</i>	3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year?	4a X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	4b 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?	5 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	N/A
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► <u>NC</u>	6 X
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	7 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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	8b X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	9 X
	10 X

## 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>NA</b>	13	<input checked="" type="checkbox"/>
14	The books are in care of ► <b>SAM &amp; PAM HOOKER</b> Located at ► <b>1229 HALL ROAD, WESTFIELD, NC</b>	Telephone no. ► <b>336-985-3561</b> ZIP+4 ► <b>27053</b>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	<input type="checkbox"/> <b>N/A</b>
16	At any time during calendar year 2014, 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 FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>

## 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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)? (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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	<b>N/A</b> ► <input type="checkbox"/>	1b
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 2014?		1c <input checked="" type="checkbox"/>
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ► _____, _____, _____, _____, _____ 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► _____, _____, _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	2b
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2014 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 2014)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	3b
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	<b>4a</b> <input checked="" type="checkbox"/> <b>4b</b> <input checked="" type="checkbox"/>	4b

**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 4945(d)(4)(A)? (see instructions)  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)?

N/A

5b



Organizations relying on a current notice regarding disaster assistance check here

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

6b



b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870

 Yes  No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

**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
SAMUEL HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	PRESIDENT 1.00	0.	0.	0.
PAMELA HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	VICE PRESIDENT 1.00	0.	0.	0.
HARRISON HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	BOARD MEMBER 1.00	0.	0.	0.
GABRIELLE HOOKER 1229 HALL ROAD WESTFIELD, NC 27053	BOARD MEMBER 1.00	0.	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

**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
<b>NONE</b>		

**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		
<b>SEE STATEMENT 2</b>		<b>36,802.</b>
2		
<b>SEE STATEMENT 3</b>		<b>2,000.</b>
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	<b>N/A</b>	
2		
3	All other program-related investments. See instructions.	
<b>Total. Add lines 1 through 3</b>		<b>0.</b>

Form 990-PF (2014)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,891.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,891.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,891.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,863.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	93.

**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.)

1	Minimum investment return from Part X, line 6	1	93.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	93.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	93.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	93.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	38,627.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	38,627.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	38,627.

**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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				93.
2 Undistributed income, if any, as of the end of 2014			0.	
a Enter amount for 2013 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011	6,062.			
d From 2012	15,009.			
e From 2013	26,840.			
f Total of lines 3a through e	47,911.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 38,627.			0.	
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2014 distributable amount				93.
e Remaining amount distributed out of corpus	38,534.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	86,445.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	86,445.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011	6,062.			
c Excess from 2012	15,009.			
d Excess from 2013	26,840.			
e Excess from 2014	38,534.			



## Part XV Supplementary Information (continued)

## 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
COURTNEY SMITH	NONE	INDIVIDUAL	TO SUPPORT THE MISSION TRIP TO AFRICA-ORPHANAGE WORK	200.
DANBURY VOLUNTEER FIRE DEPARTMENT 19 NEW STREET DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE FIRE DEPARTMENT	500.
EAST STOKES OUTREACH MINISTRY 301 WEST THIRD STREET WALNUT COVE, NC 27052	NONE	PUBLIC	TO SUPPORT THE MINISTRY	500.
EXODUS MINISTRIES 408 EAST KING STREET KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF THE MINISTRY	600.
FRIENDS OF SAURATOWN MOUNTAINS 1790 HANGING ROCK PARK RD DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE PRESERVATION OF SAURATOWN MOUNTAINS	500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 37,302.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				► 3b 0.

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

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Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		(e) Related or exempt function income
		(a) Business code	(b) Amount	
<b>1 Program service revenue:</b>				
a				
b				
c				
d				
e				
f				
g Fees and contracts from government agencies				
<b>2 Membership dues and assessments</b>				
<b>3 Interest on savings and temporary cash investments</b>				
<b>4 Dividends and interest from securities</b>				
<b>5 Net rental income or (loss) from real estate:</b>				
a Debt-financed property				
b Not debt-financed property				
<b>6 Net rental income or (loss) from personal property</b>				
<b>7 Other investment income</b>				
<b>8 Gain or (loss) from sales of assets other than inventory</b>				
<b>9 Net income or (loss) from special events</b>				
<b>10 Gross profit or (loss) from sales of inventory</b>				
<b>11 Other revenue:</b>				
a				
b				
c				
d				
e				
<b>12 Subtotal. Add columns (b), (d), and (e)</b>			0 .	0 .
<b>13 Total. Add line 12, columns (b), (d), and (e)</b>			13	0 .

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

## **Relationship of Activities to the Accomplishment of Exempt Purposes**



**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

**2014**

Name of the organization

SAM & PAM HOOKER FOUNDATION

Employer identification number

45-2723090

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 foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

Name of organization

SAM & PAM HOOKER FOUNDATION

Employer identification number

45-2723090**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
1	<u>SAM &amp; PAM HOOKER</u> <u>1229 HALL ROAD</u> <u>WESTFIELD, NC 27053</u>	\$ <u>37,800.</u>	Person <input checked="" 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 )
		\$ _____	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

SAM &amp; PAM HOOKER FOUNDATION

Employer identification number

45-2723090

**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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

Name of organization

SAM & PAM HOOKER FOUNDATION**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** 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 info once) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

Employer identification number

45-2723090

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

FORM 990-PF	ACCOUNTING FEES	STATEMENT	1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,325.	0.		1,325.
TO FORM 990-PF, PG 1, LN 16B	1,325.	0.		1,325.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	2
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## ACTIVITY ONE

THE SAM AND PAM HOOKER FOUNDATION WAS FOUNDED TO POSITIVELY IMPACT THE CITIZENS OF STOKES COUNTY AND THE SURROUNDING AREA. THE FOUNDATION SUPPORTS EXISTING ORGANIZATIONS WITH A PROVEN, SUCCESSFUL TRACK RECORD TO POSITIVELY IMPACT LIVES, MAKE A DIFFERENCE, AND CREATE POSITIVE CHANGE. DURING THE 2014 FISCAL YEAR, THE FOUNDATION SUPPORTED 38 ORGANIZATIONS.

TO FORM 990-PF, PART IX-A, LINE 1	EXPENSES
	36,802.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	3
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## ACTIVITY TWO

THE FOUNDATION AWARDED SCHOLARSHIPS TO STUDENTS WHO EXEMPLIFY THE ABILITY TO SUCCESSFULLY ACHIEVE HIGH ACADEMIC STANDARDS WHILE SIMULTANEOUSLY ACQUIRING RESPONSIBLE WORK HABITS DURING HIS OR HER HIGH SCHOOL YEAR.

TO FORM 990-PF, PART IX-A, LINE 2	EXPENSES
	2,000.

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FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 4

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NAME OF MANAGER

SAMUEL HOOKER  
PAMELA HOOKER

## Sam & Pam Hooker Foundation Education & Work Ethic Scholarship

The Education and Work Ethic Scholarship in the amount of \$1,000 will be awarded to a West Stokes High School senior who exemplifies the ability to successfully achieve high academic standards while simultaneously acquiring indispensable work ethics during his or her high school years.

### Qualifications for Eligibility:

- West Stokes High School Senior
- Be a B-student (GPA 3.0) or higher on high school transcripts
- Will have worked a part-time job for a minimum of 6 months prior to high school graduation
- Will be attending an accredited four year college or university

### Student's Application Submission Requirements:

- Completed scholarship application
- Essay
- Verification of employment (i.e. letter of recommendation from supervisor and/or copy of pay check stub)

Deadline for application submission is **April 18th**. Please return application, essay, and verification of employment to the Guidance Office. The Guidance Office will provide your official transcript to the Foundation.

Should you have any questions during the application process, please feel free to contact Pam Hooker at [pamhooker@gmail.com](mailto:pamhooker@gmail.com) or by phone at 336-413-4713. Thank you for your interest in pursuing this scholarship opportunity, and congratulations on your upcoming graduation.

**Sam & Pam Hooker Foundation**  
**Education & Work Ethic Scholarship Application**

**PERSONAL DATA**

Applicant's Name: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**REFERENCES**

Please list three references.

	Reference 1	Reference 2	Reference 3
Name			
Relationship			
Phone			
Street			
City			
State/Zip			

**Volunteer Experience**

Please list any volunteer experiences.

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**Extracurricular Activities**

Please list any extracurricular activities (athletics, clubs, religious groups, etc.) in which you are involved.

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**SCHOOLS TO WHICH YOU HAVE APPLIED:**

1st Choice: \_\_\_\_\_

Location: \_\_\_\_\_

Check if  
Accepted

2nd Choice: \_\_\_\_\_

Location: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Location: \_\_\_\_\_

**SAT SCORES**

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Writing: \_\_\_\_\_

TOTAL: \_\_\_\_\_

### EMPLOYMENT HISTORY

List all previous employment. Begin with current or last employment. Use additional paper if necessary.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact?  Yes  No

Position(s) Held: \_\_\_\_\_

Descriptions of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor(s): \_\_\_\_\_

**In essay format, please address the following:**

- How will the skills you have gained from working benefit you in pursuing your college education?
- What are your career aspirations?
- Name one person/experience that has greatly influenced your life and how?
- Why are you the best candidate for this scholarship?

I certify that all of the information I have included in and with my application is true. I understand if I am selected for the scholarship, I may be required to submit further proof of my acceptance to or enrollment in an accredited four year college or university. Further, I understand that official verification will be required of my attained grades and test scores. I agree that if I am selected for the scholarship, my name, photograph, and/or essay answers may be used for publicity purposes with no additional compensation by the sponsors of this scholarship program. I also certify that I have read and understand the information above.

---

Applicant's Signature

---

Date

## Part XV Supplementary Information

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

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
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214	NONE	PUBLIC	TO SUPPORT THE MISSION OF THE GIDEONS INTERNATIONAL	500.
HEALING HAITI PO BOX 263 CHAMPLIN, MN 55316	NONE	PUBLIC	TO SUPPORT THE DISADVANTAGED AND POVERTY STRICKEN HAITIANS	500.
HEROES HELPING HEROES 256 JEFFERSON AVE MOUNDSVILLE, WV 26041	NONE	PUBLIC	TO SUPPORT THE SEEDS OF HOPE CAMP	500.
HOPE PREGNANCY CENTER 117 CHARLES RD KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE PROGRAMS TO THE PREGNANCY CENTER	500.
KING OUTREACH MINISTRY 413 KINGSWAY DRIVE KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE MINISTRY	500.
KING POST 290 PO BOX 432 KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF THE POST	630.
MIZPAH MORAVIAN CHURCH 3195 MIZPAH CHURCH RD RURAL HALL, NC 27045	NONE	PUBLIC	TO SUPPORT THE MINISTRY	100.
MONARCH 350 PEE DEE AVE, STE A ALBERMARLE, NC 28001	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF THE FUND	500.
MOUNT OLIVE BAPTIST CHURCH 5413 NC HWY 66 SOUTH KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE CHURCH AND THE HONDURAS MISSION TRIP	19,472.
NORTH STOKES HIGH SCHOOL ATHLETICS 1350 NORTH STOKES SCHOOL RD DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE BASEBALL PROGRAM	100.
<b>Total from continuation sheets</b>				<b>35,002.</b>

## Part XV Supplementary Information

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

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
PINEY GROVE MIDDLE SCHOOL ATHLETIC BOOSTERS 3415 PINEY GROVE CHURCH RD LAWSONVILLE, NC 27022	NONE	PUBLIC	TO SUPPORT THE MIDDLE SCHOOL'S ATHLETICS.	100.
POST 290 AUXILIARY PO BOX 125 STAFFORD, VA 22555	NONE	PUBLIC	TO SUPPORT THE VETERANS OF THE AMERICAN LEGION	500.
RIVERWOOD THERAPEUTIC CENTER 6825 ROLLING VIEW DRIVE TOBACCOVILLE, NC 27050	NONE	PUBLIC	TO SUPPORT THE ONGOING PROGRAMS OF THE THERAPEUTIC RIDING CENTER	500.
SALVATION ARMY 1255 N. TRADE STREET WINSTON SALEM, NC 27101	NONE	PUBLIC	TO SUPPORT THE SALVATION ARMY	500.
SAMARITAN MINISTRIES 1243 N. PATTERSON AVE WINSTON SALEM, NC 27101	NONE	PUBLIC	TO SUPPORT THE MINISTRY	500.
SAURATOWN TRAILS ASSOCIATION 1790 HANGING ROCK PARK RD DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE TRAILS ASSOCIATION	500.
SAURATOWN VOLUNTEER FIRE DEPARTMENT 4475 NC HWY 66 S. KING, NC 27021	NONE	PUBLIC	TO SUPPORT THE FIRE DEPARTMENT	500.
SENIOR CENTER - MEALS ON WHEELS 700 N MAIN ST DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE SENIOR CITIZENS	500.
STOKES ART COUNCIL HIGHWAY 86 NORTH DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE ARTS COUNCIL	500.
STOKES COUNTY HISTORICAL SOCIETY 403 MAIN STREET DANBURY, NC 27016	NONE	PUBLIC	TO SUPPORT THE HISTORICAL SOCIETY	500.
<b>Total from continuation sheets</b>				

## Part XV Supplementary Information

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

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
STOKES COUNTY HUMANE SOCIETY 1999 SIZEMORE ROAD <u>GERMANTOWN, NC 27019</u>	NONE	PUBLIC	TO SUPPORT THE HUMANE SOCIETY	500.
STOKES DOMESTIC VIOLENCE CENTER 1012 MAIN STREET <u>DANBURY, NC 27016</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF THE CENTER	500.
STOKES FRIENDS OF YOUTH 153 JEFFERSON CHURCH ROAD <u>KING, NC 27021</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF STOKES FRIENDS OF YOUTH.	500.
STOKES HABITAT FOR HUMANITY PO BOX 310 <u>KING, NC 27021</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF HABITAT FOR HUMANITY	500.
STOKES PARTNERSHIP FOR CHILDREN 151 JEFFERSON CHURCH RD <u>KING, NC 27021</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF THE PARTNERSHIP FOR CHILDREN	500.
STOKES SCAN PO BOX 6522 <u>MOUNT AIRY, NC 27030</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF STOKES SCAN.	500.
THE ROCK CHURCH 3233 BURNT MILL DR, STE 1 <u>WILMINGTON, NC 28403</u>	NONE	PUBLIC	TO SUPPORT THE MINISTRY	1,000.
UNITED FUND OF STOKES COUNTY 102 MAIN ST <u>DANBURY, NC 27016</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS THAT THE UNITED FUND SUPPORTS.	500.
UNLIMITED SUCCESS 7830 N. POINT BLVD #131 <u>WINSTON SALEM, NC 27106</u>	NONE	PUBLIC	TO SUPPORT THE PROGRAMS OF UNLIMITED SUCCESS	500.
WORLD REACH MISSIONS (RICK VIA) PO BOX 582 <u>BLUE RIDGE, VA 24064</u>	NONE	PUBLIC	TO SUPPORT THE MINISTRY	100.
<b>Total from continuation sheets</b>				

**SAM & PAM HOOKER FOUNDATION**

45-2723090

## Part XV Supplementary Information

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

**Total from continuation sheets**