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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

OMB No 1545-0052




2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation ROSS ANGEL FOUNDATION		A Employer identification number 56-2013753	
Number and street (or P O box number if mail is not delivered to street address) 3011-B SPRING GARDEN ST		B Telephone number (see instructions) (336) 292-2227	
City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27403		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		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) ▶ \$ 2,203,082		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,850,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	125	125		
	4 Dividends and interest from securities.	3,119	3,119		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-3,645			
	b Gross sales price for all assets on line 6a <u>7,068</u>				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	5,451	5,451		
	12 Total. Add lines 1 through 11	1,855,050	8,695		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	4,500			4,500
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	1,595	1,595		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	14,795	14,795		
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	20,890	16,390		4,500
	25 Contributions, gifts, grants paid	60,600			60,600
	26 Total expenses and disbursements. Add lines 24 and 25	81,490	16,390		65,100
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,773,560			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	119,506	91,129	113,417
	2	Savings and temporary cash investments	248,386	664,478	664,478
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b	Investments—corporate stock (attach schedule)		359,931	398,154
	c	Investments—corporate bonds (attach schedule).		698,881	700,000
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		327,033	327,033
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	367,892	2,141,452	2,203,082	
Liabilities	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 (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
	Net Assets or Fund Balances	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	367,892		
28		Paid-in or capital surplus, or land, bldg , and equipment fund			
29		Retained earnings, accumulated income, endowment, or other funds		2,141,452	
30		Total net assets or fund balances (see instructions)	367,892	2,141,452	
31	Total liabilities and net assets/fund balances (see instructions) . . .	367,892	2,141,452		

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	367,892
2	Enter amount from Part I, line 27a	2	1,773,560
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	2,141,452
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,141,452

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						
(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					(i) 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) <div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>				2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) <div>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8</div>				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 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	65,488	249,577	0 262396		
2012	46,700	467,097	0 099979		
2011	110,078	495,517	0 222148		
2010					
2009					
2	Total of line 1, column (d).		2	0 584523	
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	0 194841	
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	2,170,036	
5	Multiply line 4 by line 3.		5	422,812	
6	Enter 1% of net investment income (1% of Part I, line 27b).		6		
7	Add lines 5 and 6.		7	422,812	
8	Enter qualifying distributions from Part XII, line 4.		8	65,100	
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 page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
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	1	0
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Credits/Payments		
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	
8	Enter any penalty 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 amount owed <input type="checkbox"/>	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <input type="checkbox"/>	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	<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>			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	<i>If "Yes," attach a detailed description of the activities.</i>			
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		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input type="checkbox"/> NC _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
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>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of RUSSELLENE ANGEL Telephone no (336) 292-2227 Located at 3011 B SPRING GARDEN STREET GREENSBORO NC ZIP +4 27403			
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		
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?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country				

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? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?. Yes 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). Yes 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.	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		
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 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not 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).	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 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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?	4b		No

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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	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 (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RUSSELLENE ANGEL	PRESIDENT	0	0	0
3011 B SPRING GARDEN ST GREENSBORO,NC 27403	1 00			
RICHARD FORMAN	SECRETARY/TR	0	0	0
3011 B SPRING GARDEN ST GREENSBORO,NC 27403	1 00			
WILLIAM R JOHNSON JR	VICE PRESIDE	0	0	0
3011 B SPRING GARDEN ST GREENSBORO,NC 27403	1 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). 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.		

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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

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.	

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	1,098,154
b	Average of monthly cash balances.	1b	777,895
c	Fair market value of all other assets (see instructions).	1c	327,033
d	Total (add lines 1a, b, and c).	1d	2,203,082
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,203,082
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	33,046
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,170,036
6	Minimum investment return. Enter 5% of line 5.	6	108,502

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	108,502
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	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	108,502
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	108,502
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	108,502

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	65,100
b	Program-related investments—total from Part IX-B.	1b	
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	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,100
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	65,100

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				108,502
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				110,000
d From 2012.				46,700
e From 2013.				57,136
f Total of lines 3a through e.	213,836			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 65,100				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				65,100
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	43,402			43,402
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	170,434			
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
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)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	170,434			
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				66,598
c Excess from 2012. . . .				46,700
d Excess from 2013. . . .				57,136
e Excess from 2014. . . .				

Part XIV

4942(j)(3) or 4942(j)(5)

3 Complete 3a, b, or c for the alternative test relied upon

Part XV

1

2

Time	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Time	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

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 See Additional Data Table				
Total			3a	60,600
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2014)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No


b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


Sign Here	*****	2015-08-15	*****	May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name BETTY GAYDON	Preparer's Signature	Date 2015-08-15	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00066078
	Firm's name <input checked="" type="checkbox"/> FREEDOM ACCOUNTING AND BUSINESS SERVICES			Firm's EIN <input checked="" type="checkbox"/> 27-1033346	
	Firm's address <input checked="" type="checkbox"/> 3011 SPRING GARDEN ST E STE GREENSBORO, NC 27403			Phone no (336) 854-4141	


Form 990PF Part XV Line 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				
ALZHEIMERS ASSOCIATION PIEDMONT OFFICE 3800 SHAMROCK RD CHARLOTTE,NC 28215		PUBLIC	TO SUPPORT THIER MISSION	500
AMERICAN BIBLE SOCEITY BOX 96812 WASHINGTON,DC 20090		PUBLIC	TO SUPPORT THIER MISSION	200
AMERICAN CANCER SOCEITY SOUTH ATLANTIC DIVISION BOX 41912 RALEIGH,NC 27629		PUBLIC	TO SUPPORT THIER MISSION	500
AMERICAN DIABETES ASSOCIATION BOX 1834 MERRIFIELD,VA 22116		PUBLIC	TO SUPPORT THIER MISSION	500
AMERICAN HEART ASSOCIATION 101 CENTERPOINT DR SUITE 130 GREENSBORO,NC 27409		PUBLIC	TO SUPPORT THIER MISSION	500
AMERICAN LUNG ASSOCIATION 514 DANIELS STREET SUITE 109 RALEIGH,NC 27605		PUBLIC	TO SUPPORT THIER MISSION	500
AMERICAN RED CROSS PO BOX 14710 GREENSBORO,NC 27415		PUBLIC	TO SUPPORT THIER MISSION	500
ARTS GREENSBORO BOX 877 GREENSBORO,NC 27402		PUBLIC	TO SUPPORT THIER MISSION	500
BARIUM SPRINGS HOME FOR CHILDREN PO BOX 1 BARIUM SPRINGS,NC 28010		PUBLIC	TO SUPPORT THIER MISSION	500
BILLY GRAHAM ASSOCIATION 1 BILLY GRAHAM PARKWAY CHARLOTTE,NC 28201		PUBLIC	TO SUPPORT THIER MISSION	500
BOYS AND GIRLS HOME OF NC PO BOX 127 LAKE WACCAMAW,NC 28450		PUBLIC	TO SUPPORT THIER MISSION	500
CAMPBELL UNIVERSITY BOX 116 BUIES CREEK,NC 27506		PUBLIC	TO SUPPORT THIER MISSION	10,000
CHILDRENS HOME SOCEITY PO BOX 14608 GREENSBORO,NC 27415		PUBLIC	TO SUPPORT THIER MISSION	1,000
CITY OF HOPE 1055 WILSHIRE BLVD SUITE 1200 LOS ANGELES,CA 90017		PUBLIC	TO SUPPORT THIER MISSION	500
COALITION TO SALUTE AMERICAS HEROS BOX 1073 SPRINGFIELD,VA 22151		PUBLIC	TO SUPPORT THIER MISSION	500
Total  3a				60,600


Form 990PF Part XV Line 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				
CURE PSP 30 E PADONIA RD SUITE 201 LUTHERVILLE TIMONIUM, MD 21093		PUBLIC	TO SUPPORT THIER MISSION	200
DELEWARE VALLEY GOLDEN RETRIEVIER R 60 VERA CRUZ RD REINHOLDS, PA 17569		PUBLIC	TO SUPPORT THIER MISSION	2,000
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741		PUBLIC	TO SUPPORT THIER MISSION	500
DUKE CHILDRENS HOSPITAL OFFICE OF DEVELOPMENT BOX 90581 DURHAM, NC 27708		PUBLIC	TO SUPPORT THIER MISSION	500
EASTER SEALS BOX 28239 RALEIGH, NC 27611		PUBLIC	TO SUPPORT THIER MISSION	200
ELON HOME FOR CHILDREN 1717 SHARON RD WEST CHARLOTTE, NC 28201		PUBLIC	TO SUPPORT THIER MISSION	500
FEED THE CHILDREN PO BOX 36 OKLAHOMA CITY, OK 73101		PUBLIC	TO SUPPORT THIER MISSION	200
FIRST MORAVIAN CHURCH 304 SOUTH ELAM AVE GREENSBORO, NC 27403		PUBLIC	TO SUPPORT THIER MISSION	3,000
FLIGHT 93 NATIONAL MEMORIAL NATIONAL CONTRIBUTION PROCESSING CENTER BOX 96591 WASHINGTON, DC 20090		PUBLIC	TO SUPPORT THIER MISSION	500
FREEDOM ALLIANCE 22570MARKEY CT SUITE 240 STERLING, VA 20166		PUBLIC	TO SUPPORT THIER MISSION	500
FRIENDS FOREVER BOX 77262 GREENSBORO, NC 27417		PUBLIC	TO SUPPORT THIER MISSION	200
FRIENDS HOME 925 NEW GARDEN ROAD GREENSBORO, NC 27410		PUBLIC	TO SUPPORT THIER MISSION	500
GEORGE BUSH PRESIDENTIAL CENTER BOX 560887 DALLAS, TX 75356		PUBLIC	TO SUPPORT THIER MISSION	500
GIDEON GROVE UMC BOX 444 STOKESDALE, NC 27357		PUBLIC	TO SUPPORT THIER MISSION	10,000
GIDEONS GREENSBORO NW CAMP BOX 19524 GREENSBORO, NC 27419		PUBLIC	TO SUPPORT THIER MISSION	500
Total  3a				60,600


Form 990PF Part XV Line 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				
GREENSBORO SYMPHONY 200 NORTH DAVIE STREET BOX 10 GREENSBORO,NC 27401		PUBLIC	TO SUPPORT THIER MISSION	500
GREENSBORO URBAN MINISTRY 305 WEST LEE STREET GREENSBORO,NC 27406		PUBLIC	TO SUPPORT THIER MISSION	1,000
HABITAT FOR HUMANITY BOX 3402 GREENSBORO,NC 27402		PUBLIC	TO SUPPORT THIER MISSION	1,000
HOSPICE AND PALLATIVE CARE 2500 SUMMIT AVE GREENSBORO,NC 27405		PUBLIC	TO SUPPORT THIER MISSION	500
HUMANE SOCIETY OF THE PIEDMONT 4527 WEST WENDOVER AVE GREENSBORO,NC 27409		PUBLIC	TO SUPPORT THIER MISSION	500
MAKE A WISH TRIAD 212 STRYON ST SUITE 1080 CHARLOTTE,NC 28281		PUBLIC	TO SUPPORT THIER MISSION	500
MARCH OF DIMES BOX 2547 DECATUR,IL 62525		PUBLIC	TO SUPPORT THIER MISSION	500
MDA 3300 EAST SUNRISE DR TUCSON,AZ 85718		PUBLIC	TO SUPPORT THIER MISSION	500
N MYRTLE BEACH RESCUE SQUAD PO BOX 555 N MYRTLE BEACH,SC 29597		PUBLIC	TO SUPPORT THIER MISSION	200
NATIONAL MS CENTRAL NE CHAPTER 2211 MEADOWVIEW STE 30 GREENSBORO,NC 27407		PUBLIC	TO SUPPORT THIER MISSION	1,000
NC VET MED FOUNDATION NCSU BOX 8401 RALEIGH,NC 27605		PUBLIC	TO SUPPORT THIER MISSION	500
NC WILDLIFE BOX 10626 RALEIGH,NC 27690		PUBLIC	TO SUPPORT THIER MISSION	500
NC ZOOLOGICAL SOCIETY 4403 ZOO PARKWAY ASHEBORO,NC 27205		PUBLIC	TO SUPPORT THEIR MISSION	5,000
OPERATION SMILE 502 E CORNWALLIS DR SUITE L GREENSBORO,NC 27405		PUBLIC	TO SUPPORT THIER MISSION	500
RIDDLE EVANGELISTIC ASSOCIATION PO BOX 1399 PILOT MOUNTAIN,NC 27041		PUBLIC	TO SUPPORT THIER MISSION	1,000
Total  3a				60,600

Form 990PF Part XV Line 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				
SAMARITANS PURSE PO BOX 3000 BOONE,NC 28607		PUBLIC	TO SUPPORT THIER MISSION	500
SENIOR & DISABLED FUND BOX 85 SAN BERNARDINO,CA 92410		PUBLIC	TO SUPPORT THIER MISSION	500
SOLDIERS ANGELS 200 NE LOOP 410 SUITE 310 SAN ANTONIO,TX 78217		PUBLIC	TO SUPPORT THIER MISSION	500
SYLVAN HEIGHTS DRAWER 368 SCOTLAND NECK,NC 27874		PUBLIC	TO SUPPORT THIER MISSION	500
SPECIAL OLYMPICS OF NC 2200 GATEWAY CENTER BLVD SUITE 201 MORRISVILLE,NC 27560		PUBLIC	TO SUPPORT THEIR MISSION	500
GREENSBORO TEEN CHALLENGE PO BOX 77914 GREENSBORO,NC 27417		PUBLIC	TO SUPPORT THIER MISSION	500
THE ARTHRITIS FOUNDATION BOX 19828 CHARLOTTE,NC 28219		PUBLIC	TO SUPPORT THIER MISSION	500
THE MUSIC ACADEMY 127 BEAMAN PL SUITE 100 GREENSBORO,NC 27410		PUBLIC	TO SUPPORT THIER MISSION	500
THE SALVATION ARMY BOX 5310 GREENSBORO,NC 27435		PUBLIC	TO SUPPORT THIER MISSION	500
THE SERVANT CENTER 1312 LEXINGTON AVE GREENSBORO,NC 27403		PUBLIC	TO SUPPORT THIER MISSION	200
THE USO UNITED SERVICE ORGANIZATIONS PO BOX 96860 WASHINGTON,DC 20077		PUBLIC	TO SUPPORT THIER MISSION	500
TRIAD GOLDEN RETRIEVER RESCUE 2 FLEMING TERRACE CIRCLE GREENSBORO,NC 27410		PUBLIC	TO SUPPORT THIER MISSION	2,000
TRIAD HEALTH PROJECT BOX 5716 GREENSBORO,NC 27435		PUBLIC	TO SUPPORT THIER MISSION	500
U S OLYMPIC COMMITTIE 1 OLYMPIC PLAZA COLORADO SPRINGS,CO 80909		PUBLIC	TO SUPPORT THIER MISSION	500
UNC TV CUSTOMER CARE BOX 14900 RESEARCH TRIANGLE PARK,NC 27709		PUBLIC	TO SUPPORT THIER MISSION	500
Total  3a				60,600

Form 990PF Part XV Line 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 <i>Paid during the year</i>				
UNITED ANIMAL COALITION BOX 8 JAMESTOWN,NC 27282		PUBLIC	TO SUPPORT THIER MISSION	200
WOUNDED WARRIORS 4899 BELFORT RD SUITE 300 JACKSONVILLE,FL 32256		PUBLIC	TO SUPPORT THIER MISSION	1,000
Total  3a				60,600

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>ROSS ANGEL FOUNDATION</div>	<div>Employer identification number</div> <div>56-2013753</div>
--	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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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, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
56-2013753

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUSSELLENE J ANGEL 4826 COUNTRY WOODS LN GREENSBORO, NC 27410	\$ 1,850,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization ROSS ANGEL FOUNDATION	Employer identification number 56-2013753
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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 ROSS ANGEL FOUNDATION	Employer identification number 56-2013753
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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 information once. See instructions.) ▶ \$ _____

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	
_____		_____	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
_____		_____	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: ROSS ANGEL FOUNDATION

EIN: 56-2013753

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
TRANSOCEAN LTD NAMEN AKT	2014-10	PURCHASE	2014-11		4,690	5,804			-1,114	
TRANSOCEAN LTD NAMEN AKT	2013-12	PURCHASE	2014-11		2,345	4,877			-2,532	
VERITIV CORP	2013-07	PURCHASE	2014-07		33	32			1	

**TY 2014 Investments Corporate
Bonds Schedule****Name:** ROSS ANGEL FOUNDATION**EIN:** 56-2013753

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SAFRA NATL BK OF NY NEW YORK NY CD	99,989	100,000
MERRICK BANK SOUTH JORDAN UT CD	199,740	200,000
COMENITY CAP BK SALT LAKE CITY UT CD	99,945	100,000
BARCLAYS BK DE WILMINGTON DE CD	199,482	200,000
GE CAP BK INC SALT LAKE CITY UT CD	99,725	100,000

TY 2014 Investments Corporate
Stock Schedule

Name: ROSS ANGEL FOUNDATION
EIN: 56-2013753

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AFLAC INC	11,468	12,218
AT & T	16,798	16,795
ALTRIA GROUP INC	8,223	9,854
AMGEN INC	22,899	31,858
APPLE INC	15,666	22,076
CHEVRON CORP	22,407	22,436
CISCO SYSTEMS INC	4,729	5,563
COCA COLA COMPANY	8,543	8,444
EMERSON ELECTRIC COMPANY	11,643	12,346
EXXON MOBILE CORP	18,062	18,490
GENERAL ELECTRIC COMPANY	9,545	10,108
GENERAL MILLS INC	9,890	10,666
GILEAD SCIENCES INC	19,545	18,852
HALYARD HEALTH INC	871	1,137
INTERNATIONAL PAPER CO	9,183	10,716
JOHNSON & JOHNSON	18,596	20,914
JOHNSON CONTROLS INC	7,633	9,668
KIMBERLY CLARK CORP	20,116	23,108
KRAFT FOODS GRP INC	11,056	12,532
LINCOLN NATIONAL CORP INC	8,666	11,534
LOWES COMPANIES INC	9,533	13,760
MCDONALDS CORP	27,525	28,110
MERCK & COMPANY INC NEW	10,720	11,358
OWENS & MINOR INC HOLDING CO	9,927	10,533
PFIZER INC	11,429	12,460
PROCTOR & GAMBLE CO	16,485	18,218
TWITTER INC	18,738	14,348
VERITIV CORP	35	52

TY 2014 Investments - Other Schedule**Name:** ROSS ANGEL FOUNDATION**EIN:** 56-2013753

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CAMERON AT THE SUMMIT PROP	FMV	235,601	235,601
BELL HNW FUND V LLC	FMV	91,432	91,432

TY 2014 Legal Fees Schedule

Name: ROSS ANGEL FOUNDATION

EIN: 56-2013753

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	4,500			4,500

TY 2014 Other Expenses Schedule

Name: ROSS ANGEL FOUNDATION

EIN: 56-2013753

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
SCHEDULE K1	14,795	14,795		

TY 2014 Other Income Schedule

Name: ROSS ANGEL FOUNDATION

EIN: 56-2013753

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
CAMERON AT THE SUMMIT K1	5,451	5,451	

TY 2014 Other Professional Fees Schedule

Name: ROSS ANGEL FOUNDATION

EIN: 56-2013753

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVISORY FEE	1,595	1,595		