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DLN: 93491134020445

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public

| For | cale | ndar year 2014, or tax year beginning 01- | 01-2014 | , a | nd ending 1 | 2-31-2014 | |
|----------------|---------|--|------------------------------------|---|--------------------------|-------------------------|--|
| | | Indation | A Employer id | entification numbe | er | | |
| 111 | E HUMIN | MEL FAMILY FUND INC | | | 56-2035183 | | |
| Num | ber and | street (or P O box number if mail is not delivered to street address | s) Room/suite | | B Telephone nu | ımber (see ınstructior | ns) |
| 19 | 07 ROS | ECREST DR | | | (336) 288-7237 | 7 | |
| Cıtv | or town | , state or province, country, and ZIP or foreign postal code | | | C If exemption | application is pendin | g, check here ▶ □ |
| | | 10, NC 27408 | | | - | .,, | , |
| c C k | nock a | Il that apply Initial return Initial return of a | former public charity | | B.4. F | | – |
| G C | ieck a | Final return Amended return | Tormer public charity | y | _ | • | |
| | | Address change Name change | | | test, chec | k here and attach co | mputation |
| | | pe of organization Section 501(c)(3) exempt priva | | | | | |
| | | 4947(a)(1) nonexempt charitable trust Other taxa | | | | | |
| | | rom Part II, col. (c), Accounting method Other (specify) | I Cash I Acci | rual | | | |
| | | \$ 2,906,162 (Part I, column (d) must | t be on cash basis.) | | | ()()() | |
| Pa | rt 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) (see instructions) | (a) Revenue and expenses per books | (b) N | let investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | |
| | | schedule) | | | | | |
| | 2 | Check ▶ 🔽 if the foundation is not required to attach | | A Employer identification number 56-2035183 B Telephone number (see instructions) (336) 288-7237 C If exemption application is pending, check here 2. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation 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 Sevenue and enses per line of the for charitable purposes (b) Net investment income (c) Adjusted net for charitable purposes | | | |
| | | Sch B | | | | | |
| | 3 | Interest on savings and temporary cash investments | 6 | | 6 | | |
| | 4 | Dividends and interest from securities | 54,169 | | 54,169 | | |
| | 5a | Gross rents | | | | | |
| di | b | Net rental income or (loss) | 15 510 | | | | |
| ₹ | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 276,418 | | | | | |
| ě | 7 | Capital gain net income (from Part IV, line 2) | | | 15,518 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less Cost of goods sold | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other Income (attach schedule) | | | | | _ |
| | 12 | Total. Add lines 1 through 11 | 69,693 | | 69,693 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| Š | 15 | Pension plans, employee benefits | | | | | |
| Expenses | 16a | Legal fees (attach schedule) | | | === | | |
| Ë | l | | 785 | | 785 | | |
| | 17 | Other professional fees (attach schedule) | | | | | |
| rat | 18 | Taxes (attach schedule) (see instructions) | % 4,275 | | | | |
| Administrative | 19 | Depreciation (attach schedule) and depletion | | | | | |
| Ē | 20 | Occupancy | | | | | |
| AC | 21 | Travel, conferences, and meetings | | | | | |
| and | 22 | Printing and publications | | | | | |
| Š | 23 | Other expenses (attach schedule) | % 319 | | 319 | | |
| atır | 24 | Total operating and administrative expenses. | | | | | |
| Operating | | Add lines 13 through 23 | | | 1,104 | | |
| ō | 25 | Contributions, gifts, grants paid | 111,574 | | | | 111,574 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 116.953 | | 1,104 | | 111.574 |
| | 27 | Subtract line 26 from line 12 | , | | , . | | , |
| | а | Excess of revenue over expenses and disbursements | -47,260 | | | | |
| | ь | Net investment income (if negative, enter -0-) | | | 68,589 | | |
| | С | Adjusted net income (If negative, enter -0 -) | | | | | |

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|------------------|----------|---|------------------------|--------------------|-----------------------|
| | 1 | Cash—non-interest-bearing | (1) | (-, | (-, |
| | 2 | Savings and temporary cash investments | 140,199 | 186,54 | 4 186,544 |
| | 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 | | | |
| | 0 | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | ' | Less allowance for doubtful accounts | | | |
| | _ | Inventories for sale or use | | | + |
| sets | | | | | |
| υħ | 9 | Prepaid expenses and deferred charges | | | |
| 4 | | Investments—U S and state government obligations (attach schedule) | | 7 05-1 1 545 20 | 2 710 440 |
| | | Investments—corporate stock (attach schedule) | | 7 📆 1,545,20 | 2,719,440 |
| | _ | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) - | | | |
| | | Investments—mortgage loans | | | |
| | | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 15 | | 178 | 17 | 8 178 |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | Instructions Also, see page 1, item I) | 1,779,184 | | - |
| | 17 | Accounts payable and accrued expenses | 1,641 | 1,64 | 1 |
| φŞ | 18 | Grants payable | | | 4 |
| | 19 | Deferred revenue | | | 4 |
| abiliti | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | 4 |
| ٦ ا | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe | | | _ |
| | 23 | Total liabilities (add lines 17 through 22) | 1,641 | 1,64 | 1 |
| ķ | | Foundations that follow SFAS 117, check here | | | |
| or Fund Balances | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| i ar | 24 | Unrestricted | | | 4 |
| ă | 25 | Temporarily restricted | | | 4 |
| 핕 | 26 | Permanently restricted | | | |
| Ξ | | Foundations that do not follow SFAS 117, check here | | | |
| | | and complete lines 27 through 31. | | | |
| Assets | 27 | Capital stock, trust principal, or current funds | | | _ |
| SSI | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| ťΑ | 29 | Retained earnings, accumulated income, endowment, or other funds | 1,777,543 | | _ |
| Net | 30 | Total net assets or fund balances (see instructions) | 1,777,543 | | 3 |
| | 31 | Total liabilities and net assets/fund balances (see instructions) | 1,779,184 | 1,731,92 | 4 |
| Pa | rt II | Analysis of Changes in Net Assets or Fund Balances | | | _ |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column | ı (a), lıne 30 (must a | igree | |
| | | , | | | 1,777,543 |
| 2 | | Enter amount from Part I, line 27a | | 2 | -47,260 |
| 3 | | Other increases not included in line 2 (itemize) | | 3 | |
| 4 | | Add lines 1, 2, and 3 | | 4 | 1,730,283 |
| 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 | 1,730,283 |

| | 90-PF (2014) Capital Gains a | nd Laccas for Tax | on Tryo | stmont Theome | | | | Page 3 |
|------------------|---|---|---|--|------------------------------------|-------------|---------------------------------|---|
| Part I | (a) List and describe t | | | | (b) How acquired P—Purchase | (c) Da | te acquired | (d) Date sold |
| | 2-story brick wareho | use, or common stock | ,200 shs M | ILC Co) | D—Donation | (mo | , day, yr) | (mo , day, yr) |
| 1a | See Additional Data T | able | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| е | | | | | | | | |
| (e |) Gross sales price | | atıon allowe owable) | 1 1 | t or other basis opense of sale | | | or (loss) minus (g) |
| а | See Additional Data Ta | able | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| Cor | mplete only for assets sh | nowing gain in column (| h) and owne | d by the foundation | n on 12/31/69 | (1) | Gains (Col | (h) gaın mınus |
| | FM V as of 12/31/69 | (j) A dju: | sted basis 2/31/69 | (k) Exc | cess of col (ı) | | | ess than -0-) or |
| <u>а</u> | See Additional Data Ta | | _,,_ | | G// ··· ····/ | | | |
| b | | | | | | | | |
| С . | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| е | | | , | Tfl | Dant I 7 1 | + 1 | | |
| 2 | Capital gain net incom | e or (net capital loss) | | If gain, also enter If (loss), enter -0- | | 2 | | 15,518 |
| 3 | Net short-term capital | gaın or (loss) as defin | ed in sectio | ns 1222(5) and (6 |) | | | |
| | If gain, also enter in Pa in Part I, line 8 | art I, line 8, column (c |) (see ınstru • • | ctions) If(loss), e | nter -0 - | . 3 | | 2.043 |
| Part | V Qualification U | nder Section 4940 |)(e) for R | educed Tax on | Net Investme | <u> </u> | ome | -3,942 |
| | ional use by domestic pr | | | | | | | |
| fsectic | on 4940(d)(2) applies, le | ave this part blank | | | | | | |
| | foundation liable for the the foundation does not | | | | , , | eriod? | | ┌ Yes ┌ No |
| | ter the appropriate amou | | | • | | ries | | |
| | (a) | (b) | | (c) | | | (d) | |
| | penod years Calendar or tax year beginning in) | Adjusted qualifying disti | ributions | Net value of nonchai | ritable-use assets | (c | Distribution col (b) divided | |
| year (o | 2013 | | 59,163 | | 2,013,294 | (0 | or (b) divided | 0 029386 |
| | 2012 | | 72,900 | | 1,502,990 | | | 0 048503 |
| | 2011 | | 46,550 | | 1,195,484 | | | 0 038938 |
| | 2010 | | 41,606 | | 1,073,805 | | | 0 038746 |
| | 2009 | | 51,400 | | 928,680 | | | 0 055347 |
| | | / 1 \ | | | | 2 | | 0 210920 |
| 2 | Total of line 1, column | (a) | | | | | | 0 210320 |
| 2 | Total of line 1, column A verage distribution ra the number of years th | atio for the 5-year bas | e period—div | | | 3 | | |
| | Average distribution ra | atio for the 5-year bas e foundation has been | e period—div in existence | e if less than 5 year | rs | 3 4 | | 0 042184 |
| 3 | Average distribution rathe number of years th | atio for the 5-year bas e foundation has been noncharitable-use ass | e period—div in existence ets for 2014 | e if less than 5 yeai I from Part X, line 5 | rs | | | 0 042184 2,587,464 |
| 3 | A verage distribution ra the number of years th Enter the net value of i | atio for the 5-year base e foundation has been noncharitable-use ass 3 | e period—div in existence ets for 2014 | e if less than 5 year | rs | 4 | | 0 042184 2,587,464 109,150 |
| 3 4 5 | A verage distribution ra the number of years th Enter the net value of i Multiply line 4 by line | etio for the 5-year base e foundation has been noncharitable-use ass 3 | e period—div in existence ets for 2014 · · · · art I, line 21 | e if less than 5 yea I from Part X, line 5 · · · · · · · · · · · · · · · · · · · | rs | 5 | | 0 042184 2,587,464 109,150 686 |
| 3 4 5 6 | A verage distribution ra the number of years th Enter the net value of i Multiply line 4 by line 3 Enter 1% of net invest | atio for the 5-year base e foundation has been noncharitable-use ass 3 ment income (1% of P | e period—div in existence ets for 2014 · · · · · art I, line 27 | e if less than 5 year If from Part X, line 5 | rs | 4 5 6 | | 0 042184 2,587,464 109,150 |

| | 990-PF (2014) | | | age 4 |
|------------|--|--------|----------|--------------|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | ructio | ns) | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A" | | | |
| | 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 | | | 686 |
| | here Frand enter 1% of Part I, line 27b | | | |
| С | 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 | | | 686 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others | | | |
| 5 | enter - 0 -) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter - 0 | | | 686 |
| 6 | Credits/Payments | | | |
| a | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| С | 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 | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 🔽 if Form 2220 is attached. 🔞 🔒 | | | 15 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 | | | 701 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 | | | |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded 11 | | | |
| | t VII-A Statements Regarding Activities | | Yes | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | . 1a | res | No No |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions | 1a | | 110 |
| | for definition)? | 1b | | No |
| | 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. | | | |
| 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 🕨 \$ (2) On foundation managers 🕨 \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| _ | on foundation managers 🕨 \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | . 2 | | No |
| 2 | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | . 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 |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 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? If "Yes," complete Part II, col. (c), | | | |
| | and Part XV. | . 7 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) 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? If "No," attach explanation . | 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)? | | | |
| | If "Yes," complete Part XIV | . 9 | \vdash | No |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | N 1- |
| | and addresses. | 10 | oxdot | No |

| 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 ►SAMUEL D HUMMELL Telephone no ►(336) | 288- | 7237 | |
| | Located at ▶1907 ROSECREST DR GREENSBORO NC ZIP+4 ▶27408 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | | ─ |
| 13 | and enter the amount of tax-exempt interest received or accrued during the year | | | - , |
| | - · · · · · · · · · · · · · · · · · · · | | 1 | l |
| 16 | At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over | ۱ | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | 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 | | | |
| | | | | |
| Par | TE VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | I I | T |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u> </u> | 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 V No | | | |
| | (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? Yes V 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)? | | | |
| | (6) A gree 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) | | | |
| ь | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| U | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 10 | | |
| _ | 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 | <u> </u> | | |
| _ | operating foundation defined in section 4942(1)(3) or 4942(1)(5)) | | | |
| а | 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 | | | |
| ь | 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 | | | |
| За | 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 | | | |
| | ıf 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 |

| Pa | rt VII-B | Statements Rega | rdin | g Activities for | Wh | ich Form 4720 | May | Be Required (cont | inued | 1) | |
|------|-------------------|--|---------|-------------------------------------|-----------|----------------------------|--------|--|-----------------|-------|----------------------|
| 5a | During th | e year dıd the foundatıor | pay | orıncurany amoun | t to | | | | | | |
| | (1) Carry | on propaganda, or other | wise | attempt to influence | e leg | ıslatıon (section 49 | 45(e | (a)) [?] | √ No | | |
| | (2) Influe | nce the outcome of any | speci | fic public election (| see | section 4955), or to | car | ry | | | |
| | on, di | rectly or indirectly, any | oter | registration drive?. | | | | T Yes F | √ No | | |
| | (3) Provid | de a grant to an individua | al for | travel, study, or oth | ners | ımılar purposes? | | ┌ Yes रि | √ No | | |
| | (4) Provid | de a grant to an organıza | tion c | ther than a charita | ble, | etc , organization de | scrib | ped | | | |
| | ın sec | tion 4945(d)(4)(A)? (se | e ins | tructions) | | | | T Yes 🗟 | √ No | | |
| | (5) Provid | de for any purpose other | than | religious, charitable | e, sc | ientific, literary, or | | | | | |
| | educa | itional purposes, or for t | ne pre | evention of cruelty t | o ch | ıldren or anımals?. | | Yes 🖟 | √ No | | |
| ь | If any ans | swerıs "Yes" to 5a(1)–(| 5), die | d any of the transac | tion | s fail to qualify unde | r the | exceptions described in | ı | | |
| | Regulatio | ns section 53 4945 or i | nacu | ırrent notıce regard | ing c | lisaster assistance | (see | instructions)? | | 5b | |
| | O rganızat | tions relying on a curren | notic | ce regarding disast | eras | ssistance check her | e | | - | | |
| С | If the ans | wer is "Yes" to question | 5a(4 |), does the foundat | ion c | laım exemption fron | n the | | | | |
| | | • | - | | | · · | | Yes | - _{No} | | |
| | | nttach the statement requi | | | | | | | | | |
| 6a | | undation, during the yea | | | | | prer | niums on | | | |
| | | ol benefit contract? | | | | | | | - _{No} | | |
| ь | | | | | | | | benefit contract? | | 6b | No |
| | | o 6b, file Form 8870. | , , , , | , , , | | ,, | | | | | |
| 7a | | ne during the tax year, w | as th | e foundation a party | v to a | nrohibited tax shel | ter ti | ransaction? TYes (| - No | | |
| | | | | | | | | the transaction? | | 7b | |
| | 11 9 0 5 , 010 | | | | | | | n Managers, Highly | | | lovees |
| Pa | rt VIII | and Contractors | . • | icers, Directors | <i>-,</i> | ustees, i ounat | | n nanagers, mgmy | . u.u | р | ioyees, |
| 1 | List all off | icers, directors, trustees | , fou | ndation managers a | nd t | heir compensation (| see i | nstructions). | | | |
| | | | | Title, and average | | c) Compensation | 1 | (d) Contributions to | (e) E | xpens | e account, |
| | (a) Nai | me and address | | nours per week voted to position | (1 | If not paid, enter -0-) | 1 | mployee benefit plans I deferred compensation | | | wances |
| 500 | Δ dditional | Data Table | uc | voted to position | | <u> </u> | ana | deterred compensation | | | |
| | 714416101141 | Data Fabic | | | | | | | | | |
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| | | | | | | | | | | | |
| _2 | Compensat | tion of five highest-paid | empl | oyees (other than | thos | e included on line 1– | -see | instructions). If none, e | nter "N | ONE." | |
| | . NI | | | (b) Title, and aver- | age | | | (d) Contributions to | (-) [| | |
| (a | | l address of each employ nore than \$50,000 | ee | hours per week | | (c) Compensation | n | employee benefit plans and deferred | | | e account, wances |
| | para | ποτο επαπ φ σ σ /σ σ σ | | devoted to positi | on | | | compensation | " | | Manicoo |
| иои | IE | | | | | | | | | | |
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| | | | | | | | | <u> </u> | | | |
| Tota | I number of | f other employees paid o | ver\$ | 50,000 | | | | | | | |

| Form 990-PF (2014) | | Page 7 |
|---|---|------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued) | stees, Foundation Managers, Highly | Paid Employees, |
| 3 Five highest-paid independent contractors for professional service | s (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 service | S | 1 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include organizations and other beneficiaries served, conferences convened, research papers pr | relevant statistical information such as the number of roduced, etc | Expenses |
| 1COMMUNITY FDTN OF GREATER GREENSBORO | | |
| 2PARTNERSHIP FOR SOUTHERN EQUITY | | |
| 3UNITED WAY OF GREATER GREENSBORO | | |
| 4ARTS GREENSBORO | | |
| Part IX-B Summary of Program-Related Investments | s (see instructions) | <u>'</u> |
| Describe the two largest program-related investments made by the foundation during | • | A mount |
| 1 N/A | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| - | | 1 |
| | | 1 |
| Total. Add lines 1 through 3 | | |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 2,474,750 1h 152.117 1c 1d 2.626.867 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 2.626.867 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 39.403 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 2.587.464 5 129,373 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 1 129.373 Tax on investment income for 2014 from Part VI, line 5. 686 2a Income tax for 2014 (This does not include the tax from Part VI). . . 686 2c 3 3 128.687 4 4 5 5 128.687 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 128.687 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 111.574 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 111,574 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 686 110,888 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

| | dit XIII Undistributed Income (see mst | 1 | 1 | | |
|----|---|-----------------------|----------------------------|-------------|--------------------|
| | | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
| 1 | Distributable amount for 2014 from Part XI, line 7 | Corpus | rears prior to 2013 | 2013 | 128,687 |
| | Undistributed income, if any, as of the end of 2014 | | | | 120,000 |
| | Enter amount for 2013 only | | | 10,848 | |
| | Total for prior years 20, 20, 20 | | | | |
| | Excess distributions carryover, if any, to 2014 | | | | |
| | From 2009 | | | | |
| | From 2010 | | | | |
| | From 2011 | | | | |
| | From 2012 | | | | |
| | From 2013 | | | | |
| f | Total of lines 3a through e | | | | |
| | Qualifying distributions for 2014 from Part | | | | |
| | XII, line 4 🕨 \$ 111,574 | | | | |
| а | Applied to 2013, but not more than line 2a | | | 10,848 | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required—see instructions) | | | | |
| C | Treated as distributions out of corpus (Election | | | | |
| | required—see instructions) | | | | 100.720 |
| | Applied to 2014 distributable amount | | | | 100,726 |
| | 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).) | | | | |
| 6 | Enter the net total of each column as | | | | |
| · | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| | 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 | | | | |
| е | Undistributed income for 2013 Subtract line | | | | |
| | 4a from line 2a Taxable amount—see | | | | |
| _ | instructions | | | | |
| T | Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must | | | | |
| | be distributed in 2015 | | | | 27,961 |
| 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 | | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2010 | | | | |
| b | Excess from 2011 | | | | |
| | Excess from 2012 | | | | |
| | Excess from 2013 | | | | |
| е | Excess from 2014 | | | | |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

Form **990-PF** (2014)

| Name and address (home or business) show any relationship to any foundation manager or substantial contributor status of recipient recipient Purpose of grant or contribution A mount | 3 Grants and Contributions Paid | | proved for F | uture Payment | |
|---|--|----------------------------|--------------|---------------------|---------|
| Total | | any foundation manager | status of | Purpose of grant or | A mount |
| Total | | or substantial contributor | recipient | Contribution | |
| | a Paid during the year See Additional Data Table | or substantial contributor | recipient | | |
| | | | | | |
| b Approved for future payment | | | <u> </u> | | 111,574 |
| · · · · · · · · · · · · · · · · · · · | | | | | |

| | | F (2014) | | | | | Page 12 |
|------------|------------|--|-------------------|-----------------|---------------------|------------------|--|
| | | Analysis of Income-Produci | _ | usiness income | Excluded by section | n 512 513 or 514 | (e) |
| | - | service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | Related or exempt function income (See |
| а | | | | | | | instructions) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | and contracts from government agencies | | | | | |
| 2 M | ember | ship dues and assessments | | | | | |
| | | t on savings and temporary cash | | | | | |
| | | ds and interest from securities | | | | | 54,169 |
| | | tal income or (loss) from real estate | | | | | 31,103 |
| а | Debt- | financed property | | | | | |
| | | ebt-financed property | | | | | |
| | | tal income or (loss) from personal | | | | | |
| | | rvestment income | | | | | |
| 8 G | ain or | (loss) from sales of assets other than | | | | | |
| | | ry | | | | | 15,518 |
| | | ome or (loss) from special events | | | | | |
| | | rofit or (loss) from sales of inventory evenue a | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Add columns (b), (d), and (e). | | | | | 69,693 |
| | | dd line 12, columns (b), (d), and (e). | | | | L3 | 69,693 |
| | | orksheet in line 13 instructions to verify ca | | | | | |
| Part | t XVI | -B Relationship of Activities to Explain below how each activity for whic | | | | | antly to |
| Line | e No. ♥ | the accomplishment of the foundation's instructions) | | | | | |
| 3 | | CONTRIBUTIONS ARE FUNDED BY INV | ESTMENT IN | COME OF THE FD |) | | |
| 4 | | SAME AS LINE 3 CONTRIBUTIONS ARE FUNDED BY SAL | EC OF CECUP | ITIEC HELD BY F | -D | | |
| 8 | | CONTRIBUTIONS ARE FUNDED BY SAL | ES OF SECUR | TITES HELD BY F | -U | | |
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| 1. Did the organization directify or indirectify engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 527), relating to political organizations? 1. Transfers from the reporting foundation to a nonchantable exempt organization of (1) (cash. 2. Other assets. 3. Other assets. 4. Other assets. 4. Other assets. 4. Other assets. 5. Other | Part XVII | Information Re Noncharitable | | | | actions and F | Relationships Wi | th | | 5 |
|--|--------------------------|--|------------------------|---------------------------------------|----------------------------------|--|---|-----------------------------|-----------------|--------------|
| a Transfers from the reporting foundation to a noncharitable exempt organization of (3) Cash | | rganızatıon dırectly or ı | ndırectly (| engage in any of t | the following wit | | | | Yes | No |
| (2) Other assets. Sa(1) No No Other transactions Sales of assets to a nonchantable exempt organization. Sales of assets to a nonchantable exempt organization. Sales of assets from a nonchantable exempt organization. Sales of Sales o | organızat | ions? | | | | | | | | |
| (2) Other assets. 1a(2) No b Other transactions 1a(2) No 13 Sales of assets to a nonchantable exempt organization. 1a(2) No (2) Purchases of assets from a nonchantable exempt organization. 1a(2) No (3) Rental of facilities, equipment, or other assets. 1a(3) No (4) Rembursement arrangements. 1a(6) No (5) Loans or loan guarantees. 1a(6) No (6) Performance of services or membership or fundraising solicitations. 1a(6) No (7) International organization 1a(6) No (8) Performance of services or membership or fundraising solicitations. 1a(6) No (9) International organization 1a(6) No (1a(7) No 1a(7) No (1a(7) No 1a(7) No 1a(7) No (2a(7) No 1a(7) No 1a(7) No (3a(7) No 1a(7) No 1a(7) No (4a(7) No 1a(7) No 1a(7) No (5a) International organization 1a(7) No 1a(7) No (5a) International organization 1a(7) No 1a(7) No (5a) International organization 1a(7) No (5a) International organization 1a(7) No (5a) International organization 1a(7) No (5a) International organizational organization | a Transfers | from the reporting four | ndation to | a noncharitable | exempt organiza | ition of | | | | |
| (a) Sales of assets to a noncharitable exempt organization. (b) Sales of assets from a noncharitable exempt organization. (c) Prurhases of assets from a noncharitable exempt organization. (d) Rembio of facilities, equipment, or other assets. (d) Rembio of facilities, equipment, or other assets. (d) Rembio of facilities, equipments. (d) Deformance of services or membership or fundrassing solicitations. (d) Performance of services or membership or fundrassing solicitations. (e) Deformance of services or membership or fundrassing solicitations. (f) Performance of services or membership or fundrassing solicitations. (g) Lie asset 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 yence with the experiment of the goods, other assets, or services yence with the experiment of the goods, other assets, or services received (as) then fair foundation directly 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?. (a) Line for (b) Amount involved (c) flame of nonchartable exempt organization of described in section \$501(c) of the Code (other than section \$501(c)(3)) or in section \$527?. (a) Line for (b) Amount involved (c) flame of nonchartable exempt organization of complete the following schedules and statements, and to the propriet of the following schedules and statements, and to the propriet of find the propriet of find organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Very the first should be preparer shown (see item), propriet to find the preparer shown (see item), propriet shown (see item), propriet shown (see item), propriet shown (see item), | | | | | | | | | | No |
| (a) Sales of assets to a noncharitable exempt organization | (2) Othe | erassets | | | | | | . 1a(2) | | No |
| (a) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Ib(6) No. (8) Loans or loan guarantees. (8) Loans or loan guarantees. (8) Loans or facilities, equipment, mailing lists, other assets, or paid employees. (8) Loans of facilities, equipment, mailing lists, other assets, or paid employees. (9) Line floo (b) Amount involved (c) Rame of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements are received less than the foliation of transfers, transactions, and sharing arrangements are received as the foliation of transfers, transactions, and sharing arrangements are received as the foliation of transfers, transactions, and sharing arrangements are received as the foliation of transfers, transactions, and sharing arrangements are received as a section 501(c) of the Code (other than section 501(c)(3)) or n section 527? (a) No b If "Yes," complete the foliowing schedule (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (fine than the foliation of the code (other than section 501(c)(3)) or n section 527? (a) No b If "Yes," complete the foliowing schedule (b) Type of organization (c) Description of relationship (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (fine transfer value of the code (other than section 501(c)(3)) or n section 527. (e) Description of relationship (fine transfer value of the code (other than section 501(c)(3)) or n section 527. (fine transfer value of the code (other than section 501 | | | | | | | | | | |
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| (4) Reimbursement arrangements. (5) Loans or loan quarantees. (6) Performance of services or membership or fundraising solicitations. (7) Reimbursement arrangements. (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (8) Loans or loan quarantees. (8) Loans or loan quarantees. (8) Performance of services or membership or fundraising solicitations. (8) Loans or loan quarantees. (8) Loans or loan quarantees. (8) Loans or loan quarantees. (9) Loans or loan quarantees. (10) Loans or loan quarantees. (11) Loans of the shows it is shown in column (12) the value of the goods, other sessets, or services received us in any transaction or sharing arrangement, show in column (12) the value of the goods, other assets, or services received using in any transaction or sharing arrangement, show in column (13) the value of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services received (14) Loans of the goods, other assets, or services goods of the goods, other assets, or services goods, | | | | | | | | <u> </u> | | No |
| (5) Loans or loan guarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (8) 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 arrangements, shown to climin (d) the 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 arrangements, shown to climin (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved. (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. (a) Line No. (b) Amount involved. (c) Name of noncharitable exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?. (a) Fig. (b) Type of organization. (b) Type of organization. (c) Description of relationship. (a) Name of organization. (b) Type of organization. (c) Description of relationship. (a) Name of organization. (b) Type of organization. (c) Description of relationship. (d) Description of relationship. (e) Description of relationship. (f) Description of relationship. (g) Rama of organization. (h) Type of organization. (h) Type of organization. (h) Description of relationship. (h) Type of organization. (h) Description of relationship. (h) Type of organization. (h) Description of relationship. (h) Description of relationship. (h) Provided pro | | | | | | | | | | No |
| (6) Performance of services or membership or fundraising solicitations. 2 Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 3 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. (a) Line No. (b) Amount involved. (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing an angements. 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?. 3 If "Yes," complete the following schedule. (a) Name of organization. (b) Type of organization. (c) Description of relationship. 4 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. 5 If the 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. 5 If the Print/Type preparer's name. ROBERT A STEWART. Print/Type preparer's name. Preparer's Signature. Date. Check if self-employed. Print. Pro147092 | | _ | | | | | | | | No |
| c Shanng of facilities, equipment, mailing lists, other assets, or paid employees. It is No If Ithe answer to any of the above is "Yes," complete the following schedule. Column (b) should allways 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 shanning arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line No (b) Amount involved (c) Hame of nonchantable exempt organization (d) Description of transfers, transactions, and shaning arrangements. 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? (a) Name of organization (b) Type of organization (c) Description of frealbonship If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relabonship If yes, "complete the following 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 Print/Type preparer's name ROBERTA A STEWART Preparer's Signature Preparer's Signature Date Check if self- PTIN PO0147092 | | | | | | | | | | 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. (a) Line No. (b) Amount involved. (c) Name of nonchantable exempt organization. (d) Description of transfers, transactions, and sharing air margements. 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? | | | | | | | | | | No |
| 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 (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? | | | | | | | | | | No |
| 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? | of the goo in any tra | ods, other assets, or se Insaction or sharing arr | rvices giv angement | en by the reporti , show in column | ng foundation I (d) the value of | f the foundation retailed the foods, other | eceived less than fair assets, or services r | market value eceived | : | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | (a) Line No | (b) Amount involved | (c) Name | of noncharitable exe | empt organization | (d) Description | of transfers, transactions, | and sharing arra | ngemer | nts |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? | | | | | | | | | | |
| 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 ****** Signature of officer or trustee Print/Type preparer's name ROBERT A STEWART The Date Check if self-employed F PIN P00147092 | described | d in section 501(c) of the complete the following | he Code (d schedule | other than section | n 501(c)(3)) or | in section 527?. | | | _{:s} [| No |
| 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 ****** Signature of officer or trustee Print/Type preparer's name ROBERT A STEWART The Date Signature Date Date Date Date Date Date Date Dat | | | | | | | | | | |
| 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 ****** Signature of officer or trustee Print/Type preparer's name ROBERT A STEWART The Date Check if self-employed F PIN P00147092 | | | | | | | | | | |
| 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 ****** Signature of officer or trustee Print/Type preparer's name ROBERT A STEWART The Date Check if self-employed F PIN P00147092 | | | | | | | | | | |
| 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 ****** Signature of officer or trustee Print/Type preparer's name ROBERT A STEWART The Date Check if self-employed F PIN P00147092 | | | | | | | | | | |
| Here ****** Signature of officer or trustee Date Title Check if self-employed ▶ | the Info | best of my knowledge a | and belief, | ıt ıs true, correct | | | reparer (other than ta | xpayer) is bas | sed on | all |
| Print/Type preparer's name ROBERT A STEWART Page 10 Signature of officer or trustee Date Check if self-employed ▶ PTIN P00147092 | | | | | | _) | | return with the preparei | | |
| Print/Type preparer's name Preparer's Signature 2015-05-13 employed ▶ | | Signature of officer or t | rustee | | Date | | <u>L</u> | (see instr)? 🔽 🕻 | ′es ┌ I | No |
| | | ROBERT A STEWAI | | Preparer's Sign | ature | | | |)92 | |
| Paid Preparer Use Firm's name Firm's EIN F 56-0955299 | Preparer | l . | FIELD PA | | | | Firm's EIN ► 56-09 | 55299 | | |
| Only Firm's address • | | Fırm's address ▶ | | | | | | | | |
| PO BOX 14893 GREENSBORO, NC 27415 Phone no (336) 299-2854 | • | PO BOX 14893 GRE | ENSBOR | O,NC 27415 | | | Phone no (336) 29 | 99-2854 | | |

| 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d | | | | | | | | |
|---|--|--------------------------------------|--|--|--|--|--|--|
| (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) | | | | | |
| DEAN FOODS CO | Р | 2013-10-24 | 2014-08-25 | | | | | |
| GENERAL ELECTRIC | Р | 2009-09-25 | 2014-08-25 | | | | | |
| JC PENNEY CO INC | Р | 2013-10-10 | 2014-10-09 | | | | | |
| JC PENNEY CO INC | Р | 2013-10-14 | 2014-10-09 | | | | | |
| JC PENNEY CO INC | Р | 2013-10-21 | 2014-10-09 | | | | | |
| JC PENNEY CO INC | Р | 2013-10-24 | 2014-10-09 | | | | | |
| | | | | | | | | |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (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) |
|-----------------------|--|---|---|
| 31,765 | | 38,538 | -6,773 |
| 51,799 | | 32,339 | 19,460 |
| 77,141 | | 80,403 | -3,262 |
| 38,571 | | 40,600 | -2,029 |
| 38,571 | | 34,560 | 4,011 |
| 38,571 | | 34,460 | 4,111 |

| Complete only for assets showir | (I) Gains (Col (h) gain minus | | | |
|---------------------------------|--------------------------------------|--|---|--|
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (ı) over col (j), ıf any | col (k), but not less than -0-) or Losses (from col (h)) | |
| | | | -6,773 | |
| | | | 19,460 | |
| | | | -3,262 | |
| | | | -2,029 | |
| | | | 4,011 | |
| | | | 4,111 | |

Form 990PF Part VIII Line 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 D HUMMEL | PRESIDENT | 0 | 0 | 0 |
| 1907 ROSECREST DRIVE GREENSBORO,NC 27408 | 4 0 0 | | | |
| ANNE D HUMMEL | SEC/TREAS | 0 | 0 | 0 |
| 1907 ROSECREST DRIVE GREENSBORO,NC 27408 | 4 00 | | | |
| LESLIE A HUMMEL | DIRECTOR | 0 | 0 | 0 |
| PO BOX 73386 WASHINGTON, DC 20056 | 1 00 | | | |
| SAM D HUMMEL JR | DIRECTOR | 0 | 0 | 0 |
| 2921 OPEN LANE HILLSBOROUGH,NC 27278 | 1 00 | | | |
| ELIZABETH H BONITZ | DIRECTOR | 0 | 0 | 0 |
| 21 FOX CHAPEL LN PITTSBORO,NC 27312 | 1 00 | | | |
| AMELIA H HODGES | DIRECTOR | 0 | 0 | 0 |
| 7 WHITE OAK RD ASHEVILLE, NC 28803 | 1 00 | | | |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

| $\sim ^{\wedge}$ | N 4 I | | ΗU | R 4 R 4 | . – . |
|------------------|-------|--|----|---------|-------|
| | | | | | |
| | | | | | |

ANNE D HUMMEL

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A TAX EXEMPT AARP SUPPORT 49 AARP PO BOX 93125 P O BOX 93125 LONG BEACH, CA 90809 ADULT CENTER FOR ENRICHMENT N/A TAX EXEMPT SUPPORT 100 ADULT CENTER FOR ENRICHMENT P O BOX 13048 P O BOX 13048 GREENSBORO, NC 27415 ALIGHT FDTN INC TAX EXEMPT SUPPORT 250 N/A ALIGHT FDTN INC 501 N ELAM AVE SUITE 2 501 N ELAM AVE SUITE 2 GREENSBORO, NC 27403 N/A TAX FXFMPT ALIZHEMIERS ASSN SUPPORT 100 ALIZHEMIERS ASSN POBOX 96011 P O BOX 96011 WASHINGTON, DC 20090 AMERICAN DIABETES N/A TAX EXEMPT SUPPORT 100 ASSOCIATION AMERICAN DIABETES ASSOCIATION 2418 BLUE RIDGE RD SUITE 2418 BLUE RIDGE RD SUITE RALEIGH, NC 27607 AMERICAN HEART ASSOCIATION N/A TAX EXEMPT SUPPORT 100 AMERICAN HEART ASSOCIATION P O BOX 78851 P O BOX 78851 PHOENIX, AZ 85062 TAX EXEMPT AMERICAN RED CROSS N/A SUPPORT 100 AMERICAN RED CROSS PO BOX 14710 P O BOX 14710 GREENSBORO, NC 27415 AMNESTY INTERNATIONAL TAX EXEMPT N/A SUPPORT 100 AMNESTY INTERNATIONAL PO BOX 98233 P O BOX 98233 WASHINGTON, DC 20077 ARTS GREENSBORO N/A TAX EXEMPT SUPPORT 8,000 ARTS GREENSBORO PO BOX 877 P O BOX 877 GREENSBORO, NC 27402 AUTISM SOCIETY OF NC N/A TAX EXEMPT SUPPORT 100 AUTISM SOCIETY OF NC 505 **OBERLIN ROAD** 505 OBERLIN ROAD RALEIGH, NC 27605 BACKPACK BEGINNINGS N/A TAX EXEMPT SUPPORT 100 BACKPACK BEGINNINGS 1852 BANKING ST 1852 BANKING ST GREENSBORO, NC 27408 BARNABAS NETWORK N/A TAX EXEMPT SUPPORT 100 BARNABAS NETWORK POBOX P O BOX 2666 GREENSBORO, NC 27402 SUPPORT BENNETT COLLEGE TAX EXEMPT N/A 500 BENNETT COLLEGE 900 E WASHINGTON ST 900 E WASHINGTON ST GREENSBORO, NC 27401 BOY SCOUTS OF AMERICA N/A TAX EXEMPT SUPPORT 200 BOY SCOUTS OF AMERICA 1405 WESTOVER TERRACE 1405 WESTOVER TERRACE GREENSBORO, NC 27408 CAMP CARE FREE N/A TAX EXEMPT SUPPORT 100 CAMP CARE FREE 275 CAREFREE LANE 275 CAREFREE LANE STOKESDALE, NC 27357 111.574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A 100 CAMPAIGN FOR SOUTHERN TAX EXEMPT SUPPORT EQUALITY CAMPAIGN FOR SOUTHERN EQUALITY POBOX 364 P O BOX 364 ASHEVILLE, NC 28802 CAROLINA THEATRE N/A TAX EXEMPT SUPPORT 5,250 CAROLINA THEATRE 310 S **GREENE STREET** 310 S GREENE STREET GREENSBORO, NC 27401 TAX EXEMPT CATALYST PROJECT N/A SUPPORT 500 CATALYST PROJECT 522 VALENCIA STREET **522 VALENCIA STREET** SAN FRANCISCO, CA 94110 CENTENIARY METHODIST CHURCH SUPPORT 50 N/A TAX EXEMPT CENTENIARY METHODIST CHURCH 646 W 5TH ST 646 W 5TH ST WINSTONSALEM, NC 27101 CENTER FOR BIOLOGICAL N/A TAX EXEMPT 100 SUPPORT DIVERSITY CENTER FOR BIOLOGICAL DIVERSITY P O BOX 710 P O BOX 710 TUCSON, AZ 85702 CHILDREN'S HOME SOCIETY OF NC N/A TAX EXEMPT SUPPORT 1,100 CHILDREN'S HOME SOCIETY OF NC P O BOX 14608 P O BOX 14608 GREENSBORO, NC 27415 CHRIST EPISCOPAL CHURCH TAX EXEMPT SUPPORT N/A CHRIST EPISCOPAL CHURCH 120 E EDENTON ST 120 E EDENTON ST RALEIGH, NC 27601 N/A **CLASS ACTION** TAX EXEMPT SUPPORT 500 CLASS ACTION 30 GERMANIA ST 30 GERMANIA ST JAMAICA PLAINS, MA 02130 COMMUNITIES IN SCHOOLS N/A TAX EXEMPT 100 SUPPORT COMMUNITIES IN SCHOOLS PO BOX 1347 P O BOX 1347 GREENSBORO, NC 27402 COMMUNITY FDTN OF GREATER N/A TAX EXEMPT SUPPORT 14,000 GREENSBOR COMMUNITY FDTN OF GREATER GREENSBORO 330 S EUGUENE ST SUITE 330 S EUGUENE ST SUITE GREENSBORO, NC 27401 COMMUNITY THEATRE OF N/A TAX EXEMPT SUPPORT 250 GREENSBORO COMMUNITY THEATRE OF GREENSBORO 200 N DAVIE STREET 200 N DAVIE STREET GREENSBORO, NC 27401 CONE HEALTH TAX EXEMPT N/A SUPPORT 1,100 CONE HEALTH 1200 N ELM STREET 1200 N ELM STREET GREENSBORO, NC 27499 COURT WATCH OF NC N/A TAX EXEMPT SUPPORT 100 COURT WATCH OF NC PO BOX 10971 P O BOX 10971 GREENSBORO, NC 27404 CRESCENT ROTARY CLUB N/A TAX EXEMPT SUPPORT 1,300 FOUNDAT: CRESCENT ROTARY CLUB FOUNDATION POBOX 16263 P O BOX 16263 GREENSBORO, NC 27416 CTR FOR EDUCATION N/A TAX EXEMPT SUPPORT 1,200 **IMAGINATION & NTL** CTR FOR EDUCATION IMAGINATION & NTL WORLD PO BOX 41108 P O BOX 41108 GREENSBORO, NC 27404 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year DEMOCRACY NC N/A TAX EXEMPT SUPPORT 2,000 DEMOCRACY NC 1821 GREEN STREET 1821 GREEN STREET DURHAM, NC 27705 DOCTORS WITHOUT BORDERS USA N/A TAX EXEMPT SUPPORT 100 DOCTORS WITHOUT BORDERS USA P O BOX 5022 P O BOX 5022 HAGERSTOWN, MD 21741 **DUKE UNIVERSITY** N/A TAX EXEMPT SUPPORT 1.100 DUKE UNIVERSITY P O BOX 90581 P O BOX 90581 DURHAM, NC 27708 DURHAM SOLIDARTY CTR N/A TAX EXEMPT SUPPORT 500 DURHAM SOLIDARTY CTR 804 OLD **FAYETTEVILLE ST** 804 OLD FAYETTEVILLE ST DURHAM, NC 27701 N/A TAX EXEMPT SUPPORT 100 EARLIERORG EARLIERORG POBOX 10363 P O BOX 10363 GREENSBORO, NC 27404 **EARTH JUSTICE** N/A TAX EXEMPT SUPPORT 100 EARTH JUSTICE P O BOX 96346 P O BOX 96346 WASHINGTON, DC 20077 1,600 EL FUTURO INC TAX EXEMPT N/A SUPPORT EL FUTURO INC 136 E CHAPEL HILL ROAD 136 E CHAPEL HILL ROAD DURHAM, NC 27701 ENVIRONMENTAL DEFENSE FUND TAX EXEMPT N/A SUPPORT 100 ENVIRONMENTAL DEFENSE FUND 1875 CONN AVE NW STE 600 1875 CONN AVE NW STE 600 WASHINGTON, DC 20077 **EQUALITY NC FDTN** N/A TAX EXEMPT SUPPORT 100 EQUALITY NC FDTN PO BOX 28768 P O BOX 28768 RALEIGH, NC 27611 ESTES PTA N/A TAX EXEMPT SUPPORT 2,500 ESTES PTA 275 OVERLOOK ROAD 275 OVERLOOK ROAD ASHEVILLE, NC 28803 FAMILY PROMISE OF GRTR N/A TAX EXEMPT SUPPORT 100 **GUILFORD COU** FAMILY PROMISE OF GRTR GUILFORD COUNTY PO BOX 4896 P O BOX 4896 GREENSBORO, NC 27404 FAMILY SERVICE OF GREENSBORO N/A TAX EXEMPT SUPPORT 250 FDTN FAMILY SERVICE OF GREENSBORO FDTN P O BOX 3631 P O BOX 3631 GREENSBORO, NC 27402 TAX EXEMPT 50 FIGHT COLORECTAL CANCER N/A SUPPORT FIGHT COLORECTAL CANCER 1414 PRINCE ST 1414 PRINCE ST ALEXANDRIA, VA 22314 FIRST PRESBYTERIAN CHURCH TAX EXEMPT N/A SUPPORT 1.100 FIRST PRESBYTERIAN CHURCH 617 N ELM STREET 617 N ELM STREET GREENSBORO, NC 27401 **FOOD & WATER WATCH** N/A TAX EXEMPT 100 SUPPORT FOOD & WATER WATCH POBOX 96760 P O BOX 96760 WASHINGTON, DC 20077 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Foundation Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOSTER FRIENDS OF NC N/A TAX EXEMPT SUPPORT 100 FOSTER FRIENDS OF NC P O BOX P O BOX 49605 GREENSBORO, NC 27419 TAX EXEMPT FRIENDS OF IRVING PARK ELEM N/A SUPPORT 100 FRIENDS OF IRVING PARK ELEM 1852 BANKING ST 1852 BANKING ST GREENSBORO, NC 27408 FRIENDS OF KILLARNEY PARK N/A TAX EXEMPT SUPPORT 100 FRIENDS OF KILLARNEY PARK KILLARNEY PARK RD KILLARNEY PARK RD KILLARNEY, CANADA POM2AO CA FRIENDS OF THE ENVIRONMENT TAX FXFMPT N/A SUPPORT 100 FRIENDS OF THE EVIRONMENT PO BOX AB-20755 P O BOX AB-20755 MARSH HARBOUR, BAHAMAS 99999 BF GIRL SCOUT TROOP 40154 N/A TAX EXEMPT SUPPORT 100 GIRL SCOUT TROOP 40154 8818 W MARKET STREET 8818 W MARKET STREET COLFAX, NC 27235 GREENSBORO BALLET N/A TAX EXEMPT SUPPORT 2,000 GREENSBORO BALLET 200 N DAVIE ST 200 N DAVIE ST GREENSBORO, NC 27401 GREENSBORO BEAUTIFUL N/A TAX EXEMPT SUPPORT 100 GREENSBORO BEAUTIFUL 1001 FOURTH ST 1001 FOURTH ST GREENSBORO, NC 27405 GREENSBORO CHILDREN'S SUPPORT N/A TAX EXEMPT 500 MUSEUM GREENSBORO CHILDREN'S MUSEUM 220 N CHURCH ST 220 N CHURCH ST GREENSBORO, NC 27401 GREENSBORO DAY SCHOOL TAX EXEMPT SUPPORT 100 N/A GREENSBORO DAY SCHOOL 5401 LAWNDALE DRIVE 5401 LAWNDALE DRIVE GREENSBORO, NC 27455 GREENSBORO HISTORICAL N/A TAX EXEMPT SUPPORT 250 MUSEUM GREENSBORO HISTORICAL MUSEUM 130 SUMMIT AVENUE 130 SUMMIT AVENUE GREENSBORO, NC 27401 GREENSBORO HOUSING TAX EXEMPT 100 N/A SUPPORT COALITION GREENSBORO HOUSING COALITION 122 N ELM STREET 122 N ELM STREET GREENSBORO, NC 27401 GREENSBORO OPERA COMPANY N/A TAX EXEMPT SUPPORT 250 GREENSBORO OPERA COMPANY P O BOX 29031 P O BOX 29031 GREENSBORO, NC 27429 TAX EXEMPT GREENSBORO PUBLIC LIBRARY N/A SUPPORT 200 **FDTN** GREENSBORO PUBLIC LIBRARY FDTN P O BOX 3178 P O BOX 3178 GREENSBORO, NC 27402 TAX EXEMPT GREENSBORO URBAN MINISTRY N/A SUPPORT 1,000 GREENSBORO URBAN MINISTRY 305 W LEE STREET 305 W LEE STREET GREENSBORO, NC 27406 GSO SCIENCE MUSEUM N/A TAX EXEMPT SUPPORT 100 GSO SCIENCE MUSEUM 4301 LAWNDALE DRIVE 4301 LAWNDALE DRIVE GREENSBORO, NC 27455 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GUILFORD BATTLEGROUND CO. N/A TAX FXFMPT SUPPORT 100 GUILFORD BATTLEGROUND CO PO BOX 39508 P O BOX 39508 GREENSBORO, NC 27438 GUILFORD EDUCATION ALLIANCE TAX EXEMPT N/A SUPPORT 100 GUILFORD EDUCATION ALLIANCE 902 BONNER DRIVE 902 BONNER DRIVE JAMESTOWN, NC 27282 GUILFORD GREEN FDTN N/A TAX EXEMPT SUPPORT 100 GUILFORD GREEN FDTN PO BOX 10428 P O BOX 10428 GREENSBORO, NC 27404 HABITAT FOR HUMANITY N/A TAX EXEMPT SUPPORT 100 HABITAT FOR HUMANITY 617 N **ELM STREET** 617 N ELM STREET GREENSBORO, NC 27401 HANDY CAPABLE NETWORK N/A TAX EXEMPT SUPPORT 100 HANDY CAPABLE NETWORK 7339-H W FRIENDLY AVENUE 7339-H W FRIENDLY AVENUE GREENSBORO, NC 27410 HIDDEN VOICES TAX EXEMPT N/A SUPPORT 500 HIDDEN VOICES 9607 ART ROAD 9607 ART ROAD CEDAR GROVE, NC 27231 HISPANIC LIAISON OF CHATHAM N/A TAX EXEMPT SUPPORT 3.500 COUNTY HISPANIC LIAISON OF CHATHAM COUNTY 105 E 2ND STREET 105 E 2ND STREET SILER CITY, NC 27344 HISTORIC PRESERVATION FDTN N/A TAX EXEMPT SUPPORT 100 OFNC HISTORIC PRESERVATION FDTN OF NC P O BOX 27644 P O BOX 27644 RALEIGH, NC 27611 HOSPICE OF GREENSBORO N/A TAX EXEMPT SUPPORT 150 HOSPICE OF GREENSBORO 2500 SUMMIT AVENUE 2500 SUMMIT AVENUE GREENSBORO, NC 27405 INSTITUTE FOR SOUTHERN N/A TAX EXEMPT 1,000 STUDIES INSTITUTE FOR SOUTHERN STUDIES POBOX 251 P O BOX 251 DURHAM, NC 27702 INTERACTIVE RESOURCE CENTER N/A TAX EXEMPT SUPPORT 2,250 INTERACTIVE RESOURCE CENTER P O BOX 20568 P O BOX 20568 GREENSBORO, NC 27420 IRVING PARK ELEMENTARY SCH 300 N/A TAX EXEMPT SUPPORT IRVING PARK ELEMENTARY SCH PTA 1852 BANKING ST 1852 BANKING ST GREENSBORO, NC 27408 JUNIOR LEAGUE OF GREENSBORO TAX EXEMPT 100 N/A SUPPORT JUNIOR LEAGUE OF GREENSBORO 3101 W FRIENDLY AVENUE 3101 W FRIENDLY AVENUE GREENSBORO, NC 27408 JUVENILE DIABETES RESEARCH TAX EXEMPT SUPPORT 5,225 N/A FUND JUVENILE DIABETES RESEARCH FUND 321 S EUGENE STREET 321 S EUGENE STREET GREENSBORO, NC 27401 KIDS VOTING - GUILFORD COUNTY TAX EXEMPT SUPPORT 100 KIDS VOTING - GUILFORD COUNTY 338 N ELM STREET SUITE 338 N ELM STREET SUITE GREENSBORO, NC 27401 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount status of show any relationship to contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 1,000 KILLIAN MANSFIELD FDTN N/A TAX EXEMPT SUPPORT KILLIAN MANSFIELD FDTN PO BOX 10626 P O BOX 10626 WEST SHOKAN, NY 12494 N/A TAX EXEMPT SUPPORT LEAGUE OF CONSERVATION 100 **VOTERS FDTN** LEAGUE OF CONSERVATION VOTERS FDTN P O BOX 12671 P O BOX 12671 RALEIGH, NC 27608 TAX EXEMPT LEUKEMIA & LYNPHOMA SOCEITY N/A SUPPORT 100 LEUKEMIA & LYNPHOMA SOCEITY 1852 BANKING ST 1852 BANKING ST GREENSBORO, NC 27408 TAX EXEMPT MEDICAL STUDENTS FOR CHOICE N/A SUPPORT 100 MEDICAL STUDENTS FOR CHOICE P O BOX 40188 P O BOX 40188 PHILADELPHIA, PA 19106 MENTAL HEALTH ASSN OF N/A TAX EXEMPT SUPPORT 100 GREENSBORO MENTAL HEALTH ASSN OF GREENSBORO 330 N GREENE ST 330 N GREENE ST GREENSBORO, NC 27401 MULTIDISCIPLINARY ASSN FOR N/A TAX EXEMPT SUPPORT 2,000 **PSYCHEDE** MULTIDISCIPLINARY ASSN FOR PSYCHEDELIC RESEARCH 1215 MISSON ST 1215 MISSON ST SANTA CRUZ, CA 95060 N TO O INC N/A TAX EXEMPT SUPPORT 1,500 N TO O INC 574 FERRINGTON POST **574 FERRINGTON POST** PITTSBORO,NC 27312 NAMINC TAX EXEMPT N/A SUPPORT 100 NAMI/NC 309 W MILLBROOK RD SUIT 309 W MILLBROOK RD SUIT RALEIGH, NC 27609 TAX EXEMPT 400 NATIONAL CONFERENCE FOR N/A SUPPORT COMMUNITY & NATIONAL CONFERENCE FOR COMMUNITY & JUSTICE 713 N **GREENE ST** 713 N GREENE ST GREENSBORO, NC 27401 TAX EXEMPT NATIONAL GAY & LESBIAN TASK N/A SUPPORT 100 FORCE NATIONAL GAY & LESBIAN TASK FORCE 80 MAIDEN LN 80 MAIDEN LN NEW YORK, NY 10038 NATIONAL RESOURCES DEFENSE N/A TAX EXEMPT SUPPORT 100 COUNCIL NATIONAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET 40 W 20TH STREET NEW YORK, NY 10011 TAX EXEMPT NC MUSEUM OF HISTORY N/A SUPPORT 100 ASSOCIATION NC MUSEUM OF HISTORY ASSOCIATION POBOX 25937 P O BOX 25937 RALEIGH, NC 27611 NY WOMEN IN FILM & TV FUND N/A TAX EXEMPT SUPPORT 500 NY WOMEN IN FILM & TV FUND 6 EAST 39TH ST 6 EAST 39TH ST NEW YORK, NY 10016 PARTNERSHIP FOR SOUTHERN N/A TAX EXEMPT SUPPORT 12,000 EQUITY PARTNERSHIP FOR SOUTHERN EQUITY 925 B PEACHTREE ST 925 B PEACHTREE ST ATLANTA, GA 30309 PAUL J CEINER BOTANICAL N/A TAX EXEMPT SUPPORT 100 GARDEN PAUL J CEINER BOTANICAL GARDEN 215 S MAIN ST 215 S MAIN ST KERNERSVILLE, NC 27284 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or If recipient is an individual. Foundation Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PIEDMONT LAND CONSERVANCY N/A TAX EXEMPT SUPPORT 100 PIEDMONT LAND CONSERVANCY P O BOX 4025 P O BOX 4025 GREENSBORO, NC 27404 PLANNED PARENTHOOD N/A TAX EXEMPT SUPPORT 500 FEDERATION OF AM PLANNED PARENTHOOD FEDERATION OF AMERICA PO BOX 97166 P O BOX 97166 WASHINGTON, DC 20090 PLANNED PARENTHOOD HEALTH TAX EXEMPT SUPPORT 5,000 SYS INC PLANNED PARENTHOOD HEALTH SYS INC 1704 BATTLEGROUND AVE 1704 BATTLEGROUND AVE GREENSBORO, NC 27408 PLOUGHSHARES FUND N/A TAX EXEMPT SUPPORT 100 PLOUGHSHARES FUND 1808 WADEMYER ST 1808 WADEMYER ST SAN FRANCISCO, CA 94129 PRESERVATION GREENSBORO INC N/A TAX EXEMPT SUPPORT 100 PRESERVATION GREENSBORO INC P O BOX 13136 P O BOX 13136 GREENSBORO, NC 27415 SALVATION ARMY N/A TAX EXEMPT SUPPORT 550 SALVATION ARMY POBOX 5363 P O BOX 5363 GREENSBORO, NC 27435 SANCTUARY HOUSE N/A TAX EXEMPT SUPPORT 100 SANCTUARY HOUSE POBOX 21141 P O BOX 21141 GREENSBORO, NC 27420 SHEPHERD CENTER FOUNDATION TAX EXEMPT N/A SUPPORT 100 SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD NW 2020 PEACHTREE ROAD NW ATLANTA, GA 30309 SKYLAND UMC N/A TAX EXEMPT SUPPORT 500 SKYLAND UMC 1984 HENERSONVILLE RD 1984 HENERSONVILLE RD ASHEVILLE, NC 28028 SOUTHERN POVERTY LAW CTR TAX EXEMPT SUPPORT 100 N/A SOUTHERN POVERTY LAW CTR 400 WASHINGTON AVE 400 WASHINGTON AVE MONTGOMERY, AL 36177 SOUTHERNERS OF NEW GROUND 1,000 N/A TAX EXEMPT SUPPORT SOUTHERNERS OF NEW GROUND 250 GEORGIA AVE 250 GEORGIA AVE ATLANTA, GA 30312 SPECIAL OLYMPICS OF NC N/A TAX EXEMPT 100 SPECIAL OLYMPICS OF NC PO BOX 27728 P O BOX 27728 RALEIGH, NC 27611 TAX EXEMPT SPIRITHOUSE N/A SUPPORT 500 SPIRITHOUSE POBOX61865 P O BOX 61865 DURHAM, NC 27715 STUDENT ACTION WITH FARM TAX EXEMPT 1.000 N/A SUPPORT WORKERS STUDENT ACTION WITH FARM WORKERS 1317 W PETTIGREW ST 1317 W PETTIGREW ST DURHAM.NC 27705 SUPPORT TAX EXEMPT TOURING THEATRE OF NC N/A 100 TOURING THEATRE OF NC PO BOX 9733 P O BOX 9733 GREENSBORO, NC 27429 111,574

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TRANSITION NETWORK INC N/A TAX EXEMPT SUPPORT 1,000 TRANSITION NETWORK INC 3910 YANCEYVILLE ST 3910 YANCEYVILLE ST GREENSBORO, NC 27401 TRIAD HEALTH PROJECT N/A TAX EXEMPT SUPPORT 300 TRIAD HEALTH PROJECT POBOX 5716 P O BOX 5716 GREENSBORO, NC 27435 TRIAD LOCAL FIRST N/A TAX EXEMPT SUPPORT 100 TRIAD LOCAL FIRST 1805 PEMBROKE ROAD 1805 PEMBROKE ROAD GREENSBORO, NC 27408 N/A TAX EXEMPT SUPPORT 250 TRIAD STAGE TRIAD STAGE P O BOX 3521 P O BOX 3521 GREENSBORO, NC 27402 TRIANGLE COMM FDTN N/A TAX EXEMPT SUPPORT 500 TRIANGLE COMM FDTN 324 BLACKWELL ST 324 BLACKWELL ST DURHAM, NC 27701 UNC TV N/A TAX EXEMPT SUPPORT 300 UNC TV POBOX 600067 P O BOX 600067 RALEIGH, NC 27675 UNION OF CONCERNED N/A TAX EXEMPT SUPPORT 100 **SCIENTISTS** UNION OF CONCERNED SCIENTISTS P O BOX 4123 P O BOX 4123 WOBURN, MA 01888 UNITED METHODIST CHURCH TAX EXEMPT SUPPORT 50 N/A UNITED METHODIST CHURCH 894 HWY 107 S 894 HWY 107 S CASHIERS, NC 28712 UNITED WAY OF GRTR GSO N/A TAX EXEMPT SUPPORT 11.000 UNITED WAY OF GRTR GSO PO BOX 14998 P O BOX 14998 GREENSBORO, NC 27415 USA FOR UNHCR N/A TAX EXEMPT SUPPORT 100 USA FOR UNHCR 1775 K ST NW 1775 K ST NW WASHINGTON, DC 20006 WAKE FORST UNIVERSITY SCHOOL TAX EXEMPT 1,100 N/A SUPPORT OF DIV WAKE FORST UNIVERSITY SCHOOL OF DIVINITY POBOX 7227 P O BOX 7227 WINSTONSALEM, NC 27109 WESTERN NC ALLIANCE N/A TAX EXEMPT SUPPORT 2,000 WESTERN NC ALLIANCE 29 N MARKET STREET SUIT 29 N MARKET STREET SUIT ASHEVILLE, NC 28801 WESTPOINT ASSN OF GRADUATES N/A TAX FXFMPT SUPPORT 50 WESTPOINT ASSN OF GRADUATES 98 MILLS RD 98 MILLS RD WEST POINT, NY 10996 N/A TAX FXFMPT WFDD-FM SUPPORT 300 WFDD-FM P O BOX 8850 P O BOX 8850 WINSTONSALEM, NC 27109 WILMED REHAB CTR N/A TAX EXEMPT 50 SUPPORT WILMED REHAB CTR 1705 TARBORO ST 1705 TARBORO ST WILSON, NC 27893 111,574

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 | Foundation status of | Purpose of grant or contribution | A mount |
|---|---|----------------------|----------------------------------|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| WIN WIN RESOLUTION WIN WIN RESOLUTION 122 N ELM STREET 122 N ELM STREET GREENSBORO,NC 27401 | N/A | TAX EXEMPT | SUPPORT | 1,000 |
| WOMEN'S RESOURCE CENTER WOMEN'S RESOURCE CENTER 628 SUMMIT AVENUE 628 SUMMIT AVENUE GREENSBORO,NC 27405 | N/A | TAX EXEMPT | SUPPORT | 500 |
| WORLD WILDLIFE FUND WORLD WILDLIFE FUND P O BOX 76555 P O BOX 76555 WASHINGTON, DC 20077 | N/A | TAX EXEMPT | SUPPORT | 100 |
| WUNC PUBLIC RADIO WUNC PUBLIC RADIO PO BOX 8880 PO BOX 8880 CHAPEL HILL, NC 27515 | N/A | TAX EXEMPT | SUPPORT | 300 |

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TY 2014 Accounting Fees Schedule

Name: THE HUMMEL FAMILY FUND INC

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| ACCOUNTING FEES | 785 | 785 | | |

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|---------------------|---------------------|-----------------|---------------------|
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TY 2014 Investments Corporate Stock Schedule

Name: THE HUMMEL FAMILY FUND INC

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|------------------|---------------------------|----------------------------------|
| CORPORATE STOCKS | 1,545,202 | 2,719,440 |

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TY 2014 Other Assets Schedule

Name: THE HUMMEL FAMILY FUND INC

| Description | Beginning of Year - Book Value | End of Year - Book Value | End of Year - Fair Market Value |
|---------------------|-----------------------------------|-----------------------------|------------------------------------|
| PREPAID 990PF TAXES | 178 | 178 | 178 |

TY 2014 Other Expenses Schedule

Name: THE HUMMEL FAMILY FUND INC

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------|-----------------------------------|--------------------------|---------------------|--|
| EXPENSES | | | | |
| ML INVESTMENT FEES | 300 | 300 | | |
| ML CHECK PRINTING CHARGE | 19 | 19 | | |

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TY 2014 Taxes Schedule

Name: THE HUMMEL FAMILY FUND INC

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-----------------|--------|--------------------------|------------------------|---|
| 2013 990 PF TAX | 4,275 | | | |