

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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 separate instructions is at www.irs.gov/form990of.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending A Employer identification number Name of foundation 56-2241874 STROWD ROSES, INC. Number and street (or P O box number if mail is not delivered to street address) B Telephone number (919) 929-1984 P.O. BOX 3558 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here CHAPEL HILL, NC 27515-3558 Initial return of a former public charity D 1. Foreign organizations, check here Initial return G Check all that apply: Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II. col (c), line 16) 7,526,720. (Part I, column (d) must be on cash basis) ▶\$ (d) Disbursements or charitable purposes (cash basis only) Part I Analysis of Revenue and Expenses (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 12,545. N/A Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments STATEMENT 202,569. 195,925 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 81,473 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 277,862. 81,473. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances TENTAL b Less Cost of goods sold 100 c Gross profit or (loss) MAY 11 Other income 296,587. 277,398 101 12 Total. Add lines 1 through 11 30,833. 15,416 15,417. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 700. STMT 2 1,400. 700. **b** Accounting fees c Other professional fees 17 Interest 5,816. 3,481. 477. STMT 3 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 2,668 1,334. 1,334. 22 Printing and publications 6,249. 13,243. 6,250. STMT 4 23 Other expenses 24 Total operating and administrative 24,177. 53,960 27,181 expenses. Add lines 13 through 23 295,745 295,745. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 319,922. 349,705 27,181 Add lines 24 and 25 27 Subtract line 26 from line 12: -53,118 8 Excess of revenue over expenses and disbursements 250,217. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.



Form	990	-PF	(201	14)

STROWD ROSES, INC.

56-2241874

ane 2

		Market and an arrange of the description of the des	Beginning of year	End of y	23 TO / T Faye 2
Р	art	Balance Sheets Altached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	96,183.	176,937.	176,937.
	2	Savings and temporary cash investments			
		Accounts receivable ▶			
		Less, allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges			
ä	10	Investments - U S. and state government obligations			
	t	Investments - corporate stock STMT 5	7,320,833.	7,348,238.	7,348,238.
	(Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe ► STATEMENT 6)	1,836.	1,545.	1,545.
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	7,418,852.	7,526,720.	7,526,720.
	•	Accounts payable and accrued expenses			
	l	Grants payable			
jes	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë		Mortgages and other notes payable			
	22	Other liabilities (describe)			
	١,,	Total lightities (add liggs 17 through 22)	0.	0.	
	23	Total Inabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	- 0.	<u>U•</u>	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
E C	ı	Temporarily restricted			
Bal	26	Permanently restricted			
둳	-"	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds	7,418,852.	7,526,720.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net Assets or Fund Balance	30	Total net assets or fund balances	7,418,852.	7,526,720.	
	31	Total liabilities and net assets/fund balances	7,418,852.	7,526,720.	
=				.,020,7200	
LP	art	Analysis of Changes in Net Assets or Fund Ba	alances		

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	7,418,852.
2	Enter amount from Part I, line 27a	2	-53,118.
3	Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENT	3	160,986.
4	Add lines 1, 2, and 3	4	7,526,720.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	7,526,720.
			- 000 DE

Form **990-PF** (2014)

Page 3

Part IV Capital Gains and Lo	osses for Tax on In	vestment	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.)			` P - F	w acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a 1175 SH ISHARE RUS					P 0		4/12	06/25/14
b 3155 SH SPARTAN EM					P		4/12	03/31/14
c 1739 SH SPRTN TOTA		D			P	02/1	4/12	06/25/14
d CAPITAL GAINS DIVI	DENDS							
е				<u> </u>				
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale							ain or (loss s (f) minus	
a 137,887.			95,82					42,063.
ь 30,000.			32,02			<u>. </u>		-2,023.
c 100,132.			68,54	2.				31,590.
d 9,843.								9,843.
e	-1/1.	See formed at a se	10/01/00					
Complete only for assets showing gain in					r	(I) Gains (C	ol. (h) gain not less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any				(from col.	(h))
a								42,063.
b			<u></u>					-2,023.
С								31,590.
d								9,843.
<u>e</u>								
2 Capital gain net income or (net capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	in Part I, line i in Part I, line	7 7	}[2			81,473.
3 Net short-term capital gain or (loss) as def	ined in sections 1222(5) and	d (6):						
If gain, also enter in Part I, line 8, column (c).			}				
If (loss), enter -0- in Part I, line 8	1040(a) fac	D. d			3		N/A	<u> </u>
Part V Qualification Under S					stment in	come		
(For optional use by domestic private foundation	ons subject to the section 4	940(a) tax on	net investment in:	come.)				
If section 4940(d)(2) applies, leave this part b.	lank.							
Was the foundation liable for the section 4942	tay on the distributable ami	ount of any vo	or in the bace nor	10 dO				Yes X No
If "Yes," the foundation does not qualify under			•	lou r				res ino
1 Enter the appropriate amount in each colu				ntries.				
(a)	(b)	1	<u> </u>	(c)		1		(d) bution ratio
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying disti	ributions	Net value of no		ble-use asset	s	Distrit (col. (b) di	bution ratio vided by col. (c))
2013	31:	3,932.		6.	917,76		(<u>\</u> -/-	.045381
2012		2,718.			485,05			.046679
2011	31	9,580.	 -		491,10			.049234
2010	460	0,077.			566,93			.070060
2009	518	8,049.		6,	161,68	7.		.084076
2 Total of line 1, column (d)						2		.295430
3 Average distribution ratio for the 5-year ba	se period - divide the total o	n line 2 by 5,	or by the number	of year	s			
the foundation has been in existence if less	s than 5 years					3		.059086
							1	
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5						4_		7,430,655.
5 Multiply line 4 by line 3						5	ļ	439,048.
							2 500	
6 Enter 1% of net investment income (1% of	Part I, line 27b)					6		2,502.
* AUG						1	I	
7 Add lines 5 and 6							1	444 550
						7		441,550.
8 Enter qualifying distributions from Part XII,	, line 4					8		441,550. 319,922.

			22418			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948	- see in	stru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%	1			5,0	<u>04.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3_	_		5,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			5,0	<u>04.</u>
	Credits/Payments:					
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4,650.					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
đ	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7			4,6	<u>50.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u>4.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			3	58.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		_		
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶	11	<u></u>			
	rt 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 i	ın	<u> </u>		Yes	
	any political campaign?	_	_	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)		-	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or				
	distributed by the foundation in connection with the activities					37
	Did the foundation file Form 1120-POL for this year?		 -	1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
_	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •		1			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 •					
•	managers. \(\bigs \) \(\bigs \) \(\bigs \) \(\bigs \) Has the foundation engaged in any activities that have not previously been reported to the IRS?					v
			-	2		<u> </u>
	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			,		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		- H	3 4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		'' '	5		X
	If "Yes," attach the statement required by General Instruction T					
	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	ł			
	remain in the governing instrument?			6	х	
	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	X	
	, , , , , , , , , , , , , , , , , , , ,			-	-	
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	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	ıdar	·			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		 	10		X



orm	1 990-PF (2014) STROWD ROSES, INC. 56-22	41874		Page 5
	art 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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► <u>WWW.STROWDROSES.COM</u>			
14	The books are in care of ▶ EILEEN FERRELL Telephone no. ▶ (919) 929	-19	84
	Located at ▶ 1326 E. FRANKLIN STREET, SUITE 202, CHAPEL HILL, ZIP+4 ▶	27517		
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	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the		- 1	-
	foreign country >		,	L
Pa	art 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	a 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?	0		
	(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 X N			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ο '		
	(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)?	0		
	(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.)	0		
t	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)?	16		
	Organizations relying on a current notice regarding disaster assistance check here	ا ا		
(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?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
ě	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? Yes X N	_		
		9		
	If "Yes," list the years \(\bigcup_{ \text{in}} \),			
	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.)	2ь		
,	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		
•				
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0.	during the year?	ٔ ا		
ŀ	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	<u> </u>		
•	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) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	Tu		
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		х

Form 990-PF (2014) STROWD ROSES, INC.			56-22418	74 Page (6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F				_
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))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or					
any voter registration drive?	,,,		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?)		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			LESS NO		
	4945(d)(4)(A)? (see instructions)				
(5) Provide for any purpose other than religious, charitable, scientific, literary,		s X No			
the prevention of cruelty to children or animals?	s X No				
·	For the eventions described i		3 (ZL) NU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		ii negulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•			30	-
Organizations relying on a current notice regarding disaster assistance check hi					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			l		
expenditure responsibility for the grant?		I/A	s No		
If "Yes," attach the statement required by Regulations section 53 4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on	<u> </u>		1	
a personal benefit contract?		Ye	es X No	.	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X	_
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		_
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	_
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	ınagers, Highly	<i>!</i>		
Paid Employees, and Contractors	· · · · · · · · · · · · · · · · · · ·				_
1 List all officers, directors, trustees, foundation managers and their		L(-) Componentian	(4)		_
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans	(e) Expense account, othe	r
(a) Name and address	to position	`enter'-0-)	and deferred compensation	allowances	_
SEE STATEMENT 7		16,833.	0.	0	•
					_
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, othe	r
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances	4
NONE	-		'		_
		· · · -			_
		<u> </u>			-
					_
		 			
Total number of other employees paid over \$50,000	<u>. </u>			<u> </u>	0
Total manipul of defici employees paid over \$00,000			Form	990-PF (2014	_
			1 01111	I I (201'	11

Form 990-PF (2014) STROWD ROSES, INC.	6-2241874	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		 -
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) C	ompensation
NONE	10,1	
	-	
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ехрег	ises
1		
	<u>-</u>	
SEE STATEMENT 8		9,922.
2		
	7	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amou	Jnt
1 N/A	-	
	 ∤	
2		
	 	
All other program-related investments. See instructions.		
3	\dashv	
	\dashv	
Total. Add lines 1 through 3	>	0.
	Form 99 0	0-PF (2014)

	m 990-PF (2014) SIROWD ROSES, INC.	30-224.	18/4	Page 8
Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see ins	tructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
а	Average monthly fair market value of securities	1a ·	7,399,	200.
	Average of monthly cash balances	1b	7,399, 144,	612.
	Fair market value of all other assets	1c		
d	Total (add lines 1a, b, and c)	1d '	7,543,	812.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0.			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	7,543,	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		157.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		7,430,	
6	Minimum investment return. Enter 5% of line 5	6		533.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain		
<u> </u>	foreign organizations check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	371,	533.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 5,004.			
b	Income tax for 2014. (This does not include the tax from Part VI.)			
	Add lines 2a and 2b	2c	5,	004.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	366,	004. 529.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	366,	529.
6	Deduction from distributable amount (see instructions)	6		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	366,	529.
P	art VII			
_	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	319,	922.
b	Program-related investments - total from Part IX-B	1b		922.
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:			
а	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	319,	922.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b	5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	319,	922.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for the sec		
	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,		- Caro prior to 2010	2010	2017
line 7				366,529.
2 Undistributed income, if any, as of the end of 2014				300,323.
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:		-		
aFrom 2009 213,407.				
bFrom 2010 134,502.				
c From 2011				
dFrom 2012				
e From 2013				
f Total of lines 3a through e	347,909.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 319,922.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				319,922.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount	46,607.			46,607.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	201 202			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	301,302.			
b Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which	_			
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		İ		
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				0
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	0.			
may be required - see instructions) 8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	166,800.			
9 Excess distributions carryover to 2015.	100,000.			
Subtract lines 7 and 8 from line 6a	134,502.			
10 Analysis of line 9:				
a Excess from 2010 134,502.		ļ		
b Excess from 2011				
c Excess from 2012			}	
d Excess from 2013				
e Excess from 2014				
123581 11-24-14				Form 990-PF (2014)

Form 990-PF (2014) STROWD					41874 Page 1
Part XIV Private Operating F				N/A	· · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling of			ı		
foundation, and the ruling is effective for	•	-	▶		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	342(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0040	Prior 3 years	1	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for	{				
each year listed					
b 85% of line 2a		<u></u>			
c Qualifying distributions from Part XII,	1				
line 4 for each year listed					
d Amounts included in line 2c not	1				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	-		-		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		-		 	
(1) Total support other than gross		i			
investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)			<u> </u>		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			 		
an exempt organization					
(4) Gross investment income					 _
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t			ii tiio iodiidatioi	1 11dd 40,000 01 111	ore iii assets
1 Information Regarding Foundatio		•			
a List any managers of the foundation who year (but only if they have contributed m	o have contributed more	than 2% of the total corection 507(d)(2).)	ntributions received by the	foundation before the clo	se of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribution Check here ► if the foundation of					
the foundation makes gifts, grants, etc. ((see instructions) to indiv	riduals or organizations	under other conditions, c	omplete items 2a, b, c, and	ests for funds. If I d.
a The name, address, and telephone number EILEEN FERRELL, (919		he person to whom app	lications should be addre	ssed:	
PO BOX 3558, CHAPEL	HILL, NC 27				
${\bf b}$ The form in which applications should ${\bf b}$ SEE ${\bf ATTACHED}$	e submitted and informat	tion and materials they s	should include;		
c Any submission deadlines: 30 DAYS PRIOR TO SCH	EDULED MEET	ING - SEE	WEBSITE FOR	DATES	
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or	other factors:	
CHARITIES IN OR RELA	TED TO OKAN	GE COUNTY,	NC AKE PREI	EKKED	

3 Grants and Contributions Paid During the Y	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				-
CHAPEL HILL PARKS AND RECREATION DEPARTMENT	NONE		MAINTAIN ROSE GARDEN FOR PUBLIC USE	
306 N. COLUMBIA STREET			1	
CHAPEL HILL, NC 27516			-	32,417
REIMBURSEMENT OF PRIOR YEAR GRANT	NONE			-5,000
SCHEDULE ATTACHED-ALL CHARITIES ARE	NONE		PROMOTION OF	
501(C)(3) ORGANIZATIONS UNLESS NOTED			ACTIVITIES	268,328
			ļ	
		}		
			 	
			1	
		<u> </u>		
Total			▶ 3a	295,74
b Approved for future payment				
		j		
NONE			}	
			1	
		1		
——————————————————————————————————————				
			[
		1		
		I		

÷.

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		led by section 512, 513, or 514	(e)	
-	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	code	Amount	slon code	Amount	function income	
a						
b						
С		·			· ·	
d						
e						
f					<u></u> -	
g Fees and contracts from government agencies					•	
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	202,569.		
5 Net rental income or (loss) from real estate:					<u> </u>	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	81,473.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:					=:	
a						
b						
c		_				
d						
e	_					
12 Subtotal. Add columns (b), (d), and (e)		C).	284,042.	(
13 Total. Add line 12, columns (b), (d), and (e)				13	284,042	
(See worksheet in line 13 instructions to verify calculations.))					

Relationship of Activities to the Accomplishment of Exempt Purposes

TE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
-	

Part XVII		egarding Transfers To	and Transactions a	nd Relationships W	ith Noncharitabl		ige 13
1 Did the o		rectly engage in any of the following	ng with any other organization	described in section 501(c)	of	Yes	No
)(3) organizations) or in section 5		, ,	°'		
		ation to a noncharitable exempt or	- · · · · · · · · · · · · · · · · · · ·		j		
(1) Cash		·	•		1a(1)	1	х
(2) Othe					1a(2)	+	X
b Other trans					1.5.	1	
(1) Sales	s of assets to a noncharita	ble exempt organization			1b(1)	1	х
• •		ncharitable exempt organization		•	1b(2)	4	X
(3) Rent	al of facilities, equipment,	or other assets			1b(3)	4	X
	nbursement arrangements				1b(4)	' 	Х
(5) Loan	ns or loan guarantees			•	1b(5	1	X
(6) Perfo	ormance of services or me	embership or fundraising solicitation	ons	•	1b(6)	-	X
c Sharing o	of facilities, equipment, ma	uling lists, other assets, or paid en	nployees		1c	1	Х
d If the ans	wer to any of the above is	"Yes," complete the following sch	edule. Column (b) should alw	ays show the fair market valu	ue of the goods, other as	sets.	
		oundation. If the foundation receiv					
		other assets, or services received.		-			
(a)Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description of transfers	s, transactions, and sharing a	rrangeme	ents
		N/A					
			-				
							
	· · · · · · · · · · · · · · · · · · ·			<u></u>			
				-			
							
							
2a Is the four	indation directly or indirect	tly affiliated with, or related to, one	or more tay-exempt organiza	ations described	, , , , , , , , , , , , , , , , , , ,		
	•	r than section 501(c)(3)) or in sec	, ,	MONS GESCHOED	Yes	. T] No
	omplete the following sch	, , , , , ,	HIOH SET		[163	L_23.	טאו ר
	(a) Name of org		(b) Type of organization	(c) Descrip	otion of relationship		
	N/A		<u> </u>				
Sign Here	r penalties of perjury, I declare relief, it is the, correct, and con a large of the correct and connection of the correct and connection of the correct and connection of the correct and	that I have examined this return, including including the Declaration of preparer (other that the state of th	an taxpayer) is based on all informa	tatements, and to the best of my litton of which preparer has any kn	owledge May the IRS return with the shown below	he prepar v (see ins	er
I oigi	Print/Type preparer's na	ame Preparer's s		Date Check	ıf PTIN		
	Transtype preparer 5 lia	i reparer s s		self- emp			
Paid	KRISTEN HO	YLE, CPA	4/10	05/07/15	P00118	1961	
Preparer	Firm's name ► THO		KER P. A.		IN ► 56-19658		
Use Only		400	7. /.	Lumse	III - 30 I J G J G	, U -±	
•		00 FALLS OF NEU	SE HOAD SUITE	E 400			
		LEIGH NC 27609	1 /	Dhana -	. 0105717	/ N E E	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2014

Employer identification number

ST	ROWD ROSES, INC.	56-2241874				
Organization type (check of	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
	Dula are Caraint Bula					
	s covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions				
General Rule						
•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(1) any one contribut	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	, or 16b, and that received from				
year, total contrib	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or eductruelty 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.						
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fit the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

Name of organization

Employer identification number

STROWD	ROSES,	INC.
--------	--------	------

STROW	D ROSES, INC.	5	6-2241874
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JENNIFER B. BOGER 104 EMORYWOOD PLACE CHAPEL HILL, NC 27516	\$11,445.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ELIZABETH STUCKEY 115 VIRGINIA DRIVE CHAPEL HILL, NC 27514	\$1,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

STROWD ROSES, INC.

56-2241874

Part II	Noncash Property (see instructions) Use duplicate copies of F	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

Employer identification number

STROWD	ROSES, INC.		56-2241874
Part III	Exclusively religious, charitable, etc., cor the year from any one contributor. Complete	stributions to organizations describe columns (a) through (e) and the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 c	or less for the year (Enter this info once) \$
(a) No. from			(1) 5
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gi	ift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
			- The state of the
-			
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is held
Part I	(b) r ti pose oi giit	(c) Use of gift	(d) Description of how gift is held
-			
		(-) Towns (
		(e) Transfer of gi	ift
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	····		
_			
] -			
-	······································	(e) Transfer of gi	ift
		-	
-	Transferee's name, address, a	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 gi	ift
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to two-of
-	manare e a name, address, e	TT TT	Relationship of transferor to transferee
_			
-			

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	RITIES S'	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FIDELITY BROKERAGE SERVICES FIDELITY BROKERAGE	13.		0. 13.	13.	-
SERVICES	212,399.	9,84	3. 202,556.	195,912.	
TO PART I, LINE 4	212,412.	9,84	3. 202,569.	195,925.	
					
FORM 990-PF		ACCOUNTI	NG FEES	S	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		1,400.	700.		700.
TO FORM 990-PF, PG 1	, LN 16B	1,400.	700.		700.
FORM 990-PF		TAX	ES	S	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES FEDERAL EXCISE TAX PAYROLL TAXES		3,004. 1,858. 954.	0.		0. 0. 477.
TO FORM 990-PF, PG 1	, LN 18	5,816.	3,481.		477.

FORM 990-PF

5

STATEMENT

FORM 990-PF	OTHER EXPENSES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES COMPUTER EXPENSES POSTAGE SUPPLIES MEALS AND ENTERTAINMENT CONTRACT LABOR MISCELLANEOUS EXPENSE	920. 2,277. 230. 5,467. 1,170. 2,434. 745.	460. 1,139. 115. 2,734. 585. 1,217.		460. 1,138. 115. 2,734. 585. 1,217.
TO FORM 990-PF, PG 1, LN 23	13,243.	6,250.		6,249.

CORPORATE STOCK

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ISHARES TR RUSSELL 2000 INDEX FD	101,438.	101,438.
MARKET VECTORS TR GOLD MINERS	56,794.	56,794.
MARKET VECTORS ETF TR AGRIBUSINESS	166,730.	166,730.
POWERSHARES EXCHANGE TRADED FD TR II BUILD AM BD		
FD	341,202.	341,202.
SPDR SER TR BARCLAYS HIGH YIELD BD	161,467.	161,467.
SPDR SER TR S&P DIVID	534,500.	534,500.
VANGUARD INTL EQUITY INDEX FD INC ALL-WORLD		
EX-US INDEX FD	570,192.	570,192.
VANGUARD REIT	215,946.	•
SPARTAN TOTAL MKT INDEX FD	2,026,352.	2,026,352.
SPARTAN EMERGING MKT INDEX FD	230,104.	230,104.
SPARTAN US BOND INDEX FIDELITY	459,186.	•
MATTHEWS ASIA DIVIDEND FUND	332,221.	332,221.
MUTUAL SERIES GLOBAL DISCOVERY CLASS Z	41.	41.
PIMCO EMERGING LOCAL BOND FD	146,455.	146,455.
ALPS ETF TR ALERIAN MLP FD	151,198.	151,198.
ISHARES TIPS BOND FD	155,470.	155,470.
VANGUARD INTL EQUITY INDEX FD FDS FTSE EUROPE FD	185,374.	185,374.
VANGUARD SCOTTSDALE FDS SHORT TERM CORP	297,975.	297,975.
VANGUARD BD IDEX FS	1,036,791.	
VANGUARD INTL EQUITY INDEX FDSFTSE ALL WORLD	178,802.	178,802.
TOTAL TO FORM 990-PF, PART II, LINE 10B	7,348,238.	7,348,238.

٠. ٠.

FORM 990-PF	OTHER ASSETS		STAT	EMENT 6
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAL	R FAIR E V	MARKET ALUE
DIVIDENDS RECEIVABLE	1,836.	1,5	45.	1,545.
TO FORM 990-PF, PART II, LINE 15	1,836.	1,5	45.	1,545.
	I OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 7
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
SYNDENHAM B. ALEXANDER, JR. PO BOX 3558 CHAPEL HILL, NC 27515	PRESIDENT 4.00	1,500.	0.	0.
FREDERICK H. BLACK PO BOX 3558 CHAPEL HILL, NC 27515	VICE PRESIDENT 0.50	1,500.	0.	0.
LISA R. STUCKEY PO BOX 3558 CHAPEL HILL, NC 27515	DIRECTOR 0.50	1,500.	0.	0.
STEPHEN B. MILLER	SECRETARY/TREA		•	•
PO BOX 3558 CHAPEL HILL, NC 27515	3.00	1,500.	0.	0.
PAM HEMMINGER PO BOX 3558 CHAPEL HILL, NC 27515	DIRECTOR 0.50	0.	0.	0.
ROSEMARY I. WALDORF PO BOX 3558 CHAPEL HILL, NC 27515	DIRECTOR 0.50	1,500.	0.	0.
EILEEN FERRELL PO BOX 3558 CHAPEL HILL, NC 27515	DIRECTOR 6.00	9,333.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	16,833.	0.	0.

STROWD ROSES, INC.

56-2241874

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

ACTIVITY ONE

THE FOUNDATION ONLY MAKES CONTRIBUTIONS TO QUALIFIED ORGANIZED CHARITABLE ORGANIZATIONS AND GRANTS EDUCATION-SPECIFIED SCHOLARSHIPS TO SELECT INDIVIDUALS IN FINANCIAL NEED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

319,922.

Strowd Roses, Inc.
EIN: 56-2241874
2014 Form 990-PF
Part XV Grants and Contributions Paid During the Year or Approved for Future Payment

Organization Chapel Hill-Carrboro Public School Foundation	Address 750 S Merritt Mill Rd, Chapel Hill, NC 27516	Amount \$44,000 00
Chapel Hill-Carrboro Youth Forward	P O Box 3036, Chapel Hill, NC 27515	\$10,000 00
Club Nova	103 W Main St, Carrboro, NC 27510	\$4,200.00
Cornucopia Cancer Support Center	5517 Durham-Chapel Hill Blvd #1500, Durham, NC 27707	\$2,000 00
DooR to DooR (via Medical Foundation of North Carolina)	The Medical Foundation of NC, Inc., 880 Martin Luther King Blvd., Chapel Hill. NC 27514-2600	\$2,000 00
Footnotes Tap Ensemble	105 Goldston Drive, Carrboro, NC 27510	\$1,000.00
Habitat for Humanity of Orange Co	88 Vilcom Center Dr L110, Chapel Hill, NC 27514	\$7,500 00
A Helping Hand	1502 W Nc Hwy 54 #405, Durham, NC 27707	\$3,700 00
Kıdzu Chıldren's Museum	201 S Estes Dr, Chapel Hill, NC 27514	\$5,000 00
Learning Outside	P O BOX 718, CARRBORO, NC, 27510	\$3,000 00
Ligo Dojo	630 Weaver Dairy Rd #107, Chapel Hill, NC 27514	\$5,000 00
Mallarmé Youth Chamber Orchestra	P.O Box 98663, Raleigh, NC 27624	\$1,500 00
Marian Cheek Jackson Center	512 West Rosemary Street, Chapel Hill, NC 27516	\$7,500 00

Music Maker Relief Foundation	PO Box 1358, Hillsborough, NC 27278	\$2,500 00
North Carolina Symphony	3700 Glenwood Avenue, Ste. 130, Raleigh, NC 27612	\$2,000.00
Orange County Rape Crisis Center	P O Box 4722, Chapel Hill, NC 27515	\$7,000 00
Pickards Mountain Eco-Institute	8519 Pickards Meadow, Chapel Hill, NC 27516	\$1,000 00
SECU Family House	123 Old Mason Farm Rd, Chapel Hill, NC 27517	\$2,500 00
Triangle Land Conservancy	514 S Duke St, Durham, NC 27701	\$2,000 00
UNC Lineberger Comprehensive Cancer Center	101 Manning Dr, Chapel Hill, NC 27514	\$5,000 00
Ackland Art Museum	101 S Columbia St, Chapel Hill, NC 27599	\$1,500 00
Art Therapy Institute	605 W Main St, Durham, NC 27701	\$5,000 00
Big Brothers Big Sisters of the Triangle	808 Aviation Parkway, Suite 900, Morrisville NC 27560	\$3,000 00
Carolina Campus Community Garden c/o North Carolina Botanical Garden	CB# 3375, The University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-3375	\$6,000.00
Chapel Hill-Carrboro Meals on Wheels	PO Box 2102, Chapel Hill, NC 27514	\$5,000 00
Child Care Services Association	201 S Briggs Ave # 200, Durham, NC 27703	\$5,000 00
El Centro Hispano	600 East Main Street, Durham NC 27701	\$5,000.00
El Futuro	136 E Chapel Hill St , Durham, NC 27701	\$7,500 00
Farmer Foodshare	PO BOX 2873, CHAPEL HILL, NC 27515	\$7,500.00
Freedom House Recovery Center	104 New Stateside Dr, Chapel Hill, NC 27516	\$5,000.00

•.

Friends of Bolin Creek	Po Box 234, Carrboro, NC 27510	\$1,500.00
Nourish International	Carr Mill Mall, 200 N Greensboro St D-4, Carrboro, NC 27510	\$3,000.00
Preservation Chapel Hill	610 E Rosemary St, Chapel Hill, NC 27514	\$2,100.00
Prevent Blindness North Carolina	4011 Westchase Blvd # 225, Raleigh, NC 27607	\$3,000 00
Schoolhouse of Wonder	5101B N Roxboro St, Durham, NC 27704	\$2,500 00
TABLE	205 W Weaver St, Carrboro, NC 2751	\$5,000.00
Town of Carrboro Recreation & Parks Dept.	100 N Greensboro St, Carrboro, NC 27510	\$1,000 00
Voices Together	5007 Southpark Dr #230, Durham, NC 27713	\$3,000 00
Work Well, Live Well Worksite Wellness (UNC)	201 Student Recreation Center, Campus Box 8610, Chapel Hill, NC 27516	\$2,500.00
YMCA of Chapel Hill-Carrboro	980 Martin Luther King Jr Blvd , Chapel Hill, NC 27514	\$5,000.00
The Arts Center	300-G E Main St, Carrboro, NC 27510	\$7,500 00
Carrboro Bicycle Coalition	104 Brighton Ct., Chapel Hill, NC 27516	\$2,468 00
Chapel Hill Cooperative Preschool	106 Purefoy Rd., Chapel Hill, NC 27514	\$5,000.00
Chapel Hill Service League, Christmas House	P.O. Box 3003, Chapel Hill, NC 27515	\$5,000 00
Dispute Settlement Center	302 W Weaver St # A, Carrboro, NC 27510	\$6,000.00
Eyes, Ears, Nose and Paws	PO Box 3443, Chapel Hill, NC 27515	\$5,000 00
Franklin Street Art Collective FRANK Gallery	109 E Franklin St, Chapel Hill, NC 27514	\$5,000 00

•. • • •

Housing for New Hope	18 West Colony Place, Suite 250, Durham, NC 27705	\$5,000 00
Inter-Faith Council for Social Service	110 W. Main Street, Carrboro, NC 27510	\$10,000 00
Johnson Service Corps (formerly Johnson Intern program of Chapel of the Cross)	PO Box 16786 Timberlyne Station, Chapel Hill, NC 27516	\$7,360 00
Orange County Dept. of Housing, Human Rights & Community Development	300 West Tryon St., PO Box 8181, Hillsborough, NC 27278	\$2,500 00
Ronald McDonald House of Chapel Hill	101 Old Mason Farm Rd, Chapel Hill, NC 27517	\$5,000.00
Sisters' Voices	P.O Box 1657, Pittsboro, NC 27312	\$5,000.00

\$268,328 00

Total contributions



FIRST TIME GRANT APPLICATION

PLEASE READ THE **FUNDING GUIDELINES** BEFORE COMPLETING THIS FORM.

APPLICANTS MUST COMPLETE THEIR REQUEST ON THIS FORM. PLEASE DO NOT SIMPLY REFERENCE ATTACHED MATERIALS. SUPPLEMENTAL MATERIALS ARE NOT TO EXCEED TWO PAGES.

Name of Organization:

spaced)

Amount Requested:

Name of Contact Person:
Title of Contact Person:
Street Address / P.O. Box:
City:
Zip Code:
E-mail address:
Telephone Number:
Fax Number:
Web Site:
 Does the organization have tax-exempt status?: If yes, please include a copy of the IRS determination letter. If no, and you operate or are applying under the auspices of another tax-exempt organization, please specify the organization and include a copy of their IRS determination letter.
2. Describe briefly the mission and outcomes of the organization and the population it serves. Please indicate the number and percentage of the total population served BY THE

ORGANIZATION who are Chapel Hill-Carrboro residents. (Word limit: 450 words, single

- 3. Please describe what other organizations (if any) have similar missions that serve the Chapel Hill-Carrboro community and how you collaborate with them (if at all). (Word limit: 100 words, single spaced)
- 4. Describe briefly the qualitative and quantitative goals and projected outcomes of the specific project or purpose for which you are requesting funding. Please indicate the projected number and percentage of Chapel Hill-Carrboro residents who would be served BY THE GRANT FUNDS. (Word limit: 450 words)
- 5. Please provide a budget that includes a statement of all prospective sources of income for the program or project for which you are applying for funds. If the organization administers programs or projects other than that for which it seeks Strowd Roses funding, please include a copy of the organization's overall operating budget.
- 6. Which of the following *most closely* reflects the primary broad issue area addressed through your grant request: Animals, Arts and Culture, Education and Literacy, Environment, Health, Latino Services, Senior Services, Youth Services, or General Welfare?
- 7. Please list your board members.



REPEAT GRANT APPLICATION

PLEASE READ THE **FUNDING GUIDELINES** BEFORE COMPLETING THIS FORM.

APPLICANTS MUST COMPLETE THEIR REQUEST ON THIS FORM. PLEASE DO NOT SIMPLY REFERENCE ATTACHED MATERIALS. SUPPLEMENTAL MATERIALS ARE NOT TO EXCEED TWO PAGES.

Name of Organization:
Amount Requested:
Name of Contact Person:
Title of Contact Person:
Street Address / P.O. Box:
City:
Zip Code:
E-mail address:
Telephone Number:
Fax Number:
Web Site:
1. Please list the month(s) and year(s) of previous grant applications to Strowd Roses and if applicable, include the amount(s) and year(s) of the grant(s) awarded.

- 2. Has the organization or the sponsoring organization's tax-exempt status changed?
 - If yes, please provide an explanation of how it changed and a copy of the latest IRS determination letter.
- 3. Describe briefly the mission and outcomes of the organization and the population it serves. Please indicate the number and percentage of the total population served BY THE ORGANIZATION who are Chapel Hill-Carrboro residents. (Word limit: 450 words, single spaced)

- 4. Please describe what other organizations (if any) have similar missions that serve the Chapel Hill-Carrboro community and how you collaborate with them (if at all). (Word limit: 100 words, single spaced)
- 5. Describe briefly the qualitative and quantitative goals and projected outcomes of the specific project or purpose for which you are requesting funding. Please indicate the projected number and percentage of Chapel Hill-Carrboro residents who would be served BY THE GRANT FUNDS. (Word limit: 450 words, single spaced)
- 6. Please provide a budget that includes a statement of all prospective sources of income for the program or project for which you are applying for funds. If the organization administers programs or projects other than that for which it seeks Strowd Roses funding, please include a copy of the organization's overall operating budget.
- 7. Which of the following *most closely* reflects the primary broad issue area addressed through your grant request: Animals, Arts and Culture, Education and Literacy, Environment, Health, Latino Services, Senior Services, Youth Services, or General Welfare?
- 8. Please list your board members.