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Form **990-PF**

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

OMB No 1545-0052

Open to Public Inspection

Internal Revenue Service

▶ 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/form990pf.

FOI	Calenc	dar year 2014 or tax year beginning	and ending				
Na	me of fou	undation			A Emple	oyer identification number	
_							
		GOODMAN FOUNDATION, INC	· · · · · · · · · · · · · · · · · · ·			-6034757	
		d street (or P O box number if mail is not delivered to street address)	oom/suite		hone number (see instruction	s)	
		OX 1040 n, state or province, country, and ZIP or foreign postal code	/0	4-633-5982			
		SBURY NC 28145			C If exer	mption application is pending	check here
			rn of a formar nublic o	hority	D 4 50	urougo organizations, chock h	. .
G	-neck		rn of a former public c	пагну		reign organizations, check hi	_
		Final return Amended				reign organizations meeting % test, check here and attack	
		Address change Name cha				no test, crieck here and attack	Computation
		type of organization 📕 Section 501(c)(3) exempt private				ate foundation status was teri	minated under
	Section		le private foundation		sectio	n 507(b)(1)(A), check here	
ΙF	aır maı	rket value of all assets at J Accounting method	X Cash Acc	rual	1	foundation is in a 60-month to	_
е	nd of y	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check t	nere •
	ne 16)	▶ \$ 8,525,483 (Part I, column (d) must	be on cash basis)	,			
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	restment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	incor		income	purposes
	T 4		117,959			<u> </u>	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	111,939				
	2	Check ▶ ☐ if the foundation is not required to attach Sch B	20		20		
	3	Interest on savings and temporary cash investments	229,040		09,208		
	4	Dividends and interest from securities	229,040		09,208		
	5a	Gross rents					
ne	b	Net rental income or (loss)	216,765			***************************************	
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
ě	_b	Gross sales price for all assets on line 6a 1,407,607		-	16 765		
~	7	Capital gain net income (from Part IV, line 2)		2.	16,765		
	8	Net short-term capital gain		<u> </u>	***************************************	0	
	9	Income modifications					
	10a	Gross sales less returns and allowance ECEIVED					
	þ	Less Cost of goods sold					
	C	Closs blow of (1999) (addoll series hop -					
	11		5.60.504		05 000		
2015 s	12	Total. Add lines 1 through 11 GGDEN, UT	563,784	†	25,993	0	
2 %	13	Compensation of officers, directors, trustees, etc	0				
/ 2 8 pense:	14	Other employee salaries and wages					
pen	15	Pension plans, employee benefits					-
¥₩	16a	Legal fees (attach schedule)		-			
بة ≥	b	Accounting fees (attach schedule)	20.104		20 124		
記載	C	Other professional fees (attach schedule) Stmt 1	38,134		38,134		
岩岩	17	Interest					
Z	18	Taxes (attach schedule) (see instructions) Stmt 2	3,147				
₹.Ē	19	Depreciation (attach schedule) and depletion					
00 <u>P</u>	20	Occupancy		<u> </u>			
9	21	Travel, conferences, and meetings		<u> </u>		- V	
ᄪ	22	Printing and publications	4.00				
g	23	Other expenses (att sch) Stmt 3	188				188
ati	24	Total operating and administrative expenses.				_	
SCANNED MAY Operating and Administrative Exp	1	Add lines 13 through 23	41,469		38,134	0	
ဝိ	25	Contributions, gifts, grants paid	387,460				387,460
_	26	Total expenses and disbursements. Add lines 24 and 25	428,929		38,134	0	387,648
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	134,855				
	b	Net investment income (if negative, enter -0-)		3	87,859		
_	С	Adjusted net income (if negative, enter -0-)	<u> </u>			0	

_	Dinat I	Ralance Cheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	Part I	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	105,868	24,764	24,764
	2	Savings and temporary cash investments	290,974	190,275	190,275
	3	Accòunts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att schedule)		į	
		Less allowance for doubtful accounts ▶ 0			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) See Stmt 4	4,513,168	5,078,629	5,078,629
	С	Investments – corporate bonds (attach schedule) See Stmt 5	1,627,590	1,990,851	1,990,851
	11	Investments – land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach sch)			
	12	Investments – mortgage loans	1 621 000	1 040 064	1 040 064
	13	Investments – other (attach schedule) See Statement 6	1,631,900	1,240,964	1,240,964
	14	Land, buildings, and equipment basis			
	45	Less accumulated depreciation (attach sch.)			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers – see the	9 169 500	8,525,483	0 525 402
_	17	Instructions Also, see page 1, item I)	8,169,500	8,323,463	8,525,483
	18	Accounts payable and accrued expenses			
Ś		Grants payable Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jq	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
_	25	Foundations that follow SFAS 117, check here			
Ø	,	and complete lines 24 through 26 and lines 30 and 31.	[
ces	24	Unrestricted	8,169,500	8,525,483	
la	25	Temporarily restricted	, , , , , , , , , , , , , , , , , , , ,	-,,	
ä	26	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here			
Ę]	and complete lines 27 through 31.		į	
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bidg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
et /	30	Total net assets or fund balances (see instructions)	8,169,500	8,525,483	
ž	31	Total liabilities and net assets/fund balances (see			
_		instructions)	8,169,500	8,525,483	
	Part I	Analysis of Changes in Net Assets or Fund Balances			
•	1 Total	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	ist agree with		
	end-d	of-year figure reported on prior year's return)		1	8,169,500
		amount from Part I, line 27a		2	134,855
		r increases not included in line 2 (itemize) ▶ See Statement 7		3	221,128
		ines 1, 2, and 3		4	8,525,483
		eases not included in line 2 (itemize)		5	
_	5 Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,525,483

(a) List and describe kind(s) of properly sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) P - Purchases D - Donation P - Purchases D - Purchases D - Donation P - Purchases D		(a) East and describe the kind(s) of property solo (e.g., fear estate,	(a) List and describe the kind(s) of property sold (e.g., real estate,		2 story by the surge by the surge story 200 story and the surge story by the surge	
b C (I) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) a (I) F M V as of 12/31/69 (I) Adjusted basis as of 12/31/69 (I) Sease (from col (h)) b C (I) Adjusted basis as of 12/31/69 (I) Adjusted basis as of 12/31/69 (I				D Durchase	D Donaton	
C d <th col<="" td=""><td>2 stop brick warehouse or common stock 200 she MLC Co.) P - Purchase (mo. day yr.) (mo. day yr.)</td><td>D - D0148(10)1</td><td>D Bondton</td><td></td><td></td></th>	<td>2 stop brick warehouse or common stock 200 she MLC Co.) P - Purchase (mo. day yr.) (mo. day yr.)</td> <td>D - D0148(10)1</td> <td>D Bondton</td> <td></td> <td></td>	2 stop brick warehouse or common stock 200 she MLC Co.) P - Purchase (mo. day yr.) (mo. day yr.)	D - D0148(10)1	D Bondton		
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Form	1990-PF (2014) THE GOODMAN FOUNDATION, INC 56-6034757			<u> </u>	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here 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			3,	<u>879</u>
	here ▶ `X and 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-)				C
3	Add lines 1 and 2			3,	879
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				C
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			3,	879
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 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 X if Form 2220 is attached				69
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			3,	948
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
	art VII-A Statements Regarding Activities				
1a				Yes	No
	participate or intervene in any political campaign?	-	la		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				<u> </u>
•	Instructions for the definition)?	.	њ		x
	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				
С	Did the foundation file Form 1120-POL for this year?	. .	lc		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-		
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$				
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		x
_			-		
3	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	İ	3		x
40		-	-		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	_ —	ta		
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1b 5	-	х
5	If "Yes," attach the statement required by General Instruction T		3		^
6	·				l
0	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 emends the governing instrument as that as goodstand diseases that				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remains in the governing instrument?		ا ۽	X	
-	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	-	7		-
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	{{	3b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		- 1		
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		l		
	complete Part XIV	L	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		I		
	names and addresses	4	10		X

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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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)

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X

N/A

3b

4a

orm	990-PF (2014) THE GOODMAN FOUNDATION, INC		034757		_		Pa	age 6
Pa	art VII-B Statements Regarding Activities for Which Form 4	720 May Be R	equired (co	<u>ntinuec</u>	<u>d)(t</u>	······		
5a	During the year did the foundation pay or incur any amount to				_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?		Yes	X No	1		
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,			_	- 1		
	directly or indirectly, any voter registration drive?			Yes	X No	1		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization of	described in			_			
	section 4945(d)(4)(A)? (see instructions)			Yes	X No		[
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational					-	
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No	- 1		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	r the exceptions d	escribed in			- 1		
	Regulations section 53 4945 or in a current notice regarding disaster assistance	(see instructions)?	1		N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check he	re			▶ 🗌			
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax						
	because it maintained expenditure responsibility for the grant?		N/A	Yes	No	1		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)							
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums						
	on a personal benefit contract?	•		Yes	X No	- 1		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per-	sonal benefit contr	act?			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 she	elter transaction?		Yes	X No			
	If "Yes," did the foundation receive any proceeds or have any net income attribut		tion?		N/A	7b	ſ	
	art VIII Information About Officers, Directors, Trustees, For			v Paid		es.		
	and Contractors		. J, J	•	. ,	•		
1 l	ist all officers, directors, trustees, foundation managers and their compensa-	ation (see instruc	tions).					
	·		(c) Compensation	(d) C	contributions to			
	(a) Name and address	(b) Title, and average hours per week	(If not paid,	em	ployee benefit s and deferred		oense ac r allowar	
		devoted to position	enter -0-)		mpensation	Oute	anowa	ices
Se	e Statement 8							
							·	
	· ·							
2	Compensation of five highest-paid employees (other than those included o	n line 1 – see ins	tructions). If no	one, ent	er			
	"NONE."							
		(b) Title, and average			Contributions to	_		
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation		ployee benefit s and deferred		pense ac r allowar	
		devoted to position			mpensation	00	, 4,,,,,,,	
NC	NE							
						L.		
	No. Con							
						-		
ota	I number of other employees paid over \$50,000	-						

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3

All other program-related investments. See instructions

Total. Add lines 1 through 3

Pa	Irt X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n four	ndations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		0 440 500
а	Average monthly fair market value of securities	1a	8,113,738
b	Average of monthly cash balances	1b	371,308
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	8,485,046
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	8,485,046
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	127,276
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,357,770
6	Minimum investment return. Enter 5% of line 5	6	417,889
Pa	Irt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	ations
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	417,889
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	3,879
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	414,010
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	414,010
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	414,010
D,	urt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	387,648
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	l i	
	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	387,648
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	3,879
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	383,769
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

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Pa	art XIII Undistributed Incom	e (see instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Par	t XI,	Corpus	Years prior to 2013	2013	2014
	line 7					414,010
2	Undistributed income, if any, as of the e	end of 2014				
а	Enter amount for 2013 only				372,628	
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2014				
а	From 2009					
b	From 2010		_			
С	From 2011					
d	From 2012					
е	From 2013					
f	Total of lines 3a through e					
4	Qualifying distributions for 2014 from P	art XII,				
	line 4 ▶ \$ 387,648					
а	Applied to 2013, but not more than line	2a			372,628	
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)					
C	Treated as distributions out of corpus (i	Election				
	required – see instructions)					
d	Applied to 2014 distributable amount					15,020
е	Remaining amount distributed out of co	rpus				
5	Excess distributions carryover applied t	o 2014				
	(If an amount appears in column (d), th	e 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 Subtr	act line 5				***************************************
b	Prior years' undistributed income Subt	ract				
	line 4b from line 2b					
С	Enter the amount of prior years' undistr	buted				
	income for which a notice of deficiency	has				
	been issued, or on which the section 49	942(a)				
	tax has been previously assessed					
đ	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2013 Subtract	t line				
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2014 Subtract	t lines				
	4d and 5 from line 1 This amount must	be				
	distributed in 2015					398,990
7	Amounts treated as distributions out of					
	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (Election ma	y be				
	required—see instructions)					
8	Excess distributions carryover from 200					
	applied on line 5 or line 7 (see instruction	•				·····
9	Excess distributions carryover to 20	15.				
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9	ŧ				
a	Excess from 2010		1			
þ	Excess from 2011					
C	Excess from 2012					
d	Excess from 2013		-			
е	Excess from 2014	I	I	1	I	

Part XV Supplementary Information (co	ntinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year See Statement 9				387,460
		- - - -		
Total			▶ 3a	387,46
b Approved for future payment N/A				,
Total	·		▶ 3b	

F	art XVI-A	Analysis of Income-Producing Act	ivities				
		ounts unless otherwise indicated	ĭ	ed business income	Exclude	d by section 512, 513, or 514	
		rvice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•	-						
	å						
	č				†		
	ď				† · · · · ·		
					 		
	ř				<u> </u>		
		d contracts from government agencies			†		
2	_	dues and assessments			1		
	-	savings and temporary cash investments			14	20	
4		nd interest from securities			14	229,040	
5		come or (loss) from real estate					
_		anced property	***************************************	······································	1		
		t-financed property			1		
6		come or (loss) from personal property			1		
		tment income					
		s) from sales of assets other than inventory			14	216,765	
		or (loss) from special events			1	<u></u>	
		or (loss) from sales of inventory					
		ue a					
	d						
	е						
				1		AAE OOE	^
12	Subtotal Ac	ld columns (b), (d), and (e)		1	<u>' </u>	445,825	
		id columns (b), (d), and (e) ine 12, columns (b), (d), and (e)			<u> </u>	13	
13 (Se	Total. Add I e worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13	
13 (Se	Total. Add I e worksheet Part XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Activities		nent of Exempt P	urpose	13 <u> </u>	445,825
13 (Se	Total. Add I e worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the Activities to the Activity for which income	is reported in o	nent of Exempt P	urpose	13 es buted importantly to the	445,825
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Part X		Information Regardanization	_	ansfers To an	d Transactio	ns and Rela	tionships Wi	th Noncharitab	le		
1 Did		inization directly or ind		ge in any of the fol	lowing with any	ther organization	on described			Yes	No
ın s	_	01(c) of the Code (other		•		_					
-		om the reporting found	lation to a no	oncharitable exemi	ot organization o	f					
	Cash	on the reporting reality		monantable exemp	pr organization o	•			1a(1)		X
	Other as	ssets							1a(2)		X
	er transa										
		assets to a noncharit	able evernt	organization					1b(1)		X
		ses of assets from a no			on				1b(2)		X
٠,,		of facilities, equipment		. •	OII				1b(3)		X
, ,		rsement arrangements		5 C(5					1b(4)		X
		r Ioan guarantees	•						1b(5)		X
		ance of services or me	omborobio o	r fundrajajna saljaj	tations				1b(6)		X
									1c		X
	_	acilities, equipment, m	=			mn (h) should s	huava ahaw tha fa	ur markot	10		
		r to any of the above i		•			-				
		goods, other assets, o	-	•	-						
(a) Lin		transaction or sharing (b) Amount involved		e of noncharitable exem		1		ansactions, and sharing ar	rangeme	nte	
N/A	10 110	(b) Anount involved	(C) Name	e of florid lantable exem	prorganization	(0) De.	scription of dansiers, to	ansactions, and snaming an	arigeme		
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		-				<u> </u>					
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20 10 4			المان مثان منام				4				
		ation directly or indired section 501(c) of the	•				zations		Y6	. v	l Na
				man section 50 (c)(3)) of in Section	III 527 7			re	2S A	NO
<u> </u>		nplete the following sc) Name of organization	neaule	(b) Type of o	· · · · · · · · · · · · · · · · · · ·	ı	(e) Dogger	tion of relationship			
N/2		y Name of Organization		(b) Type or c	organization		(c) Descrip	tion of relationship			—
	<u> </u>					 					
								······································			—
		.									
	Under per	alties of perjury, I declare th	at I have exami	l ned this return, including	a accompanying sch	l edules and statemer	nts, and to the best of	my knowledge and belief.	it is true		
		nd complete Declaration of p						May the IRS disc			
Sign								with the preparer			
Here		4						(see instructions)	⁷ 🗶	Yes	No
I I E I E		ht 111. 11.	-		اء ا	ielse	A ACCT	SECRETAR			
[Signa	ature of officer or trustee			Date	10 17	Title	SECKETAK.			
	1	·	'		Dran			· · · · · · · · · · · · · · · · · · ·		_	
	- 11110119	pe preparer's name			Preparer's signatu			Date		Check	_
Paid	Pame	La P. Hipp, C	PA		1 Pm.	la P.	Steps of	04/30	1/15	self-em	ployed
Preparer	Firm's n	221/27		IPP CPA	, write	•	, , ,		$\frac{3713}{2737}$	1567	,
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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.

Employer identification number

OMB No 1545-0047

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

THE GOODMAN	FOUNDATION, INC	56-6034757
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instructions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	0 or 990-EZ), Part II, line s of the greater of (1)
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that right the year, total contributions of more than \$1,000 exclusively for religious, clional purposes, or for the prevention of cruelty to children or animals. Compliance	haritable, scientific,
contributor, during contributions total during the year fo	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rightheyear, contributions exclusively for religious, charitable, etc., purposes, bed more than \$1,000. If this box is checked, enter here the total contribution or an exclusively religious, charitable, etc., purpose. Do not complete any of the bies to this organization because it received nonexclusively religious, charitation more during the year.	out no such is that were received he parts unless the
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not fi must answer "No" on Part IV, line 2, of its Form 990, or check the box on lir 2, to certify that it does not meet the filing requirements of Schedule B (Form	ne H of its Form 990-EZ or on its

Name of organization
THE GOODMAN FOUNDATION, INC

Employer identification number 56-6034757

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AGGREGATE RESOURCES, LLC PO BOX 425 SWANNANOA NC 28778	s 26,132	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	B V HEDRICK GRAVEL & SAND COMPANY PO BOX 1040 SALISBURY NC 28145	\$ 70,619	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MATERIAL SALES COMPANY PO BOX 1040 SALIBURY NC 28145	\$ 5,811	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CUMBERLAND GRAVEL & SAND COMPANY PO BOX 425 SWANNANOA NC 28778	s 14,236	Person X 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)

Capital Gains and Losses for Tax on Investment Income 990-PF 2014 Form For calendar year 2014, or tax year beginning and ending **Employer Identification Number** Name THE GOODMAN FOUNDATION, 56-6034757 (b) How acquired P-Purchase D-Donation (C) Date acquired (mo , day, yr) (d) Date sold (mo, day, yr) (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. AEPFX -OTY 93.679 P 12/26/13 06/16/14 (1) **OTY** 500 P 08/29/13 08/06/14 ENR (2)P PENNX - QTY 1200.036 **Various** 03/12/14 (3)08/29/13 P SPLS - OTY 1100 04/04/14 (4)AEPFX - QTY 2868.406 P **Various** 06/16/14 (5)APA -**QTY 615** P Various 03/28/14 (6)P 07/19/12 01/27/14 ADM _ QTY 2200 (7)**ESV** OTY 1840 P Various 12/11/14 (8)10/04/11 03/21/14 **OTY 1800** P HAL (9)KN - QTY 597.50P Various Various (10)OTY 1760 P 08/22/12 KSS -12/08/14 (11) MDT -**QTY 1780** P Various 06/16/14 (12)04/27/98 NCAROLINA EDL FA 5.25 657903JM3 P 04/01/14 (13) NCAROLINA EDL FA 5.25 P 06/02/99 657903JN1 04/01/14 ROYCE PA MUTUAL FUND PENNX 12079.097 P 03/12/14 **Various** (f) Depreciation allowed (or allowable) (e) Gross sales price (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) 4,743 4,526 217 (1) 58,392 49,686 8,706 (2) 17,710 <u>16,99</u>3 717 (3) 13,430 15,625 -2,195 (4) 145,227 113,034 32,193 (5) 50,618 -12,856 63,474 (6) 86,957 60,291 26,666 (7) 52,490 93,536 -41,046 (8) 104,643 52,599 52,044 (9)<u>18,34</u>7 9,229 9,118 (10)90,827 99,542 8,715 (11)113,296 76,862 36,434 (12)60,000 60,000 (13)85,000 850 84,150 (14)178,260130,792 <u>(15)</u> 47,468 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus I (k), but not less than -0-) Or Losses (from col. (h)) (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (s), if any 217 (1) 8,706 (2)(3) 717 -2,195(4)32,193 **(5)** -12,856 (6)<u>(7)</u> 26,666 -41,046 (8) 52,599 (9) 9,118 (10)8,715 (11)(12)36,434 (13)

(14)

(15)

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Form 990-PF		•	s for Tax on Investment I	ncome	2014
Name ·	For calenda	ir year 2014, or tax year beginning	, and ending	Employer Ide	ntification Number
Name				2,5.0,0	
THE GOODMA	N FOUND	ATION, INC		56-6034	1757
(a)	List and describe t	the kind(s) of property sold, e.g., real estate, house, or common stock, 200 shs. MLC Co	(b) How acquired P-Purchase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
			D-Donation		
	NC 6582 TY 5800	25PBF.6	P	04/05/10 12/10/12	05/01/14
	TY 1835		P	Various	10/20/14
<u> </u>	QTY 288	.75	P	02/17/11	Various
(5) VWO - QT			P	10/13/10	03/31/14
		GAIN DISTRIBUT			
(7)					
(8)					1
(9)					
(10) (11)					
(12)				-	1
(13)					
(14)					
(15)		······································			1
(e) Gross sales p	rice	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gai (e) plus (n or (loss) f) minus (g)
(1) 65	,000		67,808		-2,808
(2) 70	,812		65,004		5,808
	,178		99,477		-5,299
	,838		3,509		3,329 -4,928
	,047 ,077		33,975		53,077
(6) 53 (7)	, 0 / /	· · · · · · · · · · · · · · · · · · ·			33,077
(8)					
(9)					
(10)					
(11)				-	· ·
(12)				-	
(13)					
(15)		· · · · · ·			
Complete only for	assets showing	gain in column (h) and owned by the	e foundation on 12/31/69	(I) Gains (C	ol (h) gain minus
(i) FMV as of 12/3	31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col (k), but not le Losses (fro	ol (h) gain minus ess than -0-) Of m col (h))
(1)				`	-2,808
(2)					5,808
(3)					-5,299
(4)					3,329
(5)					-4,928
(6)					53,077
(7)					
(8) (9)		 			
(10)					4
(11)					
(12)					
(13)					

(14) (15)

56-6034757	Federal S	Federal Statements		
Statement 1 -	Form 990-PF, Part I,	Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees	essional Fees	
Description	Total	Net Investment s 38,134	Adjusted Net	Charitable Purpose
	38,		\$	0 %
Stal	Statement 2 - Form 990-	Form 990-PF, Part I, Line 18 - Ta	- Taxes	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX Total	\$ 3,147	0 	\$ \$	\$ \$
Statemen	Statement 3 - Form 990-PF, P	n 990-PF, Part I, Line 23 - Other Expenses	xpenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$ 188	v.	v,	\$
	\$ 188	0	\$	\$ 188
Statement 4 - Form 990-P		F, Part II, Line 10b - Corporate Stock Investments	ock Investments	
Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AETNA INC 1170 SHS	\$	\$ 103,931	Market Market	\$ 103,931
INC QTY 400 S INC QTY 1300	26,720	24,436		24,436
ANTHEM INC 1200 SHS APACHE CORP 615 SHS	52,85		1 Market Market	150,804
APPLE INC 1610 SHS	129,035	5 177,712	Market	177,712
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Fair Market	01,30	143,024	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	4.5	7 10	ري د وي	4,57	51,45	0,46	2,16	6,16	8,23	5,70	5,10	5,18				3,20	80,685	6,13		6,62	75,28	105,616	16,39	60,77			1,69	13,471	4,88	19,08		94,695	•	50,465	156 046	r 0 0 0
Basis of Valuation	Market	arke	arke.	Market Market	Market	arke	rke	Market	an a	arke	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	ar	d	Market	A L N
End of Year	, 30	1	4,39	7.4	40.0	3,65	4,57	51,45	0,46	2,16	6,16	8,23	5,70	5,10	5,18				3,20	80,685	6,13		6,62	75,28	105,616	16,39	60,77			1,69	13,471	4,88	19,08		94,695		50,465	156 016	# O ' O C
Beginning of Year	1	126,588	4,06	4,32	77/7	(76,262		6,67	51,444	9,59		115,365		6,84	4,12	6,81	8,39	91,080	3,27	7,72	1,35		5,36	92,506	8,77		σ	, 15	8,01				00,0	8,40	5,89	44,859	20 C	0/170
Description	BED BATH & BEYOND 1330 SHS	CK ROCK INC 400 SHS	4%20		CORFORALION 230	ON CORPORATION 300	SYSTEMS INC 3400	1850	CVS CAREMARK CORP 1770 SHS	\circ	DEERE & CO 1200 SHS		DOVER CORPORATION 1195 SHS	DOVER CORPORATION 350 SHS	EMERSON ELECTRIC CO 1380 SHS	HOLDING INC 500 S	PLC ADR	PLC ADR OTY	IL CORPOR	SH	GENERAL ELECTRIC CO 4200 SHS	ω	HOME DEPOT INC 730 SHS	\circ	JOHNSON 1010 SH	o	800 SH	KOHLS CORP 1760 SHS	MEDTRONIC INC 1780 SHS	MICROSOFT CORP 2620 SHS	COR	NOBLE CORP PLC 6330 SHS	TROM INC 1500 S	5.25%	CAROLINA	CAROLINA 5.25%28		7 2	CORFORALION 34/0

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

s of Fair Market tion Value	t \$ 94,560 t 56,736	t 130,07	t 114,03	t 93,36	t 113,07	t 126,36	116,99	÷	Ť.	105,64	t 83,745	107,87	Ť.	it.	197,32	84,48	95, 65	t 25,	t 120,23	t	\$ 5,078,629
Basis of Valuation	Marke Marke	Marke	Marke	Marke	Marke	Marke	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Market	Marke	Marke	Marke	
End of Year	94,560	30,0	4,0	3,3	3,0	6,3	6,9			5,64	83,745	7,87			7,32	4,48	5,6	2	0,2		5,078,629
Beginning of Year	\$ 82,940 \$		6,97	3,44	15,27	6,22	43,33	2,09	7,54	4,15	6,17	84,061	0,74	2,80	1,05	1,09	5,96			73,912	\$ 4,513,168
Description	PEPSICO INCORPORATED 1000 SHS PEPSICO INCORPORATED 600 SHS	T 1600 SHS		& GAMBLE 1025	IAL FINAN	QUALCOMM INC 1700 SHS	RIO TINTO PLC SPON ADR F 2540 SHS	ים	INC		ORPORATION	TOR ADRE	TEVA PHARM INDS LTD ADRF 1265 SHS	PHARM INDS LTD ADRF	TIME WARNER INC NEW 2310 SHS	TOTAL S A ADR F 1650 SHS	UNIVERSITY NC WILM 5%22	VERIZON COMMUNICATIONS 550 SHS	WAL-MART STORES INC 1400 SHS	WELLPOINT INC 800 SHS	Total

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Federal Statements

56-6034757

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Description	<u> </u>	Beginning of Year		End of Year	Basis of Valuation	ш	Fair Market Value
LOOMIS SAYLES BOND FUND	የ ጉ	83,092	‹›	81,540	Market	‹›	81,540
LORD ABBETT HIGH YIELD i		212,627		204,187	Market		204,187
METROPOLITAN WEST HIGH				18,645	Market		18,645
METROPOLITAN WEST TOTAL		306,902		317,629	Market		317,629
OPPENHEIMER INTL BOND FD		232,403		226,653	Market		226,653
PIMCO LOW DURATION FUND		269,942		558,326	Market		558,326
TEMPLETON GLOBAL BOND		205,032		228,148	Market		228,148
VANGUARD INFLATION		317,592		355,723	Market		355,723
Total	S.	1,627,590	\$	1,990,851		ς, I	1,990,851

Statement 6 - Form 990-PF, Part II, Line 13 - Other Investments

Description	ш	Beginning of Year	;	End of Year	Basis of Valuation	Ŗ	Fair Market Value
AMERICAN FD EUROPACIFIC FUND	တ	390,428	৵	235,527	Market Market	ᡐ	235,527
DELAWARE SMALL CAP VALUE		210, 798		211,374	Market		211,374
MATTHEWS PACIFIC TIGER FUND OPPENHEIMER DEVLEOPING FUND		133,608 126,315		142,056 117,908	Market Market		142,036
ROYCE PA MUTUAL FUND		333,672		121,854	Market		121,854
ISHARES TR S&P GLOBAL FUND		55,332		48,673	Market		48,673
SPDR S&P BIOTECH ETF		76,818		110,011	Market		110,011
VANGUARD MSCI EMERGING FUND		29,333			Market		
WISDOMTREE TRUST FUND		86,188		80,709	Market		80,709
Total	ς. 	1,631,900	ω	1,240,964		ς, I	1,240,964

56-6034757

Federal Statements

Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 Amount
UNREALIZED GAIN ON SECURITIES	\$ 221,128
Total	\$ 221,128

56-6034757	Federal S	Federal Statements	S		
Statement 8 - Form 990-PF	Pa	1 - List of O	rt VIII, Line 1 - List of Officers, Directors, Trustees,	ees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GAIL G. SETTLE P O BOX 1040 SALISBURY NC 28145	VP	0.00	0	0	0
JEFFREY V. GOODMAN PO BOX 1040 SALISBURY NC 28145-1040	PRESIDENT/TR	00.0	0	0	0
MICHAEL A. GOODMAN PO BOX 1040 SALISBURY NC 28145-1040	SECRETARY	0.00	0	0	0
ARTHUR L. HATTAWAY, JR PO BOX 1040 SALISBURY NC 28145-1040	ASST. SEC.	0.00	0	0	0
C. RANDALL MCGLOTHLIN PO BOX 1040 SALISBURY NC 28145-1040	ASST. SEC.	0.00	0	0	0
Statement 9 - Form 990-PF,	Par	3a - Grants ar Year	t XV, Line 3a - Grants and Contributions Paid During the Year	uring the	
Name	Address				
Address	Relationship Status	SD SD	Purpose		Amount
AMERICAN CANCER SOCIETY RALEIGH NC 27629 ANNUAL GIVING FOR NCSU RALEIGH NC 27695-7511 APPLACHIAN REGIONAL HEALTHCARE FOU BOONE NC 28607 ASEVHILLE BUNCOME COUNTY CHRISTAIN ASHEVILLE ART MUSEUM ASHEVILLE ART MUSEUM ASHEVILLE NC 28801	PO BOX 41912 CAMPUS BOX 7511 FOUN PO BOX 2600 FAIN 30 CUMBERLAND AVE 2 SOUTH PACK SQUARE		CANCER RESEACH ACADEMIC PROGRAM SUPPORT SUPPORT MEDICAL FOUNDATION CHARITY OPERATIONAL EXPENSES	NO	300 10,000 2,000 1,000 1,000

Federal Statements

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	1,000	100	8,000		000 ' 7	200,000	42,000	2,500	20,000		000'9	5,000	10,000		3,000	13,000	200	0.50	1	10,000	250	10,000
	Purpose	OPERATIONAL EXPENSES	OPERATIONAL EXPENSES	OPERATIONAL EXPENSES	A GONGAVA TRIVET REGARD	OPEKATIONAL EXPENSES	CAPITAL IMPROVEMENTS	RELIGIOUS ORGANIZATION	OPERATIONAL EXPENSES	RESEARCH		SUPPORT MEDICAL FOUDATION	ACADEMIC PROGRAM SUPPORT	ACADEMIC PROGRAM SUPPORT		RESEARCH, PATIENT SERVICES	SUPPORT EDUCATION PROGRAMS	OPERATIONAL EXPENSES	\HTQKHU \HTQKHU		CHARTIABLE	SCOUTING PROGRAM SUPPORT	RELIGIOUS ORGANIZATION
Address	Relationship Status	14 FOREVER FRIEND LANE	80 LAKE EDEN RD	PO BOX 123593	PO BOX 19113	2300 W INNES ST	הממתהס נוסמנוווס רכ	Z/ Chorch Sinee:	5351 SAMUEL BLVD	GRAND CENTRAL STATION	PO BOX 5363	BOX 7474		PO BOX 37100	501 ST JUDE PLACE	297 HAYWOOD ST		PO BOX 1888	PO BOX 1778	50 S FRENCH BROAD AVE		IKCLE /3 PAKKWAI	ZUI LIVE OAK STREET
Name	Address	ASHEVILLE HUMANE SOCIETY ASHEVILLE NC 28806	BLACK MOUNTAIN HOME FOR CHILDREN BLACK MOUNTAIN NC 28711	BUDDIES PLACE CAT RESCUE FORT WORTH TX 76121	CARING FOR CHILDREN INC	ASHEVILLE NC 28815 CATAWBA COLLEGE	SALISBURY NC 28144-2488	CENIKAL UNITED METHODISI ASHEVILLE NC 28801	DALLAS CHILDRENS ADVOCACY CENTER DALLAS TX 75228	MICHAEL J FOX FOUNDATION NEW YORK NY 10163-4777	MISSION FOUNDATION	ASHEVILLE NC 28813 NC STATE ANNIAL FUND	RALEIGH NC 27695-7474	NC STATE UNIVERSITY STUDENT AID ASS RALIEGH NC 27627	ST. JUDE CHILDREN'S RESEARCH HOSPIT	MEMPHIS IN 38105 T.H.F. CENTER FOR DISORDE	ASHEVILLE NC 28801	THE COMMUNITY FOUNDATION OF WNC ASHEVILLE NC 28802	THE SALVATION ARMY		ASHEVILLE NC 28801	FILENDS OF SCOUTING - AILANIA AKEA ATLANTA GA 30339	CHABAD OF THE BRAZOS COLLEGE STATION TX 77840

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Federal Statements

Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	3.000		200	001) H	1,000		1,000	5,000	C U	0000	2,000		10,000		1,000	,	1,000		001	2,500		2,200		1,000		09	200		1,000
	Purpose			OPERATIONAL EXPENSES	SESNEGVE IKNOTHROGGO		OPERATIONAL EXPENSES		OFERATIONAL EXPENSES	SCOUTING PROGRAM SUPPORT) H + C 4 11 5	CHAKLII	CHARITY		OPERATIONAL EXPENSES		EDUCATIONAL PROGRAMS		EDUCATIONAL SUPPORT	**************************************	RELIGIOUS ORGANIZATION	OPERATIONAL EXPENSES		CHARITY	00	CHARITY	TED	OPERATIONAL EXPENSES	RELIGIOUS ORGANIZATION		OPERATIONAL EXPENSES
Address	Status	REEWAY	CE CHURCH ROAD		EDERE RD	SIIMMIT AVE		1400 EIGHTH AVENUE	850 CANNON DRIVE		2276	180059	0	WOODRUFF RD		EY POINT ROAD		1700 DOGWOOD MILE		419 DEAVERVIEW RD	4750 BENBBOOK HIGHWAY		4 VANDERBILT PARK DR		5020 COLLINWOOD AVE #400		DERICK LAW OLMSTED		WOOD KD	290009	
	Relationship	D 4200S F	220 GRACE		21 BELV	11111 511		1400 EI	850 CAN		PO BOX	YOR Od		2211 WO		335 PIN		1700 DO	(419 DEA	4750 RE		FO 4 VANDE		5020 CO		100 FRE	; ; ;	387 HAY	PO BOX	
Name	Address	CITY OF FORT WORTH BERNEY PARK FUND	FAITHFUL FRIENDS ANIMAL SANCTUARY	SALISBURY NC 28147	HOSPICE SOLACE CENTER	TAMES I WEST DIZHETMER'S CENTER		JOAN KATZ BREAST CENTER AT BAYLOR	LONGHORN COUNCIT, BSA	HURST TX 76054	PISGAH LEGAL SERVICES	P P D I CHPISHIAN POINDATON	RICHLAND MS 39218	SOUTHSIDE CHRISTIAN SCHOOL	SIMPSONVILLE SC 29681	ST FRANCIS EPISCOPAL DAY SCHOOL		ST ANDREWS UNIVERSITY	LAURINBURG NC 28352	SUNRISE BAPTIST CHURCH	ASHEVILLE NC Z8806 TARRANT LITERACY COALITION		ION - WOMEN	ASHEVILLE NC 28803	THE JEWEL CHARITY BALL	FORT WORTH TX 76107	_		TRINITI UMC IOUTH PROGRAM ASHEVILLE NC 28806		RALEIGH NC 27675

	•		Amount	5,000
nents	Statement 9 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	I	Purpose	RELIGICUS ORGANIZATION
	Form 990-PF, Part XV, Line 3a - Grants <u>Year (continued</u>	Address	Relationship Status	199A ELKWOOD AVE RE
56-6034757	Statement 9 - F	Name	Address	YOUNG LIFE OF ASHEVILLE ASHEVILLE NC 28804 Total

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