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Department of the Treasury

Internal Revenue Service

DLN: 93491134009615

OMB No 1545-0052

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	endar year 2014, or tax y	year beginning 01-	01-2014	, a	nd ending 1	.2-31-2014				
		undation				A Employer id	entification numb	er			
IMA	AKGAKE	T C WOODSON FOUNDATION INC				56-6064938					
Num	ber and	d street (or P O box number if mail is	not delivered to street address	s) Room/suite		B Telephone number (see instructions)					
22	5 NORT	TH MAIN ST)					
City	or towr	n, state or province, country, and ZIP o	or foreign postal code			C If exemption application is pending, check here					
SALI	SBURY,	NC 281440829									
G CI	neck a	Ill that apply Initial return	Initial return of a	former public charit	v	D 1 . Foreian oi	rganizations, check h	ere 🕨 🦵			
		Final return	A mended return	·	•	2. Foreign organizations meeting the 85%					
			nge Name change				k here and attach co undation status was i	•			
		ype of organization					n 507(b)(1)(A), chec				
		ket value of all assets at end	J Accounting method	Cash Acc		F If the found:	ation is in a 60-mont	h termination			
of	year (1	from Part II, col. (c),	Other (specify)	modified cash			n 507(b)(1)(B), chec				
		\$ 690,714	(Part I, column (d) must	t be on cash basıs.)							
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)					
	1	Contributions, gifts, grants, et	c , received (attach								
		schedule)		1,014,877							
	2	Check F If the foundation is	s not required to attach								
		Sch B		22		22					
	3	Interest on savings and tempo		22		22					
	4	Dividends and interest from se Gross rents	ecurities								
	5a b	Net rental income or (loss)									
Φ	6a	Net gain or (loss) from sale of	assets not on line 10								
Revenue	ь	Gross sales price for all asset									
	_					0					
	7 8	Capital gain net income (from Net short-term capital gain .				U					
	•	Income modifications									
	10a	Gross sales less returns and									
		allowances									
	b	Less Cost of goods sold .									
	C	Gross profit or (loss) (attach s	·								
	11	Other income (attach schedul	· .			22					
	12	Total. Add lines 1 through 11		1,014,899		1 770		22.694			
	13	Compensation of officers, dire	ŀ	35,454		1,770		33,684			
y A	14 15	Other employee salaries and v Pension plans, employee bene									
υSθ	16a	Legal fees (attach schedule).	ŀ								
Expenses	ь	Accounting fees (attach schee		-							
	c	Other professional fees (attac		38,000		1,900		36,100			
₫	17	Interest									
Admını strative	18	Taxes (attach schedule) (see	ınstructions)								
₫	19	Depreciation (attach schedule	e) and depletion								
틛	20	Occupancy	ŀ								
A A	21	Travel, conferences, and meet	ŀ	6,141		307		5,835			
and	22	Printing and publications Other expenses (attach sched		96. 1,473		74		1,400			
Ē	23	Total operating and administra	1	1,4/3		74		1,400			
Operating		Add lines 13 through 23	-	81,068		4,051		77,019			
8	25	Contributions, gifts, grants pa	ŀ	899,772		.,		899,772			
_	26	Total expenses and disbursem		, :=				,			
		25	CCOL / LOG / Lo	980,840		4,051		976,791			
	27	Subtract line 26 from line 12									
	a	Excess of revenue over expens		34,059							
	b	Net investment income (if neg	· · · · · · · · · · · · · · · · · · ·			0					
	C	Adjusted net income (if negation	ve, enter -U-)								

Da	rt II	Ralanco Shoots Attached schedules and amounts in the description column	Beginning of year	End of	
•		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	625,541	679,570	·
		Savings and temporary cash investments	11,086	11,114	11,114
		Accounts receivable F			
		Less allowance for doubtful accounts 🟲	30	30	30
		Pledges receivable 🟲			
		Less allowance for doubtful accounts 🟲			_
	5	Grants receivable			_
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 🟲			
		Less allowance for doubtful accounts 🟲			
2	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges			
4	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) 🕨			
		Investments—mortgage loans			
	13	Investments—other (attach schedule)			
		Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe 🗠)			
		Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	636,657	690,714	690,714
		Accounts payable and accrued expenses	2		
		Grants payable		20,000	
å		Deferred revenue			
bilities		Loans from officers, directors, trustees, and other disqualified persons			
e e	21	Mortgages and other notes payable (attach schedule)			
┛╽		Other liabilities (describe			
		Total liabilities (add lines 17 through 22)	2	20,000	
		Foundations that follow SFAS 117, check here ▶ □		ŕ	
å		and complete lines 24 through 26 and lines 30 and 31.			
Fund Balances	24	Unrestricted			
<u>명</u>		Temporarily restricted			
		Permanently restricted			
Ξ		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets		Paid-in or capital surplus, or land, bldg, and equipment fund	1,041	1,041	
Š		Retained earnings, accumulated income, endowment, or other funds	635,614	669,673	
Net		Total net assets or fund balances (see instructions)	636,655	670,714	
Z	31	Total liabilities and net assets/fund balances (see instructions)	636,657	690,714	
Da			030,037	050,714	
	rt II		(a) line 20 (st.		
1		Total net assets or fund balances at beginning of year—Part II, column			626.655
2		,,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	636,655
2		Enter amount from Part I, line 27a		 	34,059
3 ⊿		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3		_ 3	670.714
4 5				4	670,714
5 •		Decreases not included in line 2 (itemize)		5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F	aicii, column (D), lin	e 30 . 6 	670,714

the Part VI instructions

Part IV Capital Gains a	and Losses for Tax on Inve	stment Income	l		
(a) List and describe	the kınd(s) of property sold (e g , re ouse, or common stock, 200 shs M	al estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
	(f) Depreciation allowed	d (m) Cost	or other basis	(h) Cain	or (loss)
(e) Gross sales price	(or allowable)		pense of sale) minus (g)
a					
b					
С					
d					
e					
Complete only for assets s	showing gain in column (h) and owne	d by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (ı) ol (յ), ıf any		less than -0-) or om col (h))
a					
b					
С					
d					
e					
	al gain or (loss) as defined in section Part I, line 8, column (c) (see instru		,	3	
Part V Qualification U	Inder Section 4940(e) for R	educed Tax on	Net Investme	nt Income	
or optional use by domestic p	orivate foundations subject to the se	ection 4940(a) tax	on net investment	ıncome)	
f section 4940(d)(2) applies, l	eave this part blank				
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?	┌ Yes ┌ No
1 Enter the appropriate amou	unt ın each column for each year, se	ee instructions befo	re making any ent	ries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchar	ıtable-use assets	(d) Distribution (col (b) divided	
2013	700,348		524,250	(SOT (B) divided	1 335905
2012	568,150		294,241		1 930900
2011	1,886,931		806,267		2 340330
2010	1,072,782		792,871		1 353035
2009	878,786		1,210,153		0 726178
2 Total of line 1, column	• •			2	7 686348
	ratio for the 5-year base period—div he foundation has been in existence			3	1 537270
	f noncharitable-use assets for 2014			4	600,759
5 Multiply line 4 by line	3			5	923,529
6 Enter 1% of net inves	stment income (1% of Part I, line 2)	7b)		6	C
7 Add lines 5 and 6				7	923,529
	butions from Part XII, line 4		<u> </u>	8	976,791

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

Form	990-PF (2014)		Р	age 4				
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	structio	ns)					
1a								
	on line 1							
	Date of ruling or determination letter(attach copy of letter if necessary-see instructions)							
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0				
_	here F and enter 1% of Part I, line 27b							
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of							
	Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others		0					
3								
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others			0				
_	enter -0-)			0				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0				
6	C redits/P ayments							
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a							
b	Exempt foreign organizations—tax withheld at source 6b							
c	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d			0				
8	Enter any penalty for underpayment of estimated tax. Check here T if Form 2220 is attached.							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax							
	t VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No				
	ıt partıcıpate or ıntervene ın any political campaign?	. 1a		No				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions							
	for definition)?	1b		No				
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials							
	published or distributed by the foundation in connection with the activities.							
c	Did the foundation file Form 1120-POL for this year?	1c		No				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
	(1) On the foundation ▶ \$0 (2) On foundation managers ▶ \$0							
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers 🕨 \$ 0							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No				
	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	. з		No				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No				
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No				
	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
•	By language in the governing instrument, or	ነ	\ \					
	By state legislation that effectively amends the governing instrument so that no mandatory directions							
	that conflict with the state law remain in the governing instrument?	. 6	Yes)				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),							
-	and Part XV.	. 7	Yes					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	Ť						
	NC							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney							
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)							
,	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?							
	If "Yes," complete Part XIV	و ا		No				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	Ť						
	and addresses.	. 10		No				

				age s
	t 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			l
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	. 12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►FOUNDATION FOR THE CAROLINAS Telephone no ►(704)973-	4500	
	Located at ►220 NORTH TRYON STREET CHARLOTTE NC ZIP+4 ►28202	·		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			- 1
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Dai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Fe	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1-	During the year did the foundation (either directly or indirectly)		1 63	110
та	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) 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)			
b	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations			١
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			١
	that were not corrected before the first day of the tax year beginning in 2014?	1c		No
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))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014? Yes ▼ No			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			1
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			1
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			1
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			1
	if the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) [?]	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				┌ Yes ┌	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				┌ Yes ┌	√ No		
	(5) Provide for a	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(5), d	ıd any of the transad	tion	s fail to qualify unde	r the	exceptions described in			
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [
С				4), does the foundat							
								T Yes [- _{No}		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a											
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week (If devoted to position		(f not paid, enter -0-)		mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
					_				-		
			-								
2	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
/	. N			(b) Title, and aver	age			(d) Contributions to	(-) [
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	F	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı I number of other	employees paid o	vers	\$50,000					1		0

Part VIII Information About Officers, Directors, Translation and Contractors (continued)	Paid Employees,	
3 Five highest-paid independent contractors for professional serv	ices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional servi	ces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Inclu	do relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research paper		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investmen		·
Describe the two largest program-related investments made by the foundation d	luring the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 609.908 1h 1c 1d 609.908 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 609.908 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 9.149 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 600.759 5 30.038 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 30.038 1 Tax on investment income for 2014 from Part VI, line 5. 2a Income tax for 2014 (This does not include the tax from Part VI). . . 0 2c 3 3 30.038 4 Λ 4 5 5 30.038 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 30.038 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 976,791 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 976,791 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 976,791 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

the section 4940(e) reduction of tax in those years

	olidistributed flicollie (see liisti	actions)			
		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
4	Distributable amount for 2014 from Bart VI June 7	Corpus	rears prior to 2013	2013	30,038
	Distributable amount for 2014 from Part XI, line 7				30,030
	Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only			ſ	
	· · · · · · · · · · · · · · · · · · ·		0		
	Total for prior years 20, 20, 20				-
	Excess distributions carryover, if any, to 2014 From 2009 818,508				
	From 2010				
	From 2011				
	From 2012				
	From 2013 674,135				
	Total of lines 3a through e	4,925,903			
	Qualifying distributions for 2014 from Part	. ,			
·	XII, line 4 > \$ 976,791				
а	Applied to 2013, but not more than line 2a			0)
	Applied to undistributed income of prior years		0		
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
d	Applied to 2014 distributable amount				30,038
е	Remaining amount distributed out of corpus	946,753			
5	Excess distributions carryover applied to 2014	0			0
	(If an amount appears ın column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
_	indicated below:	5,872,656			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract	3,072,030			
D	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)		0		
_	tax has been previously assessed				-
d	Subtract line 6c from line 6b Taxable amount		0		
_	—see instructions				
٠	4a from line 2a Taxable amount—see				
	instructions			0	ı
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				0
_	be distributed in 2015				· · · · · · · · ·
/	A mounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)	0			
8	Excess distributions carryover from 2009 not	818,508			
	applied on line 5 or line 7 (see instructions)	010,308			1
9	Excess distributions carryover to 2015.	5,054,148			
10	Subtract lines 7 and 8 from line 6a	3,034,140			+
	Analysis of line 9 Excess from 2010 1,033,204				
	Excess from 2010				
	Excess from 2011				
	Excess from 2013				
	Excess from 2014 946,753				
_			i I		i

<u> </u>	art XIV Private Operating Four	ndations (see ii	<u>nstructions and P</u>	art VII-A, questi	on 9)	
.a	If the foundation has received a ruling or $\mbox{\bf d}$		•			
	foundation, and the ruling is effective for 20	•	_		_	_
	Check box to indicate whether the organiza		perating foundation		on 4942(J)(3)	or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	year listed					
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not 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					
а	"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					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(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					
Da	(4) Gross investment income rt XV Supplementary Information	n (Complete t	his nart only if	the organizati	on had \$5 000	or more in
	assets at any time during			ine organizati	on naa 45,000	oo. c
	Information Regarding Foundation Manage					
а	List any managers of the foundation who habefore the close of any tax year (but only if					idation
	before the close of any tax year (but only in	they have contrib	racea more chan \$5	,000) (See Seetion	307 (d)(2))	
b	List any managers of the foundation who ov				lly large portion of t	he
	ownership of a partnership or other entity)	of which the found	ation has a 10% or	greater interest		
	Information Regarding Contribution, Grant	, Gift, Loan, Schol	arship, etc., Progra	ms:		
	Check here F If the foundation only make	kes contributions t	o preselected char	ıtable organızatıons	and does not acce	pt
	unsolicited requests for funds If the found	atıon makes gıfts,	grants, etc (see in	structions) to indiv	ıduals or organızatı	ons under
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone number	or e-mail address	of the person to w	hom applications sh	nould be addressed	
	FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET					
	CHARLOTTE, NC 28202					
	(704) 973-4500					
b	The form in which applications should be s	ubmitted and infor	mation and materia	als they should inclu	ıde	
	NO PARTICULAR FORM - LETTER WITH	TWO YEARS ACC	COUNTING STATE	MENTS		
С	Any submission deadlines					
	MARCH 1ST					
d	Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	table fields, kinds of	finstitutions, or oth	er
	factors	. 5 5	,		,	
	DAVIDSON COLLEGE, MARY BALDWIN		M SPRINGS CHILI	DRENS HOME - OT	HERWISE RESTRI	CTED TO

3 Grants and Contributions Paid		proved 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	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
				899,77
b Approved for future payment				

Form 990-PI						Page 12
	A Analysis of Income-Produci amounts unless otherwise indicated		s usiness income	Excluded by section	n 512, 513, or 514	(e)
_	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
b						
e f	nd contracts from government agencies					
2 Members3 Interest	on savings and temporary cash ents			14	22	2
5 Net renta	Is and interest from securities al income or (loss) from real estate nanced property					
b Not del 6 Net rent	bt-financed property					
8 Gain or (vestment income					
10 Gross pr11 Other re	me or (loss) from special events ofit or (loss) from sales of inventory venue a					
с						
12 Subtotal 13 Total. A	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify ca			1	22	
	Relationship of Activities to Explain below how each activity for which the accomplishment of the foundation's instructions)	the Accomp	ported ın column (e) of Part XVI-A c	ontributed importa	

Part XVI	Noncharitable			na irans	actions	and K	eiationsnips	with			
	organization directly or i 501(c) of the Code (othe	ndırectly engaç	e in any of the fo							Yes	No
organıza	tions?										
a Transfer	rs from the reporting four	ndation to a nor	icharitable exem	npt organiza	tion of						
(1) Cas	sh								1a(1)		No
(2) Oth	erassets								1a(2)		No
b Other tr	ansactions										
(1) Sale	es of assets to a noncha	rıtable exempt	organızatıon						1b(1)		No
(2) Pur	chases of assets from a	noncharitable (exempt organiza	tion					1b(2)		No
(3) Ren	ital of facilities, equipme	nt, or other ass	ets						1b(3)		No
(4) Reii	mbursement arrangemer	nts							1b(4)		No
	ns or loan guarantees.								1b(5)		No
(6) Perfo	ormance of services or n	nembership or f	undraising solic	itations					1b(6)		No
_	of facilities, equipment,								1c		No
of the go in any tr	swer to any of the above oods, other assets, or se ansaction or sharing arr	rvices given by angement, show	the reporting fo win column (d) t	undation I the value of	the found the good	dation re s, other	ceived less thai assets, or servio	n fair marke ces receive	t value d		
(a) Line No	(b) Amount involved	(c) Name of nor	charitable exempt o	organization	(d) De	escription o	of transfers, transact	ions, and sha	rıng arra	ngemer	nts
describe b If "Yes,"	oundation directly or indicted in section 501(c) of the complete the following (a) Name of organization	ne Code (other schedule n	(b) Typ	1 (c)(3)) or se of organizat	ın section	527?.	(c) Descri	otion of relatio			No
	C WOODSON TRUST (114 WEST 47TH ST NE'		CHARITABLE	TRUST			DATION RECEI THE TRUST	VESALLN	ET PRO	CEE	os
20 01 111 1	III WEST THIST NE	VV TORICINI				T KOTT	THE TROOP				
the	der penalties of perjury, e best of my knowledge a ormation of which prepai	and belief, it is t	rue, correct, and) is bas	ed on	
Here	*****		20	15-05-07	-) -	*****		return with the			
,	Signature of officer or t	rustee	Dat	:e	, , _T	ītle .		below (see inst	r)? 🔽 Y	'es ┌ N	No
	Print/Type preparer's JANICE A RATICA		oarer's Signature	e	Date		Check if self- employed ▶	PTIN PO	03588	37	
Paid Prepare Use	Firm's name ► CHERRY BEKAERT LI	_P					Firm's EIN ► 56	5-0574444			
Only	Firm's address ▶										
 ,	1111 METROPOLITA CHARLOTTE, NC 282		000				Phone no (704	377-167	8		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM G JOHNSON	PRESIDENT AND	3,668	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	DIRECTOR 1 00			
MARY HOLT WOODSON MURPHY	VICE PRESIDENT	9,780	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	AND DIRECTO 2 00			
JOHN BE CUNNINGHAM	SECRETARY AND	3,668	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	DIRECTOR 100			
DONALD D SAYERS	TREASURER AND DIRECTOR 1 00	3,668	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202				
PAUL LEAKE BERNHARDT	DIRECTOR	3,668	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	1 00			
CHARLOTTE DAVIS	DIRECTOR	3,668	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	1 00			
ROBERT P SHAY JR	CHAIR	3,667	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	1 00			
PAUL B WOODSON JR	DIRECTOR	3,667	0	0
220 NORTH TRYON STREET CHARLOTTE,NC 28202	1 00			

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ABUNDANT LIVING ADULT DAY CARE 1416 MARTIN LUTHER KING JR AVE SALISBURY,NC 28144	NONE	PC	LIFE ENRICHMENT PROJECT	5,000
ADVOCACY CENTER OF DAVIE COUNTY 261 S MAIN ST MOCKSVILLE, NC 27028	NONE	PC	CLIENT ASSISTANCE FOR HOUSING	10,000
BARIUM SPRINGS HOME FOR CHILDREN PO BOX 1 BARIUM SPRINGS,NC 28010	NONE	PC	GROWTH AND MAINTENANCE OF SERVICES/GROUP HOMES FOR AT RISK YOUTH	72,000
BIG BROTHER BIG SISTERS SERVICES INC 107 WESTDALE AVENUE WINSTONSALEM,NC 27101	NONE	NC- GOVERNMENT	BIG/LITTLE MATCHES	4,000
BREAD RIOT 1622 N MAIN STREET SALISBURY,NC 28144	NONE	PC	PART-TIME STAFF	5,000
CAPSTONE RECOVERY CENTER INC 418 WEST INNES STREET SALISBURY,NC 28144	NONE	PC	STRAIGHT PATHS FOR LIFE	7,500
CATAWBA COLLEGE 2300 WEST INNES STREET SALISBURY,NC 281442488	NONE	NC-SCHOOL	ANNUAL SCHOLARSHIPS	72,000
COMMUNITIES IN SCHOOLS OF ROWAN COUNTY 204 EAST INNES ST SUITE 240 SALISBURY,NC 28145	NONE	PC	VOLUNTEER PROGRAM	10,000
COMMUNITY CARE CLINIC - ROWAN COUNTY 315-G MOCKSVILLE AVE SALISBURY,NC 28144	NONE	PC	GENERAL OPERATING SUPPORT	35,000
DAVIDSON COLLEGE PO BOX 7175 OFFICE OF CORPORATE FOUNDATION RELATIONS DAVIDSON,NC 280357175	NONE	NC-SCHOOL	MARGARET C WOODSON SCHOLARSHIP	72,000
DAVIDSON COUNTY COMMUNITY COLLEGE FOUNDATION INC PO BOX 1287 LEXINGTON,NC 272931287	NONE	PC	MARGARET C WOODSON ENDOWMENT FUND	8,000
DAVIE COUNTY ARTS COUNCIL 622 N MAIN ST MOCKSVILLE,NC 27028	NONE	PC	ARTS IN EDUCATION	8,000
DAVIE COUNTY GOVERNMENT 123 SOUTH MAIN STREET MOCKSVILLE,NC 27028	NONE	NC- GOVERNMENT	BASIC OPERATING SUPPORT	15,000
DAVIE COUNTY HUMANE SOCIETY C/O MS JANE MCALLISTER 178 POPLAR STREET MOCKSVILLE,NC 27028	NONE	PC	ANIMAL-RELATED	15,000
DAVIE COUNTY PUBLIC LIBRARY 371 N MAIN ST MOCKSVILLE,NC 27028	NONE	NC- GOVERNMENT	EDUCATION	3,000
Total				899,772

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
DAVIE COUNTY SENIOR SERVICES 278 MERONEY ST MOCKSVILLE, NC 27028	NONE	NC- GOVERNMENT	CAREGIVER SUPPORT PROGRAM	6,000
DAVIE FAMILY YMCA 215 CEMETERY ST MOCKSVILLE, NC 27028	NONE	PC	ANNUAL GIVING CAMPAIGN	8,500
DRAGONFLY HOUSE CHILDREN'S ADVOCACY CENTER 161 E LEXINGTON ROAD MOCKSVILLE,NC 27028	NONE	PC	TRAUMA THERAPY PROGRAM	25,000
FAITHFUL FRIENDS ANIMAL SANCTUARY INC PO BOX 3097 SALISBURY,NC 281453097	NONE	PC	SANCTUARY VETERINARY EXPENSES	17,500
FAMILIES FIRST -NC INC PO BOX 459 ROCKWELL,NC 28138	NONE	PC	DROP-IN COURT CHILD CARE CENTER	10,400
FARMINGTON COMMUNITY ASSOCIATION INC 1723 FARMINGTON ROAD MOCKSVILLE,NC 27028	NONE	PC	GROWING A HEALTHIER FUTURE	5,000
FOOD FOR THOUGHT - ROWAN COUNTY 131 WEST COUNCIL STREET SALISBURY, NC 281444320	NONE	PC	2014-15 FOOD FOR THOUGHT PROGRAM	6,360
FOOTPRINTS IN THE COMMUNITY 1175 WALTON PLACE SALISBURY, NC 28146	NONE	PC	2014 SUMMER CAMP	3,000
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE,NC 28202	NONE	PC	NEED-BASED SCHOLARSHIPS	20,000
HABITAT FOR HUMANITY OF ROWAN COUNTY PO BOX 3356 SALISBURY,NC 281453356	NONE	PC	BUILDING LOTS PURCHASE	12,000
HAPPY'S FARM INC 985 PARKS ROAD SALISBURY,NC 28146	NONE	PC	IRON WORKS & 2014 SUMMER OF THE TEEPEE ENRICHMENT PROGRAM	4,000
HEALTHY CHILDREN OF ROWAN COUNTY INC PO BOX 962 SALISBURY, NC 28144	NONE	PC	GENERAL PRO GRAM SUPPORT	8,000
HOOD THEOLOGICAL SEMINARY 1810 LUTHERAN SYNOD DR SALISBURY,NC 28144	NONE	PC	FIRM FOUNDATION ANNUAL FUND DRIVE	25,000
HUMANE SOCIETY OF ROWAN COUNTY PO BOX 295 SALISBURY,NC 281450295	NONE	PC	COMMUNITY PET PROJECTS	10,000
LEE STREET THEATRE PO BOX 201 SALISBURY,NC 28145	NONE	PC	2014 CATAWBA COLLEGE SUMMER INTERNSHIP PROGRAM	2,000

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MARY BALDWIN COLLEGE PO BOX 1500	NONE	NC-SCHOOL	NEED-BASED SCHOLARSHIPS	53,000
STAUNTON, VA 244021500				
MEALS ON WHEELS OF ROWAN PO BOX 1914 SALISBURY, NC 281451914	NONE	PC	SUBSIDIZED MEALS	20,000
PARK AVENUE REDEVELOPMENT PO BOX 1972 SALISBURY,NC 28145	NONE	NC- GOVERNMENT	AFTERSCHOOL ENRICHMENT PROGRAM	1,166
PARTNERS IN LEARNING 204 EAST INNES ST SALISBURY, NC 28144	NONE	PC	CAPACITY BUILDING AND STAFF DEVELOPMENT	12,500
PIEDMONT PLAYERS THEATRE PO BOX 762 SALISBURY, NC 28145	NONE	PC	YOUTH THEATRE PROGRAM	7,500
POPS AT THE POST INC PO BOX 3241 SALISBURY, NC 281453241	NONE	PC	POPS AT THE POST 2014	3,500
PREVENT CHILD ABUSE ROWAN 130 WOODSON ST SALISBURY,NC 28144	NONE	PC	HIRING OF PART-TIME THERAPIST	25,000
RAPE CHILD & FAMILY ABUSE CRISIS COUNCIL 131 W COUNCIL ST SALISBURY, NC 28144	NONE	PC	BATTERED WOMEN'S SHELTER	40,000
ROWAN CABARRUS COMMUNITY COLLEGE FOUNDATION PO BOX 1595 SALISBURY, NC 281451595	NONE	PC	SCHOLARSHIPS & AWARDS	35,000
ROWAN COUNTY ASSOCIATION FOR RETARDED CITIZENS INC 1918 WINNES STREET SALISBURY, NC 28144	NONE	PC	SUMMER DAY PROGRAM	15,000
ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2325 NORTH MAIN STREET 102 SALISBURY,NC 28144	NONE	PC	ROWAN COUNTY CROSBY SCHOLARS 2014-15	15,000
ROWAN COUNTY PREGNANCY COUNSELING CENTER INC 202 NORTH MAIN STREET SALISBURY,NC 28144	NONE	PC	OVERALL MINISTRY SUPPORT FOR 2014	7,500
ROWAN COUNTY YMCA PO BOX 1575 SALISBURY,NC 28145	NONE	PC	WE BUILD PEOPLE PROGRAM	7,500
ROWAN HELPING MINISTRIES PO BOX 4026 SALISBURY, NC 281454026	NONE	PC	CRISIS ASSISTANCE NETWORK	45,000
3AL13B0K1,NC 281434020				

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ROWAN VOCATIONAL OPPORTUNITIES INC 2728 OLD CONCORD RD SALISBURY,NC 28146	NONE	NC- GOVERNMENT	COMPUTER SERVER REPLACEMENT PROJECT	25,000
ROWAN-SALISBURY SCHOOL SYSTEM PO BOX 2349 SALISBURY,NC 281452349	NONE	NC- GOVERNMENT	EXPERIENCING THE WORLD THROUGH DIGITAL LEARNING PROGRAM	15,346
SALISBURY ACADEMY 2210 JAKE ALEXANDER BOULEVARD SALISBURY,NC 281478965	NONE	NC-SCHOOL	SCHOLARSHIP FUND	5,000
SALISBURY-ROWAN SYMPHONY SOCIETY PO BOX 4264 SALISBURY,NC 281454264	NONE	PC	NORTH CAROLINA SYMPHONY CONCERTS	2,500
SMART START OF DAVIE CO 965 YADKINVILLE RD MOCKSVILLE,NC 27028	NONE	PC	IMAGINATION LIBRARY	5,000
ST LUKE'S EPISCOPAL CHURCH 131 WEST COUNCIL ST SALISBURY,NC 28144	NONE	NC-CHURCH	GLORY OF CHRISTMAS CONCERT	1,000
STOREHOUSE FOR JESUS PO BOX 216 MOCKSVILLE,NC 27028	NONE	PC	FEEDING THE POOR	20,000
STUDENTS IN TRAINING 514 SOUTH SALISBURY AVENUE SPENCER,NC 28159	NONE	PC	COMPUTERS IN THE COMMUNITY, AFTER SCHOOL AND SUMMER PROGRAM EXPANSION	7,500
WATERWORKS VISUAL ARTS CENTER 123 E LIBERTY ST SALISBURY,NC 28144	NONE	PC	5TH GRADE ARTSTOPS	4,000
WESTSIDE COMMUNITY FOUNDATION INC 719 SOUTH CALDWELL ST SALISBURY,NC 28144	NONE	PC	STEPPING-UP YOUTH EDUCATION	7,500
YOUNG LIFE MINISTRIES NATIONAL OFFICE PO BOX 520 COLORADO SPRINGS, CO 809010520	NONE	PC	WE BUILD PEOPLE PROGRAM	7,500
Total				899,772

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491134009615

OMB No 1545-0047

CIVID 110 1343-0047

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

2014

Employer identification number

MARG	ARET C WOODSON FO	UNDATION INC	56-6064938
Organ	ization type (check one		
Filers	of:	Section:	
Form 9	90 or 990-EZ	501(c)() (enter number) organization	
	J	4947(a)(1) nonexempt charitable trust not treated as a private foundation	I
	J	527 political organization	
Form 9	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
┍		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor Complete Parts I and II See instructions for determining a co	
Γ	under sections 509(a)(7 received from any one	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supp 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part contributor, during the year, total contributions of the greater of (1) \$5,000 or sorm 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total co	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ntributions of more than \$1,000 exclusively for religious, charitable, scientific, uelty to children or animals. Complete Parts I, II, and III	· · · · · · · · · · · · · · · · · · ·
Γ	during the year, contribution this box is checked, entipurpose Do not comple	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received utions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclute any of the parts unless the General Rule applies to this organization becall, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
MARGARET C WOODSON FOUNDATION INC

Employer identification number 56-6064938

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is nee	ded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET C WOODSON TRUST CO US TRUST COMPANY OF NY 114 WEST 47TH ST NEW YORK, NY 10036	\$1,014,877	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
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization
MARGARET C WOODSON FOUNDATION INC

Employer identification number
56-6064938

	45.3	(c)	
ko. m	(b)	FMV (or estimate)	(d)
ii t i	Description of noncash property given	(see instructions)	Date received
lo. n t I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		<u> </u>	
 bo. m t	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
lo. m t I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
lo. m	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
lo. m t I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u> </u>	

chedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization			Employer identification number
IARGAR	ET C WOODSON FOUNDATION INC			56-6064938
Part III	· · · · · · · · · · · · · · · · · · ·	om any one er the total of tructions)▶	contributor. Complete	ribed in section 501(c)(7), (8), or (10) columns (a) through (e) and the following line aritable, etc., contributions of \$1,000 or less for \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	, ,	Transfer of gift Relation	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e)	Transfer of gift	
	Transferee's name, address, and	ZIP 4	Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		Transfer of gift Relation	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c	Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		Transfer of gift Relation	ship of transferor to transferee

TY 2014 Other Expenses Schedule

Name: MARGARET C WOODSON FOUNDATION INC

EIN: 56-6064938

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	272	14		259
OFFICE EXPENSE	235	12		223
INSURANCE	966	48		918

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TY 2014 Other Professional Fees Schedule

Name: MARGARET C WOODSON FOUNDATION INC

EIN: 56-6064938

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEE	38,000	1,900		36,100