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## Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

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

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation <b>VICTORIA SUSAN SUTTON CHARITABLE TRUST</b>		A Employer identification number <b>56-6376395</b>
Number and street (or P O box number if mail is not delivered to street address) <b>101 N. TRYON STREET</b>	Room/suite <b>1240</b>	B Telephone number <b>704-375-3720</b>
City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28246</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 39,334.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	142,358.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	<1,665.>			STATEMENT 1
	b Gross sales price for all assets on line 6a	139,133.			
	7 Capital gain net income (from Part IV, line 2)		71,096.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	140,693.	71,096.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	4,675.	401.		0.
	b Accounting fees				
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 3	761.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses				
	24 Total operating and administrative expenses. Add lines 13 through 23	5,436.	401.		0.
	25 Contributions, gifts, grants paid	108,165.			108,165.
26 Total expenses and disbursements. Add lines 24 and 25	113,601.	401.		108,165.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	27,092.				
b Net investment income (if negative, enter -0-)		70,695.			
c Adjusted net income (if negative, enter -0-)			N/A		

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LHA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2014)

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2014.03040 VICTORIA SUSAN SUTTON CHAR 30012681

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year (a) Book Value	End of year (b) Book Value (c) Fair Market Value	
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations STMT 4	12,242.	39,334.	39,334.
	b Investments - corporate stock			
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment basis ▶		
Less accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		12,242.	39,334.	39,334.
17 Accounts payable and accrued expenses				
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	12,242.	39,334.	
30 Total net assets or fund balances	12,242.	39,334.		
31 Total liabilities and net assets/fund balances	12,242.	39,334.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	12,242.
2 Enter amount from Part I, line 27a	2	27,092.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	39,334.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	39,334.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICALLY TRADED SECURITIES</b>				
<b>b PUBLICALLY TRADED SECURITIES</b>				
<b>c PUBLICALLY TRADED SECURITIES</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 36,143.		17,217.	18,926.
<b>b</b> 58,858.		30,175.	28,683.
<b>c</b> 44,132.		20,645.	23,487.
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			18,926.
<b>b</b>			28,683.
<b>c</b>			23,487.
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	<b>2</b>	71,096.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	102,714.	41,672.	2.464821
2012			
2011			
2010			
2009			

<b>2</b> Total of line 1, column (d)	<b>2</b>	2.464821
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	2.464821
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	<b>4</b>	5,153.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	12,701.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	707.
<b>7</b> Add lines 5 and 6	<b>7</b>	13,408.
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	108,165.

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	707.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> 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 enter -0-)		2	0.
3 Add lines 1 and 2		3	707.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	707.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	150.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	150.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	13.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	570.	
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 <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
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? If "Yes," attach a detailed description of the activities	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	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	X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>NC</u>		
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	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X

N/A

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► GRIER FURR & CRISP, PA Telephone no. ► 704-375-3720 Located at ► 101 N. TRYON STREET, SUITE 1240, CHARLOTTE, NC ZIP+4 ► 28246			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ►	16	Yes	No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4947(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	X
<b>2</b> 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)):		
<b>a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
<b>b</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.) N/A	2b	
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</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	X

Form 990-PF (2014)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ 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 ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

X

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(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
SEE STATEMENT 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2014)

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	N/A	
2		
3		
4		

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
3	All other program-related investments. See instructions.	
Total. Add lines 1 through 3		0.

Form 990-PF (2014)



**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	5,231.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,231.
e	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	5,231.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	78.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,153.
6	Minimum investment return. Enter 5% of line 5	6	258.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	258.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	707.
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	707.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

**Part XII****Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	108,165.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	108,165.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	707.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,458.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009	104,564.			
b From 2010	102,975.			
c From 2011	70,018.			
d From 2012	95,488.			
e From 2013	101,229.			
f Total of lines 3a through e	474,274.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$	108,165.			
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				0.
e Remaining amount distributed out of corpus	108,165.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	582,439.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	104,564.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	477,875.			
10 Analysis of line 9:				
a Excess from 2010	102,975.			
b Excess from 2011	70,018.			
c Excess from 2012	95,488.			
d Excess from 2013	101,229.			
e Excess from 2014	108,165.			



**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CAROLINA HEALTHCARE FOUNDATION 1221 E MOREHEAD ST CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	21,000.
CLEMSON UNIVERSITY G01 SIKES HALL, BOX 345123 CLEMSON, SC 29634-5123	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	18,248.
COMMUNITY SCHOOL OF THE ARTS 345 N. COLLEGE STREET, SUITE 413 CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	500.
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	39,500.
UNITED WAY OF CENTRAL CAROLINAS 301 SOUTH BREVARD STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	12,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	108,165.
b Approved for future payment				
NC WILDLIFE FEDERATION 2155 MCCLINTOCK ROAD CHARLOTTE, NC 28205	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	1,500.
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	13,500.
UNIVERSITY OF GEORGIA, OFFICE OF STUDENT FINANCIAL AID 220 HOLMES/HUNT ACADEMIC BUILDING ATHENS, GA 30602-6114	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	5,579.
Total			▶ 3b	20,579.

Form 990-PF (2014)



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

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



[illegible]

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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


 5/15/15  TRUSTEE/CHAIR

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr. 7)?

☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
CATHY TRIBBETT		05/13/15		P00967565
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶ 56-0747981	
Firm's address ▶ 6525 MORRISON BLVD., STE 500 CHARLOTTE, NC 28211			Phone no. 704-367-7020	



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No 1545-0047

**2014**

Name of the organization

Employer identification number

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

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 foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)**



Name of organization

Employer identification number

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VICTORIA SUSAN SUTTON 520 N. CHURCH STREET CHARLOTTE, NC 28202	\$ 142,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	715 SHARES OF EUROPACIFIC GROWTH FUND	\$ 36,072.	07/23/14
1	1253.102 SHARES OF AMERICAN EUROPACIFIC GROWTH FUND	\$ 59,698.	12/16/14
1	978.66 SHARES OF AMERICAN FUNDS GROWTH FUND OF AMERICA	\$ 45,028.	12/16/14
		\$	
		\$	
		\$	

Name of organization

Employer identification number

## VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICALLY TRADED SECURITIES			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.
(F) GAIN OR LOSS			
36,143.	36,072.	0.	0.
			71.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICALLY TRADED SECURITIES			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.
(F) GAIN OR LOSS			
58,858.	59,698.	0.	0.
			<840.>

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
PUBLICALLY TRADED SECURITIES			
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.
(F) GAIN OR LOSS			
44,132.	45,028.	0.	0.
			<896.>

CAPITAL GAINS DIVIDENDS FROM PART IV 0.

TOTAL TO FORM 990-PF, PART I, LINE 6A <1,665.>

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FORM 990-PF	LEGAL FEES	STATEMENT	2
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY'S ADVISORY FEES	2,675.	401.		0.
ACCOUNTING FEES	2,000.	0.		0.
TO FM 990-PF, PG 1, LN 16A	4,675.	401.		0.

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FORM 990-PF	TAXES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NET INVESTMENT INCOME				
EXCISE TAX	761.	0.		0.
TO FORM 990-PF, PG 1, LN 18	761.	0.		0.

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FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS	STATEMENT	4
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DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
EVERGREEN US GOVERNMENT MONEY MARKET FUND	X		39,334.	39,334.
TOTAL U.S. GOVERNMENT OBLIGATIONS			39,334.	39,334.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			39,334.	39,334.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
VICTORIA SUSAN SUTTON 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE/CHAIR 0.00	0.	0. 0.
CHARLES DAVIS BING 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE 0.00	0.	0. 0.
ELIZABETH SUTTON SPRATT 1920 SUTTONVIEW ROAD FORT MILL, SC 29715	TRUSTEE/SECRETARY 0.00	0.	0. 0.
CATHERINE SUTTON BRYANT 101 LOCH BEND LANE CARY, NC 27518	TRUSTEE 0.00	0.	0. 0.
KATHRYN LYNN RIDGE 19610 WEAVER'S RIDGE HUNTERSVILLE, NC 28078	TRUSTEE/VICE CHAIRMAN 0.00	0.	0. 0.
J. CAMERON FURR, JR. 101 N. TRYON STREET, STE 1240 CHARLOTTE, NC 28246	ASSISTANT SECRETARY 0.00	0.	0. 0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0. 0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FORT MILL HIGH SCHOOL, ATTN: MS. PETERS, GUIDANCE  
225 MUNN ROAD  
FORT MILL, SC 29715

TELEPHONE NUMBER

803-548-8235

NAME OF GRANT PROGRAM

THE DOTTIE KIRKLEY WEAVER SCHOLARSHIP (SEE ATTACHED)

EMAIL ADDRESS

PETERSC@FORT-MILL-K12.SC.US

FORM AND CONTENT OF APPLICATIONS

PAPER APPLICATION, INCLUDING HIGH SCHOOL TRANSCRIPT, TEACHER RECOMMENDATION  
FORMS, AND COACH RECOMMENDATION FORM (SEE ATTACHED)

ANY SUBMISSION DEADLINES

APRIL 15

RESTRICTIONS AND LIMITATIONS ON AWARDS

TO BE ELIGIBLE, STUDENTS MUST BE A FEMALE GRADUATING SENIOR OF FORT MILL  
HIGH SCHOOL, HARDING UNIVERSITY HIGH SCHOOL, OR GARINGER HIGH SCHOOL; HAVE  
PARTICIPATED IN A SPORT FOR AT LEAST ONE SEMESTER; HAVE BEEN ACCEPTED TO AN  
ACCREDITED TWO- OR FOUR-YEAR COLLEGE/UNIVERSITY; AND HAVE MAINTAINED AT  
LEAST A 2.5 GPA THROUGH THE FIRST SEMESTER OF HER HIGH SCHOOL SENIOR YEAR.

Victoria Susan Sutton Charitable Trust  
EIN 20-5854617  
2014 990-PF  
Attachment

# **The Dottie Kirkley Weaver Scholarship**



# **The Dottie Kirkley Weaver Scholarship**

## **Information**

The Dottie Kirkley Weaver Scholarship was established in 1999 by the Victoria Susan Sutton Charitable Trust. Mrs. Weaver grew up near Garinger High in Charlotte, NC, attended Harding High School and served as women's basketball coach of Fort Mill High School during the late 1960's and early 1970's, instilling in her players a strong sense of honesty, equality and fair play. All whose lives she touched came away richer, having received the invaluable gift of a kind and devoted mentor.

Vicki Sutton established the Weaver Scholarship on behalf of all those who had the privilege of a knowing Dottie Kirkley Weaver. Ms. Sutton believes that the scholarship is an apt way to remember a special teacher, coach and friend while affording deserving female athletes from Harding University, Fort Mill and Garinger High Schools the opportunity to continue their education.

### **Eligibility**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at one of these three high schools for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

### **Nature of the Award**

One scholarship will be awarded each academic year. The scholarship may be awarded to a graduating senior at Fort Mill, Harding University High School or Garinger High School, in the discretion of the Trust. The amount of the scholarship will equal Seven Thousand Dollars (\$7,000.00) per school year, payable in two installments of Three Thousand Five Hundred Dollars (\$3,500.00), with one installment paid in August and one installment paid in December. The award will be paid directly to the educational institution on the recipient's behalf. A recipient may receive the scholarship for up to four years of study so long as she remains a full-time student and maintains a grade point average of at least 2.5 for each academic year. A recipient shall provide to the Trust an official transcript prior to each annual renewal.

## **Selection Process and Criteria**

A committee at each school, composed of one teacher, one representative from the athletic department, and one guidance counselor will review each application and will select the top three candidates from their school's pool of applicants. These top candidates' applications will then be sent to an annually-designated member of the Victoria S Sutton Charitable Trust. The Board of the Victoria Susan Sutton Charitable Trust then may elect to interview the top three candidates. After their review, the Board will select the recipient.

In making its decision, the committee and the Board will consider the following:

- (a) the applicant's role as a leader in athletic programs at their high school, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

Applicants are asked to indicate on the application form whether they have applied, or intend to apply, for (or received) any similar scholarships. The selection committee reserves the right to abate the Weaver scholarship if a Weaver Scholar is the beneficiary of other significant scholarships, awards or prizes.

## **Application Process**

Application packets are available in the guidance office. They should be completed and submitted to the guidance office no later than April 15. The Dottie Kirkley Weaver Scholar will be selected by and announced by May 31.

In addition to completing the attached scholarship application form, applicants should submit a high school transcript. Applicants also should ensure that their recommendation forms are submitted before the deadline by their chosen coach and teacher.

# The Dottie Kirkley Weaver Scholarship

## Application Form

*(Please type or print using black ink.)*

### **Personal Information**

Name *(last)* \_\_\_\_\_ *(first)* \_\_\_\_\_ *(middle)* \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth date \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Occupation \_\_\_\_\_

### **School Information**

#### **Name of School**

Grade Point Average \_\_\_\_\_ Class Rank (%) \_\_\_\_\_ SAT score \_\_\_\_\_

#### ***Sports Activities and Awards*** *(Attach additional sheets if necessary.)*

— Please list those sports activities in which you have participated, the years in which you participated, and whether or not you lettered in the sport.

\_ Please list the awards you have received for participating in sports activities, including awards you received for pre-high school sports activities.

***Other School Activities and Awards*** *(Attach additional sheets if necessary.)*

\_ Please list (in order of importance to you) your high school activities, such as participation in school clubs, and any leadership positions you held.

***Activities Outside of School*** *(Attach additional sheets if necessary.)*

Do you currently have a job?                      Yes                      No

If so, who is your current employer? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

\_ Please list (in order of importance to you) your involvement in extracurricular activities *outside* of school, such as community and volunteer organizations and church.

\_ How did you spend your last summer break?

## Your Plans After Graduating from High School

What school will you be attending?

Name \_\_\_\_\_

Address \_\_\_\_\_

Month/Year you will begin attendance \_\_\_\_\_

Will you attend full-time? Yes No

Please list the occupations or professions you are considering. You may indicate more than one career interest, or specify "undecided" if you are uncertain at this time.

## Financial Information

What is your total annual income before taxes? NOTE: If you are *not* financially independent, please indicate your *family's* combined annual income before taxes.

→ Less than \$30,000  
→ \$30,001 to \$40,000  
→ \$40,001 to \$50,000  
→ \$50,001 to \$60,000  
→ \$60,001 to \$70,000

→ \$70,001 to \$80,000  
→ \$80,001 to \$90,000  
→ \$90,001 to \$100,000  
→ More than \$100,000

How many family members are supported by the annual income indicated above? \_\_\_\_\_

How many of these family members are currently in college? \_\_\_\_\_

If you would like to include any additional information which would further illustrate your financial need, please do so in the space below. Please be specific.

Have you been awarded, or do you plan to apply for, any other scholarships or financial aid?

Yes No

If so, please indicate below the sources of the assistance you have been awarded or are applying for, and in what amounts. Please indicate whether or not you have received the assistance, and, if you have not yet received the assistance, when you expect to hear whether or not you will receive such assistance.

## Short Essays

\_ In the space provided below, please describe your most significant involvement in a sports activity during high school. What did you learn from this experience? How did your participation influence others?

\_ In the space provided below, please describe the person who has had the most significant impact on your life, and explain why.

## References

Please give the attached comment sheets to one coach and one teacher (other than a coach) who know you well and who can provide information about you which will help the selection committee in its award decision.

In addition, please list below three references **from outside of your high school**. Examples include employers, leaders of civic groups, coaches from sports leagues outside of your high school, ministers, etc. Your references should know you well and should be willing to talk with the selection committee about you and about how they know you.

(1)    Name  
Address  
Telephone: (    )

(2)    Name  
Address  
Telephone: (    )

(3)    Name  
Address  
Telephone: (    )

I certify that, to the best of my knowledge, the **financial** information set out above is correct and complete.

Signature Date  
(To be signed by Parent or Guardian, or by Applicant if Applicant is financially independent)

I certify that, to the best of my knowledge, all the information contained in this application and its attachments is correct and complete. I agree that the selection committee has my permission to verify it.

Signature Date  
(To be signed by Applicant)

# **The Dottie Kirkley Weaver Scholarship**

## **Teacher Recommendation Form**

Note: This form should be completed by a teacher who is not a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at Fort Mill High School, Harding University High School or Garinger High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at the applicants' high school, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.



I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship. In my opinion, this applicant is fully qualified for the reasons stated below. (You may use the space below, or attach additional sheets. Please make the selection committee aware of any special or unique circumstances that should be considered in evaluating this applicant's record and potential. Remember that written comments will be received in confidence and will be used only in the selection process.)

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Signature

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Name (type or print)

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Title

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Date

# **The Dottie Kirkley Weaver Scholarship**

## **Coach Recommendation Form**

Note: This form should be completed by a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at Fort Mill School, Harding University High School or Garinger High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at Fort Mill High School, Harding University or Garinger High School, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship.  
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Signature

Name (type or print)

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Title

Date