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Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **2014** 

Open to Public Inspection

Department of the Treasu

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

A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15    Access drange	Inte		enue Service	Information about Form 990-EZ and its instructions is at www.ii	rs.gov/form9	90.		L		
Cabarrus 4-H Poundation, Inc.   58-1775850	Α	For the	2014 caleng	lar year, or tax year beginning $07/01/14$ , and ending $06/30/1$	15					
Cabarxus 4 - H. Foundation, Inc.   58-1775850	В	Check if a	applicable	C Name of organization		D	Emplo	oyer identification number		
International manufacture of the control of the		Address o	change			ł	,			
PO Box 387   Total returnheemstated   PO Box 387   Total of times, alter or previous, country, and ZIP or trough pocial code   NC 28025 − 0.387   F Group Exemption   NC 28	П	Name cha	ange	Cabarrus 4-H Foundation, Inc.			58	-17 <u>7585</u> 0		
Appendix regime   Concord   Concor	П	Initial retu	ım	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	Ε	Teleph	none number		
Application pending   Concord   Cash   X   Accrual Other (specify)	П	Final retu	rn/terminated	PO Box 387			704	4-920-3310		
G Accounting Method	П	Amended	return	City or town, state or province, country, and ZIP or foreign postal code		F	Group	Exemption		
Website: N/A   Tax-exempt status (check only one)   X   501(c)(3)   501(c)   4 (insert no.)   4947(a)(1) or   527   (Form 990, 990-EZ, or 990-PF)	П	Application	on pending	Concord NC 28026-0387						
Website: N/A   Tax-exempt status (check only one)   X   501(c)(3)   501(c)   4 (insert no.)   4947(a)(1) or   527   (Form 990, 990-EZ, or 990-PF)	G	Accoun	nting Method	Cash X Accrual Other (specify) ▶	Н	Check	• X	if the organization is not		
Tax-exement status (check only one)	ı									
K Form of organization   X  Corporation   Trust   Association   Other	J			neck only one) — X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or						
L Add lines 5b, 6c, and 7b to line 8 to determine gross racepts if gross recepts are \$200,000 or more, or if total assets    Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	K				•	,	•			
(Part IL, column (B) below) are \$500,000 or more, file Form 900 instead of Form 900-EZ   Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)			•		sets					
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I  1 Check if the organization used Schedule O to respond to any question in this Part I  2 Program service revenue including government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Garming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Cross income from gaming quantifications of the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross income and contribute of exceeds \$15,000 or through the sum of such gross sales of inventory, less returns and subtract line 6c)  7 a Gross sales of inventory, less returns and subtractions of the exceeds \$15,000 or through the sum of such gross sales of inventory, less returns and subtractions of the exceeds \$15,000 or through the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory, less returns and subtractions of the sum of such gross sales of inventory less returns and s							<b>▶</b> \$	18,956		
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16 13,323 17 14,181 18 2,775 19 253,298 20 21 253,298	xpe	14					14			
17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  17 14, 181  4, 775  18 253, 298  25 20 Other changes in net assets or fund balances (explain in Schedule O)  20 258, 073	ú	15	Printing, pub	lications, postage, and shipping		15	<del></del>			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 258,073		16	Other expen	ses (describe in Schedule O)		16				
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  19	_	17	Total expen	ses. Add lines 10 through 16		<u> </u>	17			
21 Net assets or fund balances at end of year Combine lines 18 through 20	w	18					18	4,775		
21 Net assets or fund balances at end of year Combine lines 18 through 20	set	19								
21 Net assets or fund balances at end of year Combine lines 18 through 20	AS		end-of-year	figure reported on prior year's return)			19	253,298		
21 Net assets or fund balances at end of year Combine lines 18 through 20	é	20	Other chang	es in net assets or fund balances (explain in Schedule O)						
	_						21			

Form 990-FZ (2014)

58-1775850

Part II Balance Sheets (see the instructions for Part II)  $[\mathbf{X}]$ Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 248,353 252,023 22 22 Cash, savings, and investments 0 23 Land and buildings 23 6,050 4,945 24 Other assets (describe in Schedule O) 24 253,298 258,073 25 Total assets 25 0 26 Total liabilities (describe in Schedule O) 26 253,298 258 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III Expenses What is the organization's primary exempt purpose? (Required for section SUPPORT EDUCATION IN CABARRUS COUNTY 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) persons benefited, and other relevant information for each program title See Schedule O 11,686 (Grants \$ ) If this amount includes foreign grants, check here 28a 29 If this amount includes foreign grants, check here 292 (Grants \$ 30 30a ) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 32 ,686 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (e) Estimated amount of (a) Name and title hours per week benefit plans, and deferred compensation other compensation devoted to position (if not paid, enter -0-) Phillip McAuley President 0.00 Leslie M Cook 0 0.00 0 V. President Judy Furr 0.00 0 Treasurer Anita Haynes Secretary 0.00 0 0 Jean Thomas DIRECTOR 0.00 0 Joann Lowder DIRECTOR 0.00 0 0 Lynn Lowder McAuley DIRECTOR 0.00 0 0 0 Victoria Porter DIRECTOR 0 0 0 0.00 Denise H Cooper DIRECTOR 0.00 0 0 0 Kim Law 0 0 0 Director 0.00 Alisa Wickliff 0 0 Director 0.00 0 All non-paid board 0 0.00 0

Cabarrus 4-H Foundation, Inc. 58-1775850

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Pa	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37Ь		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes." complete Schedule L, Part II and enter the total amount involved [38b]			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	7		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
·	on organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958			
Ы	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	1		
-	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed  None			
42a	The organization's books are in care of ▶ Judy Furr  Telephone no ▶ 70	4-92	0-3	31
	P.O. BOX 387			
	Located at ▶ concord NC ZIP + 4 ▶ 28	026-	038	7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶[
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44a	<u> </u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	_
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u></u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	1		l
	Form 990-EZ (see instructions)	45b	1	X
DAA		orm <b>9</b> 9	0-EZ	

Form	990-EZ (2014	Cabar	rus 4-H	Foundat:	ion,	Inc.		58-17	75850			F	age 4
46	•	anızatıon engage,	directly or indi	rectly, in political	campaig		s on beh					Yes	No
_		es for public office			C, Part I						46		X
Pa	A 5	ection 501(c) Il section 501(c) 0 and 51. Theck if the orga	)(3) organiza	tions must ansv	•				•	tables for li	nes		
47	Did the area		n labbuna aat	uutaa ar baya a s	nation E	01/h) alaa	tion in of	foot during the t				Yes	No
47	year? If "Ye	anization engage i s," complete Scho	edule C, Part I	ŀ					- -		47		X
48	-	ization a school a		, , ,							48		X
49a	_	anization make ar s the related orga	-			related or	ganızatı	ou.			49a 49b		
50		ns table for the or		_		mplovees	(other t	nan officers, dire	ectors, truste	es and kev	400		<u> </u>
00	•	who each receive	-	•									
		(a) Name and title o			(b) A hours p	verage per week to position	(c)	Reportable mpensation W-2/1099-MISC)	(d) Healt contributions benefit p	h benefits, s to employee plans, and ompensation	(e) Estimate other com		
No	one	-											
			<u> </u>										
		<del></del>		· · · -									<del></del>
f	Total numb	er of other employ	ees paid over	\$100,000				<b></b>		_			
51		nis table for the or						ctors who each	received mo	ore than			
		f compensation from Name and business				ter mone		<b>(b)</b> Typ	e of service		(c) Compe	nsatior	1
No	ne										<u> </u>		
											<u> </u>		
					-								
	<del></del>									-			
	Total numb	er of other indepe	ndent contrac	tors each receivir	ng over \$	100.000	•						
52		anızatıon complet					ations m	ust attach a			X Yes		No
	r penalties of p	perjury, I declare that											
true,	correct, and co	omplete Declaration	of preparer (ot	her than officer) is t	pased on a	all informati	on of whi	ch preparer has ai	ny knowledge				
Sigi	,   <b>)</b>	Signature of officer	mly -	m D	W.	<b>/</b>	Pa	sident D	ate //-	12-201	13	-	
Her	e	Type or print name an	d title	///c H	vicy		186.	S/OFN'	//-	1000			
		Type preparer's name		Pu	eparer's sign	nature	(1/)		Date	Check			
Paid	Dau	ska Keeter, (		Coot or f	žňa	Mal	LIJU	MK U	11/	9/15 self-e		65837	
	`~-!   <u> </u>	s address > 32		le Market		ve NV	V Sui	te 110	··	Firm's EIN	56-17		
May	the IBS disc	cuss this return wi	oncord,			uctions		<del>-</del>	<del></del>	Phone no 7	04-786 ▶ 1 Y	es	No
uy		rotuin Wi	p. sparo	3							Form 99		

**SCHEDULE A** (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

			<u>Cabarrus 4-I</u>	H Foundation,	Inc.		58-177	5850	
P	art I	Reas	on for Public Charity	Status (All organization	ons must co	mplete	this part.) See instruction	ns.	
Γhe	orga	nızatıon ıs not	a private foundation becau	se it is (For lines 1 through	11, check only	one box	)	- "	
1	Ĭ			sociation of churches describ					
2	H		•	(A)(ii). (Attach Schedule E.)			. N. N.		
3	H			ice organization described in	section 170	'h)(1)(Δ)(	iii)		
4	H	•	•	•			n 170(b)(1)(A)(iii). Enter the h	nenital'e namo	
7	Ш		•	d in conjunction with a nosp	ital described	III SECTIO	in Pro(b)(T)(A)(iii). Enter the in	ospitai s Hairie,	
_	$\Gamma$	city, and state		-f		ے ہیںا است			
5					ned or operate	ed by a g	overnmental unit described in		
_		•	(b)(1)(A)(iv). (Complete Par	•					
6	$\square$		•	governmental unit described			• • •		
7	Ш	•	•		ort from a gove	rnmental	unit or from the general public		
			section 170(b)(1)(A)(vi). (0	•					
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete	Part II.)				
9		An organizati	ion that normally receives	1) more than 33 1/3% of its	support from (	contribution	ons, membership fees, and gro	oss	
		receipts from	activities related to its exer	mpt functions—subject to ce	rtaın exceptioi	ns, and (2	2) no more than 33 1/3% of its		
			•	nd unrelated business taxab	•		•		
	_	acquired by t	the organization after June 3	30, 1975 See <b>section 509(</b> a	a)(2). (Complet	te Part III	)		
10		An organizati	ion organized and operated	exclusively to test for public	safety Sees	ection 50	09(a)(4).		
11	X	An organizati	ion organized and operated	exclusively for the benefit of	f, to perform th	ne functio	ns of, or to carry out the purpo:	ses of	
		one or more	publicly supported organiza	tions described in section 5	<b>09(a)(1)</b> or se	ction 509	9(a)(2). See section 509(a)(3).	Check	
		the box in line	es 11a through 11d that des	scribes the type of supporting	g organization	and com	plete lines 11e, 11f, and 11g		
а	$\mathbf{X}$	Type I. A sup	pporting organization operat	ed, supervised, or controlled	d by its suppor	ted orgar	nization(s), typically by giving		
		the supported	d organization(s) the power	to regularly appoint or elect	a majority of t	he directo	ors or trustees of the supporting	9	
		organization	You must complete Part	IV, Sections A and B.					
b		Type II. A su	ipporting organization supei	vised or controlled in conne	ction with its s	upported	organization(s), by having		
		control or ma	anagement of the supporting	organization vested in the	same persons	that cont	rol or manage the supported		
		organization(	(s) You must complete Pa	rt IV, Sections A and C.					
С		Type III func	ctionally integrated. A supp	oorting organization operated	d in connection	n with, an	d functionally integrated with,		
		its supported	l organization(s) (see instru	ctions) You must complete	Part IV, Sect	ions A, C	D, and E.		
d		Type III non-	-functionally integrated. A	supporting organization ope	erated in conn	ection wit	h its supported organization(s)		
	_						irement and an attentiveness		
		requirement (	(see instructions) You mus	st complete Part IV, Sectio	ns A and D, a	nd Part \	<b>v</b> .		
е		Check this bo	ox if the organization receiv	ed a written determination fr	om the IRS th	atıtıs a 7	Type I, Type II, Type III		
			<u>-</u>	inctionally integrated suppor					
f	Ent	•	r of supported organizations		3 0				ī
a			wing information about the s						_
(	ı) Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1-9	listed in you	ır governing	support (see	other support (see	
				above or IRC section (see instructions))	docur	nent <sup>7</sup>	instructions)	instructions)	
				(see mstructions))	Yes	No			
(A)	4 -	H CLUBS	OPERATED BY	NC COOPERATIVE	E EXTEN	SION-	CABARRUS		_
				6	x			(	0
(B)									
(C)									_
(D)									
									_
(E)									
								<del></del>	_
<b>.</b> .									
Tota	11		1	<u> </u>	L.				

Schedule A (Form 990 or 990-EZ) 2014 Cabarrus 4-H Foundation, Inc. 58-1775850 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total

1	Amounts from line 4				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				
9	Net income from unrelated business activities, whether or not the business is regularly carried on				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				
11	Total support. Add lines 7 through 10				
12	Gross receipts from related activities, etc.	(see instructions)		12	

#### organization, check this box and stop here Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	9/
15	Public support percentage from 2013 Schedule A. Part II. line 14	15	%

33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,

check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2014

13

Schedule A (Form 990 or 990-EZ) 2014 Cabarrus 4-H Foundation, Inc.

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	<u> </u>		· · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			:				
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from							
500	tion B. Total Support		1					<del></del>
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
9	Amounts from line 6	( <u>u</u> ) 2010	(2) = 2 · ·	(5) = 5.1	(-,	(-/		( )
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					!		
С	Add lines 10a and 10b							<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	st, second, third, f	ourth, or fifth tax ye	ar as a section 50	1(c)(3)		<b>&gt;</b>
Sec	tion C. Computation of Public Su	pport Percer	ntage					
15	Public support percentage for 2014 (line 8			mn (f))			15	%
16	Public support percentage from 2013 Sch			<del>.</del>			16	%
	ction D. Computation of Investme			0 1 (0)	<del></del>	· I	4-	61
17	Investment income percentage for 2014 (I			3, column (t))		-	17	<u>%</u> %
18	Investment income percentage from 2013 33 1/3% support tests—2014. If the orga			na 14 and line 15 in	more than 33 1/6	L % and line	18	<del>%</del>
19a	17 is not more than 33 1/3%, check this be							▶ []
ь	33 1/3% support tests—2013. If the orga						ınd	٠ ـ ـ
~	line 18 is not more than 33 1/3%, check th							▶ □
20	Private foundation. If the organization did		=					<b>b</b>

#### **Supporting Organizations** Part IV

`(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	A. All	Supporting	<b>Organizations</b>
-----------	--------	------------	----------------------

1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		Ψ,	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	Х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			v
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	25		x
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	26		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	20		
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	40		х
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		72
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		
	despite being controlled or supervised by or in connection with its supported organizations	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination		*	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
٠.	purposes	140		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		* *	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		х
L	was accomplished (such as by amendment to the organizing document)	Ja		- 41
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
_	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	-		<u> </u>
7	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	· ·		
U	If "Yes," complete Part I of Schedule L (Form 990)	8		x
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>		
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ļ
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		x
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
٠	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		x
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		-	
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	X
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)		<u> </u>	T==
ıva	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		х
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.54	<del>                                     </del>	T
U	determine whether the organization had excess business holdings in the tax year (ose schedule 3, 1 om 4720, to	10b		

=	0	- 1	7	7	F	o	5	1
_	$\boldsymbol{a}$	_	•	•	7	n		Ł

Page 5

Yes   No.	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly comfost, either alone or fogether with persons described in (b) and (c) blook, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 38% controlled mithy of a person described in (a) at (b) at 20 cm.  c A 38% controlled mithy of a person described in (a) at (b) at 20 cm.  b Dd the directors, husdress, or memberath pof or or or more supported organizations have the power to regularly apport or elect at least a majority of the organizations directly organizations, supported organizations and the supported organizations of services or instances at all times during the lax year? If the 3 describe his provided the organizations of services or instances and the controlled the organizations and what conditions or restrictions. If any, applied to such powers during the tax year and what conditions or restrictions. If any, applied to such powers during the tax year and what conditions or restrictions. If any, applied to such powers during the tax year organizations and what conditions or restrictions. If any, applied to such powers during the tax year organizations and what conditions or restrictions. If any, applied to such powers during the tax year and organizations and what conditions or restrictions. If any, applied to such powers during the tax year and the providing such benefit claimed out the purposes of the supported organization (b) that operated, applied to controlled the supporting organizations or rustees of each of the organizations supported organizations or rustees of each of the organizations supported organizations and the supported organizations or rustees of each of the organizations supported organizations and any applied to power during the tax year (s) and the power during the power during the tax year (s) and the power during		•	$\Box$	Yes	No
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below, the governing body of a supported organization?  b A family member of a person described in (a) body?  c. A 35% controlled entity of a person described in (a) body?  c. A 35% controlled entity of a person described in (a) to (b) above? If "Yes" to a, b, or c, provide detail in Part VI,  Section B. Type I Supporting Organizations  1 Did the directors, fundates, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organizations of controlled the organizations are unapported organizations.  1 Did the directors, fundates, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organization or electron or vitables at least at least an import of the organization or electron or vitables at least an emporty of the organization or electron or vitables and organization, organization or the supported organization or the thin the supported organization or management of the supported organizations or trustees of each of the organizations of directors or trustees of each of the organizations or trustees of each of the organization or the supported organizations or the same persons that controlled or managed the supported organizations or the same persons that controlled or managed the supported organizations or the same persons that controlled or managed the supported organizations or the same persons that controlled or managed the supported organizations or the supported organizations or the supported organiza	а			1	
b A family member of a person described in (a) above?  c. A 35% controlled entity of a special registers of the second second and (a) or (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  11b X  5. Exction B. Type I Supporting Organizations  1 Dd the directors, insulates, or membroship of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations develors of triusless at all times during the taxy area? If "No." describe have the power at other carea or controlled the organization's achieves if the organization of electricity operated, supervised, or controlled the organization's achieves if the organization and more than one supported organization, describe how the powers to appoint and/or enzower develors or trustees were ellicosate among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year if any organization provided the supported organization of the restriction of the benefit of any applied to such powers during the tax year any organization provided organization of the purposes of the supported organization of the purposes of the supported organization of the supported organization of the purposes of the supported organization or trustees of acids of the organization is supported organization of the supported organization or trustees of acids of the organization is supported organization or trustees of acids of the organization is supported organization or trustees of acids of the supported organization is the supported organization organization organization is supported organization is the supported organization organization organization is supported organization is supported organization organization org		·	11a		
c. A 5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  X Section B. Type I Supporting Organizations  1 Did the directors, tustless, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majerny of the organization street decreases at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization about the organization has direct the organization of the decrease of the organization of the organization of the decrease of the organization of the organization of the decrease of the organization of the decrease of the organization of the decrease of the organization of the organization was vested in the same persons that controlled or managed the supported organization or the decrease of the organization or the organization or the decrease of the organization or the organization or the decrease of the organization or the organization or the decrease of the organization or the organization	ь		11b		X
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0	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6		_
7	Check here if the current year is the organization's first as a non-functionally-integrated T	ype III	supporting organization (see	е
	instructions)			

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3
Income tax imposed in prior year

3

<u>rai</u>		Supporting Organiza	tions (continued)	<u></u>	
Secti	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exempt purpo				
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations			
4	Amounts paid to acquire exempt-use assets		•		
5	Qualified set-aside amounts (prior IRS approval required)		_		
6	6 Other distributions (describe in Part VI) See instructions				
7	7 Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014	
1	Distributable amount for 2014 from Section C, line 6		<del></del>		
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)		_		
3	Excess distributions carryover, if any, to 2014				
а	10 To			:	
b	The state of the s				
С	- Inc. to a control of the control o				
d					
e	From 2013		****		
f	Total of lines 3a through e			**	
g	Applied to underdistributions of prior years		·		
h	Applied to 2014 distributable amount		·		
<u>i</u>	Carryover from 2009 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2014 from Section				
	D, line 7 \$				
а	Applied to underdistributions of prior years				
b	Applied to 2014 distributable amount			<del> </del>	
С	Remainder Subtract lines 4a and 4b from 4		<u> </u>		
5	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions)				
6	Remaining underdistributions for 2014 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)				
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c				
88	Breakdown of line 7				
а					
b					
С					
d	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Cabarrus 4-H Foundation, Inc.

58-1775850

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions.)

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Inspection

Name of the organization

Cabarrus 4-H Foundation, Inc.

Employer identification number 58-1775850

Form 990-EZ, Part I, Line 16	- Other Exp	penses		
Description Amount				
Expenses				
Fiduciary Fees	\$	1,545		
4-H Expenses	\$	11,686		
Bank Charges	\$	92		
	Total \$	13,323		

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg.	of Year	End of	Year
Deposit in Transit - Investment Acct	\$	4,945	\$	6,050
	Total \$	4,945	Ś	6,050

Form 990-EZ, Part III, Line 28 - First Accomplishment PROVIDED SUPPORT TO CABARRUS COUNTY 4-H PROGRAM OPERATED BY THE NC COOPERATIVE EXTENSION -- CABARRUS COUNTY CENTER. THIS INCLUDES 4-H COMMUNITY CLUBS, 4-H AFTERSCHOOL CLUBS, 4-H EFNEP, 4-H SOS GOLDMINERS, 4-H SUMMER FLING, AND ANY OTHER 4-H PROGRAM DELIVERY METHOD IN WHICH WE WORK WITH YOUTH ON LIFE SKILL DEVELOPMENT.