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

2015

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf.

Open to Public Inspection

For ca	enda	r year 2015, or tax year beginning	, 2015	, and ending		-	
TUE	FOII	NDATION FOR CHRISTIAN ART	יכ]	A	Employer identification nur 05-0593068	nber
PAST	ORA:	L DEVELOPMENT AND THE POO	R. TNC.		В	Telephone number (see inst	ructions)
1320	AI	RLIE ROAD	2., 2	į		910-256-8999	
WILM	ING'	TON, NC 28403			С	If exemption application is	pending, check here
C Ch	ack a	II that apply Initial return	Initial return of a form	mer public charity		, .,	
G CII	ech a	Final return	Amended return	Their public chairty	D	1 Foreign organizations, chec	k here
		Address change	Name change		ļ	2 Foreign organizations meet	ing the 85% test, check
H Ch	eck ty		1(c)(3) exempt private f	foundation		here and attach computation	n • 📑
		ction 4947(a)(1) nonexempt charitable		private foundation	Ε	If private foundation status	
			counting method X C	ash Accrual		under section 507(b)(1)(A)	, check here
-		II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60	
► \$			column (d) must be or	r cash basis)		under section 507(b)(1)(B)	, check here
Part		nalysis of Revenue and	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements
	CC	xpenses (The total of amounts in blumns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable purposes
		arily equal the amounts in column (a) ee instructions))					(cash basis only)
	1	Contributions, gifts, grants etc. received (attach schedule)	180,000.				
	2	Ck ►if the foundation is not required to attach Sch B	1007000.				
	,	Interest on savings and temporary cash investments	254	0.5		254	
	3	Dividends and interest from securities	254.	25	4.	254.	<u> </u>
	5 a	Gross rents					
	h	Net rental income or (loss)					
R		Net gam or (loss) from sale of assets not on line 10					
R E V	l _	Gross sales price for all assets on line 6a					
Ė	8	Capital gain net income (from Part IV, line 2) Net short term capital gain				·	
U	9	Income modifications					
Ε	10 a	Gross sales less returns and		· · · · · · · · · · · · · · · · · · ·			
	۱ .	allowances Less Cost of					
	"	goods sold					
	110	Gross profit or (loss) (attach schedule) Other income (attach schedule)					
	''	(2.2.1)	ĺ				
	12	Total Add lines 1 through 11	180,254.	25	4.	254.	
	13	Compensation of officers, directors, trustees, etc	0.				
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits Legal fees (attach schedule)					
A D		Accounting fees (attach sch)		REC	<u></u>	FD -	
M !	c			RIFU		100	
0 I	17	Interest					
O I S T R A	18	Taxes (attach schedule)(see mstrs)		VON S	Z 1	2016 9	
RRAA	19	Depreciation (attach schedule) and depletion					
i i	20	Occupancy		OGL	77	H LE TU IN	
ĞĚ	21	Travel, conferences, and meetings					
A E N X	22	Printing and publications					
N X D P E	23	Other expenses (attach schedule) SEE STATEMENT 1	60.	6	0.	60.	
E N S	24	Total operating and administrative	00.		<u>.</u>		
E S		expenses. Add lines 13 through 23	60.	6	0.	60.	
	25	Contributions, gifts, grants paid PART XV	141,878.				141,878.
	26	Total expenses and disbursements Add lines 24 and 25	141,938.	۾	0.	60.	141,878.
	27	Subtract line 26 from line 12:	171, 330.		<u>.</u>	00.	141,0/0.
	a	Excess of revenue over expenses and disbursements	20 216				ļ
	h	Net investment income (if negative, enter 0-)	38,316.	19	1		
	ι	Adjusted net income (if negative, enter 0)		19	7.	194	

SOAPED IN



Dar	दावश	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End -	of year
;r <u>;ar,</u>	GII	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	570,393.	608,709.	
	3	Accounts receivable			
	[Less: allowance for doubtful accounts ▶			<u> </u>
	4	Pledges receivable	行作的 对	99000000000000000000000000000000000000	
	l	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
Ą	}	Less, allowance for doubtful accounts ▶			
A S S E T	8	Inventories for sale or use			
E	9	Prepaid expenses and deferred charges			
Ś	10 a	Investments – US and state government obligations (attach schedule)			
	l t	Investments — corporate stock (attach schedule)			
	0	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis ▶		医自体 计处理	
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe ►) Total assets (to be completed by all filers—)			
		see the instructions. Also, see page 1, item l)	570,393.	608,709.	0.
Ļ	17	Accounts payable and accrued expenses			
Á	18	Grants payable			
В	19	Deferred revenue	ļ		
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons	<u></u>		
Ť	21	Mortgages and other notes payable (attach schedule)	ļ		
į	22	Other liabilities (describe)			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted	570,393.	608,709.	
N F E U T N	25	Temporarily restricted			
D	26	Permanently restricted			
A B A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
SAEL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances(see instructions)	570,393.	608,709.	
	31	Total liabilities and net assets/fund balances (see instructions)	570,393.	608,709.	
Par		Analysis of Changes in Net Assets or Fund Balanc	es		
1	Total end-	net assets or fund balances at beginning of year— Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must ag	gree with	570,393.
2		amount from Part I, line 27a		2	38,316.
_		increases not included in line 2 (itemize)		3	33,313.
		lines 1, 2, and 3		4	608,709.
		ses not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5))– Part II, column (b), Iir	ne 30 6	608,709.

Form 990-PF (2015) THE FOUNDATION FOR CHRISTIAN ARTS

05-0593068

Page 2

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

Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

7

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see instructions	5)		
1 8	a Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary— see instrs)			
- 1	b Domestic foundations that meet the section 4940(e) requirements in Part V,			4.
	check here ▶ 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-)			0.
3	Add lines 1 and 2			4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).			0.
5	Tax based on investment incomeSubtract line 4 from line 3. If zero or less, enter -0.			4.
6	Credits/Payments:			
	a 2015 estimated tax pmts and 2014 overpayment credited to 2015			
	b Exempt foreign organizations — tax withheld at source 6 b			
•	c Tax paid with application for extension of time to file (Form 8868)			
•	d Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			<u>0.</u>
8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			4.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2016 estimated tax			
<u> </u>	Statements Regarding Activities			
1 a	a 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?	1 a	Yes	No X
I	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b	_	Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	c Did the foundation file Form 1120-POL for this year?	lс		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation $\$$ 0. (2) On foundation managers $\$$ 0.			
•	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Χ
_	If 'Yes,' attach a detailed description of the activities			
_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		Χ
4 a	a 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?	4 b	N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	 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		Х
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	Х	
	a Enter the states to which the foundation reports or with which it is registered (see instructions)		Ë	
	NC			
ł	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	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)7f 'Yes,' complete Part XIV	9	X	
10		10	X	

<u> 170</u>	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 $512(b)(13)^7$ 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?	13	X	
	Website address • N/A	- 		
14	The books are in care of ► MICHAEL E LOPEZ Telephone no ►			
- -	Located at 1320 AIRLIE RD, WILMINGTON, NC ZIP + 4 28403			┰.
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of the lieu of t	M/ H	<u> </u>	
				<u>/A</u> No
16	At any time during calendar year 2015, 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?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country ▶			
<u> Pa</u>	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 N	Vo_
13	a During the year did the foundation (either directly or indirectly). (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		}	Ž.
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)? Yes X 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) Yes XNo			
١	b If any answer is 'Yes' to 1a(1)-(6), didany of the acts fail to qualify under the exceptions described in		1	
	Regulations section 53 4941(d):3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1 b	N/A	
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			
	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ► 20 , 20 , 20]	
•	b Are there any years listed in 2a for which the foundation i snot 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		į !	
	all years listed, answer 'No' and attach statement— see instructions.)	2 b	N/A	7
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 , 20 , 20 , 20			
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
			Í	
,	b If 'Yes,' did it have excess business holdings in 2015 as a result o (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 2015)	3 b	N/A	\
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its			
	charitable purposes?	4 a		X
1	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 2015?	4 b		X
2 / /		- 00	0 DE (20	115

		_			_
orm 990-PF (2015) THE FOUNDATION FOR				<u>593068</u>	Page 6
art VII_B Statements Regarding Activit		4/20 May Be Req	uired (continued	<u> </u>	
5a During the year did the foundation pay or incu	=	40454.00	[T]., I	.	
(1) Carry on propaganda, or otherwise attemp	•	, , , , , , , , , , , , , , , , , , , ,	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		H 1	X No	
(3) Provide a grant to an individual for travel,	·	•	∐ Yes ∣	X No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, or s)	ganization described	Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention			Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q n a current notice regard	ualify under the except ding disaster assistance	ions e	5	b N/A
Organizations relying on a current notice rega	ırdıng dısaster assıstanc	e check here	•		B N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Regi	sibility for the grant?		N/A Yes	No No	
6 a Did the foundation, during the year, receive an			5		
on a personal benefit contract? b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene		X No	b X
If 'Yes' to 6b, file Form 8870	,	.,,			
7 a At any time during the tax year, was the found	, , ,		\ \	X No	
b If 'Yes,' did the foundation receive any procee				N/A 7	b
art VIII Information About Officers, Direction and Contractors	ectors, Trustees, Fo	undation Managers	, Highly Paid Em	ployees,	
1 List all officers, directors, trustees, foundation	on managers and their c	ompensation (see inst	ructions).		
(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 benefi plans and deferre compensation	t other	nse account, allowances
MICHAEL E. LOPEZ	PRESIDENT	0.	0	.	0.
1320 AIRLIE RD.	0				
WILMINGTON, NC 28403					
PAM COX	VICE PRESIDE	0.	0	•]	$\overline{}$ $\overline{}$ $\overline{}$ $\overline{}$ $\overline{}$
301 GOVERNMENT CTR DR, STE 200 WILMINGTON, NC 28403	0	:			
JULIE LOPEZ	SECRETARY/TR	0.	0	•	0 .
1320 AIRLIE RD. WILMINGTON, NC 28403	0				
NIEMINGION, NC 20403	 			 	
	,				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 see ins	tructions). If none, e	nter '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 deferre compensation	t other	nse account, allowances
ONE					
	1				
_~				 	
					
					
	, '				

Form 990-PF (2015) THE FOUNDATION FOR CHRISTIAN ARTS,	05-059	
Part VIII Information About Officers, Directors, Trustees, Foundar and Contractors (continued)	tion Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services (see i	- 	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	!	
		
	į	
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 statistics	al information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc		
1 <u>N/A</u>		
2		
3		
"		
4		
		•
		
Part IX-B: Summary of Program-Related Investments (see instru	ictions)	
Describe the two largest program-related investments made by the foundation du	ring the tax year on lines 1 and 2.	Amount
1		
N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3	>	

BAA

Form **990-PF** (2015)

see instructions.)	oreign iod	indations,
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	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6 Minimum investment return.Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► X and do not complete this part.)	ating four	ndations
1 Minimum investment return from Part X, line 6 N/A	1	
2 a Tax on investment income for 2015 from Part VI, line 5		
b Income tax for 2015 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
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	1 a	141 070
b Program-related investments – total from Part IX-B	1 b	141,878.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes	2	
2 Amounts paid to acquire assets used (or field for use) directly in carrying out charitable, etc., purposes	2	
 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	141,878.
	-	141,0/8.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	141,878.
Note: The second of the Could be seed at Book Visiting (C)		

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

BAA

Form **990-PF** (2015)

	(0)	N/A		1
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only				-
b Total for prior years 20 , 20 , 20				· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2015				
a From 2010		1		
b From 2011				
c From 2012				
d From 2013				
e From 2014				
<u> </u>				
f Total of lines 3a through e				
4 Qualifying distributions for 2015 from Part	-			
XII, line 4 > \$				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				-
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2015 distributable amount				
e Remaining amount distributed out of corpus			····	
5 Excess distributions carryover applied to 2015				<u> </u>
(If an amount appears in column (d) the				
same amount must be shown in column (a))				
Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				'
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount — see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions				
_				
f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016.				
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)				
Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
Analysis of line 9		 		
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014		1	1	

					CHRISTIAN			
Part XIV	Priva	te Op	erating Four	datio	ns (see instri	uctions	and Part	VII-A, question 9)

BAA

05-0593068

Page 10

Form 990-PF (2015)

1 a If the foundation has received a ruling or is effective for 2015, enter the date of the	determination letter	that it is a private o	perating foundation	n, and the ruling	·
b Check box to indicate whether the founda	•	rating foundation de	escribed in section	X 4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
each year listed	0.				0.
b 85% of line 2a					0.
 Qualifying distributions from Part XII, line 4 for each year listed 	141,878.	217,788.	150,350.	154,150.	664,166.
d Amounts included in line 2c not used directly for active conduct of exempt activities					0.
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 	141,878.	217,788.	150,350.	154,150.	664,166.
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter.					
(1) Value of all assets	608,709.	570,393.	692,663.	673,127.	2,544,892.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	608,709.	570,393.	692,663.	673,127.	2,544,892.
b 'Endowment' alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter			······································		
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the 1	foundation had	\$5,000 or more	in
assets at any time during th Information Regarding Foundation Mana List any managers of the foundation who close of any tax year (but only if they have MICHAEL E. LOPEZ	gers: have contributed mo	re than 2% of the to	otal contributions resection 507(d)(2))	eceived by the found	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corp % or greater interes	oration (or an equa st.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	nakes contributions is gifts, grants, etc (s	to preselected char see instructions) to	itable organizations individuals or orgai	nizations under othe	er conditions,
a The name, address, and telephone number	er or e-mail address	of the person to wh	iom applications sh	ould be addressed:	
b The form in which applications should be	submitted and inform	nation and materials	s they should includ	de	
c Any submission deadlines:		. ,			
d Any restrictions or limitations on awards,	such as by geograph	ical areas, charitab	le fields, kinds of in	nstitutions, or other	factors

TEEA0310L 10/13/15

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
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)	substantial contributor	recipient		ļ
a Paid during the year SEE STATEMENT 3				
Total			► 3a	141,878.
b Approved for future payment				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Inter gross	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
-		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
_	ram service revenue	 		code		
a b		1 1		+-+		
c		+				
d		1				
е						
f						
g Fees	and contracts from government agencies					
	bership dues and assessments					·
	st on savings and temporary cash investments			14	254.	
	ends and interest from securities	i				
	ental income or (loss) from real estate:	-	<u> </u>			
	financed property	 				
	lebt-financed property	ļ <u>-</u>				
	ntal income or (loss) from personal property	 				
	r investment income	<u> </u>				
	r (loss) from sales of assets other than inventory	 				
	ncome or (loss) from special events s profit or (loss) from sales of inventory	}				
	r revenue	<u> </u>			- I,	
a Other			·	++		
. ——		- 				
		 				
d		+				
						
e						
e	otal Add columns (b), (d), and (e)			,	254.	
e Subto		-		ь	254. 13	254.
e 12 Subto	otal Add columns (b), (d), and (e)	<u> </u>		,		254.
e Subto	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Sheet in line 13 instructions to verify calculations.	ons)	hment of Exemp		13	254.
e Subto	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subto 13 Total See works Part XVI	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Sheet in line 13 instructions to verify calculations.	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subto 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	
e 12 Subtr 13 Total See works Part XVI Line No.	otal Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Theet in line 13 instructions to verify calculations. Relationship of Activities to the	ons) Accomplis		ot Purposes	13	to the tructions.)

Form 990-PF (2015) THE FOUNDATION FOR CHRISTIAN ARTS, 05-059306 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	~		4 11					2-300- 1-1	103 ; 100
	describe		of the Code (o			any other organization ations) or in section		10	
a	Transfei	rs from the reporting	j foundation to	a noncharitable exe	mpt organizatio	on of			
((1) Cas	h						1 a (1)	X
((2) Oth	er assets						1 a (2)	X
b	Other tr	ansactions						15.3235	=====
((1) Sale	es of assets to a nor	ncharitable exe	mpt organization				1 b (1)	Х
((2) Purd	chases of assets from	m a noncharita	ible exempt organiza	ation			1 b (2)	X
((3) Ren	tal of facilities, equip	oment, or othe	r assets				1 b (3)	X
((4) Reir	nbursement arrange	ments					1 b (4)	X
((5) Loai	ns or Ioan guarantee	es					1 b (5)	X
((6) Perf	formance of services	or membersh	ıp or fundraısıng solı	citations			1 b (6)	X
c s	Sharing	of facilities, equipm	ent, mailing lis	ts, other assets, or p	oaid employees	5		1 c	X
_									
1	the good	ds, other assets, or s	services given	by the reporting four	ndation If the f	olumr (b) should alwa foundation received l loods, other assets, o	ess than fair mar	ket value in	of
a) Lir	ne no	(b) Amount involved	(c) Name (of noncharitable exempt or	ganization	(d) Description of tran	sfers, transactions, ar	nd sharing arrang	gements
J/A						 			<u> </u>
									
							·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·						· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·				~~~			
									
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	-				

						·			
				ated with, or related ther than section 501		e tax exempt organizetion 527?	zations	Yes	XNo
_ b l	f 'Yes,'	complete the follows	ng schedule						
	(a)	Name of organizati	on	(b) Type of (organization	(c) Description of re	elationship	
I/A									
									
	Under po	enalties of perjury, I declare t and complete. Declaration	that I have examined of preparer (other)	this return, including accomp	panying schedules and all information of wh	d statements, and to the best nich preparer has any know	of my knowledge and be edge	elief, it is true	
ign	1	,	-		1 1		•	May the IR	S discuss
ere	1	1			11/5/16			this return preparer s	with the hown below
	Signa	ture of officer of trustee		Date	1/1.2/10	Title		(see ipstru	ctions)?
	1	Print/Type preparer's nar	ne /	Preparer's signat	ure,)	Date,	Check If	PTIN	res No
-:-		, ,		Allema	Leldeson	11/15/201	Checkif		^
aid		CATHERINE HELGE		CATHERINE	HELLELSON, CP	A INTO PUR		P0017611	9
•	arer	1 -	ARKER JONES		mp 200		Firm's EIN ► 56-1	826071	
se (Only		<u>508 MILITAR</u> ILMINGTON, 1	Y CUTOFF RD, SUI	TE 300		Dhana na OS S	F00 0000	•
		<u> </u>	TPHINGION, I	VC 204U3			Phone no 910-	509-0803	DE (0015)
AA								Form 990	-PF (2015)

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, 990-PF) and its instructions is **www.irs.gov/form990.

OMB No 1545-0047

2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of the organization THE FOUNDATION I	Employer identification number					
PASTORAL DEVELO	PMENT AND THE POOR, INC.	05-0593068_				
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	\overline{X} 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a pri	vate 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) or	ganization can check boxes for both the General Rule and a	Special Rule See instructions				
General Rule X For an organization filing Form 990, 990-property) from any one contributor Comp	EZ, or 990-PF that received, during the year, contributions to olete Parts I and II. See instructions for determining a contrib	aling \$5,000 or more (in money or utor's total contributions				
Special Rules						
☐ under sections 509(a)(1) and 170(b)(1)(A	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, $_{1}$ the year, total contributions of the greater of $_{1}$ 0 \$5,000 or $_{2}$ 0) 990-EZ, line 1 Complete Parts I and II.	line 13, 16a, or 16b, and that				
For an organization described in section during the year, total contributions of mo purposes, or for the prevention of cruelty	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received re than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li to children or animals Complete Parts I, II, and III	from any one contributor, terary, or educational				
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 arexclusively 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						
990-PF), but it must answer 'No' on Part IV.	by the General Rule and/or the Special Rules does not file So line 2, of its Form 990; or check the box on line H of its Form the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its Form 990-PF.				

BAA 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)	(2015)
------------	-------	------	---------	----	---------	--------

Page

of

of Part I

Name of organization
THE FOUNDATION FOR CHRISTIAN ARTS,

Employer identification number

05-0593068

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL E. LOPEZ		Person X Payroll
	1320 AIRLIE ROAD	_\\$18 <u>0,000</u> .	Noncash
	WILMINGTON, NC 28403	_	(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Percen

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

		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Page

1 to

1 of Part II

Name of organization

Employer identification number

THE FOUNDATION FOR CHRISTIAN ARTS,

05-0593068

i caio di	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	Jace is fleeded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(-) No	45	(2)	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	<u></u>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	~
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
4 > 4			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		·	-
- 		\$	
AA		edule B (Form 990, 990-l	7 000 55 100

1 of Part III

Name of	organization			
THE	FOUNDATION	FOR	CHRISTIAN	ARTS

Employer identification number

05-0593068

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 oexclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for the year (Use duplicate copies of Part III if additional)	Enter this information once. Se				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
~						
,		(e)				
1	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
:	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		

2015

FEDERAL STATEMENTS

PAGE 1

THE FOUNDATION FOR CHRISTIAN ARTS, PASTORAL DEVELOPMENT AND THE POOR, INC.

05-0593068

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENTINCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ANNUAL BANK FEE	TOTAL	\$ 60. \$ 60.	\$ 60. \$ 60.	\$ 60. \$ 60.	\$ 0.

STATEMENT 2 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR ADDRESS OF SUBSTANTIAL CONTRIBUTOR

MICHAEL LOPEZ

1320 AIRLIE ROAD WILMINGTON, NC 28403

STATEMENT 3 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
KENT HENRY MINISTRIES 307 CLAYMONT DRIVE BALLWIN MO 63011	NONE		CHARITABLE	\$ 50,000.
MORNINGSTAR MINISTRIES C/O DAN POTTER PO BOX 12508 WILMINGTON NC 28405	NONE		CHARITABLE	18,000.
MARTIAL FERIGO 4201 MARKET STREET WILMINGTON NC 28403	NONE		CHARITABLE	10,000.
MELISSA CLEMENT 206 RIVER WINDING ROAD JACKSONVILLE NC 28540	NONE		CHARITABLE	5,000.
BRIGADE BOYS & GIRLS CLUB 2759 VANCE STREET WILMINGTON NC 28412	NONE		CHARITABLE	1,700.
CAMERON ART MUSEUM 3201 S. 17TH STREET WILMINGTON NC 28412	NONE		CHARITABLE	2,500.

2015

FEDERAL STATEMENTS

PAGE 2

THE FOUNDATION FOR CHRISTIAN ARTS, PASTORAL DEVELOPMENT AND THE POOR, INC.

05-0593068

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE GRANT	OF	AMOUNT
DR. SAMANTHA CHIRIAHELLA 601 MORNINGSIDE DRIVE WILMINGTON NC 28401	NONE		CHARITABLE	\$	10,000.
FRED FRANKLIN 251 S MARINE BLVD JACKSONVILLE NC 28540	NONE		CHARITABLE		2,400.
AMANDA KNOWLING-HOFFMAN	NONE		CHARITABLE		1,500.
HEART TO HEART MINISTRIES 10510 CAMELBACK CIRCLE CHARLOTTE NC 28226	NONE		CHARITABLE		5,000.
LUMP TO LAUGHTER PO BOX 1295 WRIGHTSVILLE BEACH NC 28480	NONE		CHARITABLE		1,000.
MELISSA MARIE HULL 196 BLUE TOP RD, LOT 1 JACKSONVILLE NC 28540	NONE		CHARITABLE		2,678.
MELISSA ANN VILLA 112 BIRDIE CT JACKSONVILLE NC 28540	NONE		CHARITABLE		3,000.
MICHAEL MARCENEY 4201 MARKET STREET WILMINGTON NC 28403	NONE		CHARITABLE		5,000.
SARAH EASEN 3326 BRAGG DR WILMINGTON NC 28409	NONE		CHARITABLE		7,100.
SKYWORKS MINISTRIES 5009 MUIRFIELD PL MECHANICSBURG PA 17050	NONE		CHARITABLE		10,000.
SUPPER OPTIMIST 605 EASTWOOD ROAD WILMINGTON NC 28405	NONE		CHARITABLE		1,000.
TAMMIE BOYKIN 297 NORTHWEST BRIDGE RD JACKSONVILLE NC 28540	NONE		CHARITABLE		6,000.
				TOTAL \$	141,878.