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# SCANINED JUL 0 6

## Form 990-PF

Department of the Treasun Internal Revenue Service

### Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection

ELOPE POST MARK For calendar year 2015 or tax year beginning and ending Name of foundation Employer Identification number Strickland Family Foundation 56-1951984 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) P.O. Box 2273 910-425-8151 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here Fayetteville NC 28302 G Check all that apply Initial return Initial return of a former public charity 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change Name change 85% test, check here and attach computation H Check type of organization  $|\mathbf{X}|$  Section 501(c)(3) exempt private foundation If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), under section 507(b)(1)(B) check here Other (specify) 609,510 line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal purposes the amounts in column (a) (see instructions)) cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 10,200 Check ► X If the foundation is no required to pattach Sch B 2 Interest on savings and temporary cash investments 3 26,837 26,837 Dividends and interest from securities 5a Gross rents 06 06 201<u>i2,180</u> 18,496 18,496 Net rental income or (loss) Net gain or (loss) from safe of passets not on line 18 VEILUE SERVICE 6a Gross sales price for all assets on line fa Capital gain net income (from Part IV, line 2), MU 0 7 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Stmt 1 354 Other income (attach schedule) 12 55,887 45,333 0 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Stmt 2 3,364 Accounting fees (attach schedule) Other professional fees (attach schedule) Interest 2,830 2,830 Stmt 3 Taxes (attach schedule) (see instructions) Stmt 4 6,342 Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings 21 Printing and publications Other expenses (att sch) Stmt 5 3,780 3,486 23 Total operating and administrative expenses. 16,316 6,316 0 Add lines 13 through 23 28,950 25 28,950 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 45,266 6,316 28,950 26 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 10,621 39,017 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule) b Investments – corporate stock (attach schedule) c Investments – land, buildings, and equipment basis ▶  Less accumulated depreciation (attach sch) ▶  12 Investments – mortgage loans 13 Investments – other (attach schedule) 14 Land, buildings, and equipment basis ▶  Less accumulated depreciation (attach sch) ▶  178,446  Less accumulated depreciation (attach sch) ▶ Stmt 6  44,438  15 Other assets (describe ▶ See Statement 7)  16 Total assets (to be completed by all filers – see the	
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instructions) 532,897 543,518	
Part III Analysis of Changes in Net Assets or Fund Balances	
Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with	
Cita of your rigare reported on prior your overturn,	32,897
Enter amount from Part I, line 27a	10,621
Other increases not included in line 2 (itemize) ▶	13 51
7. Add lines 1, 2, and 0	13,518
Decreases not included in line 2 (itemize) ▶	(2 534
Total life assets of fund balances at end of year (line 4 fillings line b) 1 and 1 a	43,518 -PF (2015

Part IV Capital Gains a	nd Losses for Tax on Investm	ent Income				
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P Purchase D Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a N/A						
_b						
_c			<del> </del>			 <del> </del>
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(e) Gross sales price	(f) Depreciation allowed (or allowable)	1	r other basis ense of sale	<u> </u>		or (loss) ) minus (g)
_a						
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	g gain in column (h) and owned by the fo	oundation on 12/31/	69			(1-)
(i) F M V as of 12/31/69	(J) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)		(k), but not l	(h) gain minus less than -0-) <b>or</b> om col (h))
a	<del></del>	<del></del>				
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d			· · · · · · · · · · · · · · · · · · ·			
e						
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in	Part I, line 7		2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6		ļ			
	, column (c) (see instructions) If (loss),	·		3		
	nder Section 4940(e) for Reduc	ed Tax on Net	Investment Inco			
If "Yes," the foundation does not qua	tion 4942 tax on the distributable amoun lify under section 4940(e) Do not compl	ete this part	·			Yes X No
·····	each column for each year, see the instr	uctions before maki	ng any entries	<del></del>		(4)
(a)  Base period years  Calendar year (or tax year beginning in			(c) e of noncharitable-use assets			(d) abution ratio livided by col. (c))
2014		,450	650,6			0.060632
2013		,685	692,2			0.050104
2012	28	,400	652,5			0.043520
2011		,300 ,450	614,7			0.047663 0.051686
2010	=	, ±50	00073			0.031000
2 Total of line 1, column (d)				2	<del></del>	0.253605
-	5-year base period – divide the total on l las been in existence if less than 5 years			3	<u> </u>	0.050721
4 Enter the net value of noncharital	ble-use assets for 2015 from Part X, line	- 5		4		563,642
				5		28,588
5 Multiply line 4 by line 3					 	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6		390
7 Add lines 5 and 6				7		28,978
	n Part XII, line 4 n line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax ra	8 ate See the		28,950
Part VI instructions						- 000 DE

	m 990-PF (2015) Strickland Family Foundation 56-1951984			F	age 4
_P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐				
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u> </u>			<u>780</u>
	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-)	<u> </u>			0
3	Add lines 1 and 2	<u> </u>			780
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1		····	780
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 589				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d				589
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached				3
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				194
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11				
P	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
	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		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	i	4a		X
b		N/A	4b		
5	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	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NC				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ĺ	8b	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
-	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"		1	ſ	:
	complete Part XIV	J	9	j	X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	}	<del></del>		<del></del>
-	names and addresses		10	ļ	X
	manies and addicases		m 99	0-PF	
			🕶		(-010)

If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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)

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X

3b

4a

4h

N/A

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P	art VII-B Statements Regard	ing Activities for Which For	m 4720 May Be f	Required (con	tinued)		·····
5a	During the year did the foundation pay of	r incur any amount to		_			
	(1) Carry on propaganda, or otherwise a	attempt to influence legislation (section	on 4945(e))?		Yes X No		
	(2) Influence the outcome of any specific	ic public election (see section 4955),	or to carry on,		-		
	directly or indirectly, any voter regist	ration drive?			Yes X No		
	(3) Provide a grant to an individual for ti	ravel, study, or other similar purposes	3?		Yes 🗓 No		
	(4) Provide a grant to an organization of	ther than a charitable, etc , organizat	ion described in				
	section 4945(d)(4)(A)? (see instructi	ons)			Yes X No		
	(5) Provide for any purpose other than r	eligious, charitable, scientific, literary	, or educational		_		
	purposes, or for the prevention of cr	uelty to children or animals?			Yes X No		]
b	If any answer is "Yes" to 5a(1)-(5), did a	i <b>ny</b> of the transactions fail to qualify u	inder the exceptions of	described in			
	Regulations section 53 4945 or in a curr	ent notice regarding disaster assistar	nce (see instructions)	?	N/A	5b	
	Organizations relying on a current notice	regarding disaster assistance check	here		▶ 🗍		
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax		_		
	because it maintained expenditure response	onsibility for the grant?		N/A	Yes No		
	If "Yes," attach the statement required by	y Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to	pay premiums		_		
	on a personal benefit contract?				Yes X No		
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit cont	ract?		6b	X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?		Yes 🛚 X No		
_b_	If "Yes," did the foundation receive any p	proceeds or have any net income attri	butable to the transa	ction?	N/A	7b	·
Pa	rt VIII Information About Of	ficers, Directors, Trustees, I	Foundation Man	agers, Highly	Paid Employ	ees,	
	and Contractors						
1 L	ist all officers, directors, trustees, four	ndation managers and their compe	nsation (see instruc	tions).	·		
			(b) Title, and average	(c) Compensation	(d) Contributions to	1	
	(a) Name and a	ddress	hours per week	(If not paid,	employee benefit plans and deferred		pense account, er allowances
		<del></del>	devoted to position	enter -0-)	compensation	<u> </u>	
Jo	seph Strickland	<b>Fayetteville</b>	President	İ	(		
P.	O. Box 2273	NC 28302	1.00	\c	<u> </u>	<u> </u>	0
				}			
				ļ	<b>}</b>	<del> </del>	
			}		)	)	
				ļ		<del> </del>	
				}			
				L	L	<u> </u>	
2	Compensation of five highest-paid em	iployees (other than those include	d on line 1 – see ins	tructions). If nor	ie, enter		
	"NONE."		<del></del>		<del>,</del>	т	
			(b) Title, and average	<u> </u>	(d) Contributions to employee benefit	(e) Exr	pense account,
	(a) Name and address of each employee p	oald more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowances
					compensation	<del>↓</del> _	
NO:	NE			l		ŀ	
				<b> </b>		┼	
			1	}	{		
			<del></del>		ł		
			1	}	ł		
						<b></b>	
			1		{	1	
			<del>- </del>	ļ	<del> </del>	<b></b> _	
					1	1	
				L	L	<u> </u>	<del></del>
Total	number of other employees paid over \$5	0,000	<del> </del>				0
					F	orm <b>99</b> /	0-PF (2015)

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Part VIII	Information About Officers, Directors, Trustees, Fou		mployees,
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	<del> </del>		
<del></del>	<del></del>	<del></del>	
	<del></del>		<del></del>
Total number of	others receiving over \$50,000 for professional services	<del></del>	
	·—	<del></del>	
Part IX-A	Summary of Direct Charitable Activities		
List the foundation's	four largest direct charitable activities during the tax year. Include relevant statistical informat	on such as the number of	T
	ther beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 N/A			1
			<del> </del>
2			
			{
			<del> </del>
3			
			1
			<del> </del>
*			ĺ
			Ì
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	<del></del>
Describe the two lar	gest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			ļ
2			
			<del></del>
	lated investments. See instructions		
3			

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Total. Add lines 1 through 3

-	expenses, contributions, gire, etc. teta, nem r an il colonini (a); into =-		
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28,950
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	1 1	
	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,950

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

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Form	990 PF (2015) Strickland F	amily Found	dation	56-195198	34	Page <b>9</b>
	art XIII Undistributed Income					
		<del>- <b>1</b></del>	(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part 2	KI,	Corpus	Years prior to 2014	2014	2015
_	line 7					27,402
2	Undistributed income, if any, as of the en	d of 2015				
	Enter amount for 2014 only					
	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to	2015				
_	From 2010					
	From 2011			j		
	From 2012			l		
	From 2013					
	From 2014	5,916	• t	1		
	Total of lines 3a through e		5,916			
4	Qualifying distributions for 2015 from Par	t XII,		1		
	line 4 ▶ \$28,950			1		
	Applied to 2014, but not more than line 2					
b	Applied to undistributed income of prior y	ears		j		
	(Election required – see instructions)		<u></u>			
С	Treated as distributions out of corpus (Ele	ection				
	required - see instructions)					
d	Applied to 2015 distributable amount					27,402
е	Remaining amount distributed out of corp	ous	1,548			<u></u>
5	Excess distributions carryover applied to	2015				
	(If an amount appears in column (d), the	same		1		
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	t line 5	7,464			
b	Prior years' undistributed income Subtra-	ct				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	uted		İ		
	income for which a notice of deficiency has	as				
	been issued, or on which the section 494	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
e	Undistributed income for 2014 Subtract I	ine				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2015. Subtract I	ines			,	
	4d and 5 from line 1. This amount must b	e			ŀ	
	distributed in 2016					0
7	Amounts treated as distributions out of co	orpus				
	to satisfy requirements imposed by section	on				
	170(b)(1)(F) or 4942(g)(3) (Election may I				Į	
	required—see instructions)					
8	Excess distributions carryover from 2010	not				
	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 2016	·				
-	Subtract lines 7 and 8 from line 6a		7,464			
10	Analysis of line 9	l				
а	Excess from 2011		ļ			
b	Excess from 2012		į			
C	Excess from 2013		[			
d	Excess from 2014	5,916	ļ			
u e	Excess from 2015	1,548	Į			
<del></del> -	EAGGGG HOIH EUTO				<u></u>	000 DE

P	art XIV Private Operating Fo	undations (see in	structions and Pa	rt VII-A, question 9	9)	
1a	If the foundation has received a ruling or	determination letter the	hat it is a private opera	ating		
	foundation, and the ruling is effective for		•	•		
b	Check box to indicate whether the found		<u>-</u>	wheel in section 1	942(j)(3) or 4942	?( <sub>1</sub> )(5)
			T		542(J(3) OF   4542	:(I)(G)
2a	Enter the lesser of the adjusted net	Tax year	(5) 2044	Prior 3 years	1 (4) 2040	(e) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	·
	investment return from Part X for			1	}	
	each year listed				<u> </u>	
b	85% of line 2a					
С	Qualifying distributions from Part XII.			Ţ <del></del>		<del></del>
	line 4 for each year listed				,	
d	Amounts included in line 2c not used directly	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>	<del></del>	
u	•		1		1	
	for active conduct of exempt activities	<del></del>	<del> </del>	<del> </del>	<del> </del>	_ <del></del>
е	Qualifying distributions made directly		1		}	
	for active conduct of exempt activities		1		}	
	Subtract line 2d from line 2c		<u> </u>			
3	Complete 3a, b, or c for the					
	alternative test relied upon	•				
а	"Assets" alternative test – enter					
_	(1) Value of all assets		ĺ		ĺ	
	` '	<del></del>	<del> </del>	<del> </del>	<del> </del>	
	(2) Value of assets qualifying under		ł		1	
	section 4942(j)(3)(B)(i)			<del> </del>		
b	"Endowment" alternative test – enter 2/3	1	)			
	of minimum investment return shown in	ı	ļ	}	]	
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
_	(1) Total support other than gross		{	1	ĺ	
	investment income (interest,		}		1	
	dividends, rents, payments on		}	ł	}	
	securities loans (section			ļ.	}	
	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)			Ì	ĺ	
	(3) Largest amount of support from	<del></del>	- <del></del>	<del> </del>		
				i		
	an exempt organization			<del> </del>	<del> </del>	
	(4) Gross investment income	- (0 1 - 1 -	41-1	41 6	-1 65 000	:
Pa	rt XV Supplementary Inform	• •	•	the foundation na	ad \$5,000 or more	in assets at
	any time during the ye		tions.)		<del></del>	
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	if they have contribute	ed more than \$5,000)	(See section 507(d)(2)	))	
	Joseph T. Strickland	l				
b	List any managers of the foundation who		he stock of a corporat	ion (or an equally large	portion of the	
_	ownership of a partnership or other entity				Fermina and	
	N/A	) of willow the loundar	ion nas a 1070 or grea	ter interest		
				<del></del>	<del></del>	
2	Information Regarding Contribution, G					
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected charitat	ole organizations and d	oes not accept	
	unsolicited requests for funds. If the foun	dation makes gifts, gra	ants, etc. (see instruct	ions) to individuals or o	organizations under	
	other conditions, complete items 2a, b, c	and d				_
	The name, address, and telephone numb		of the person to whom	applications should be	addressed	
_	Joseph T. Strickland		•			
	P.O. Box 2273 Fayett			av abauld industry	<del></del>	
b	The form in which applications should be					
	Contact Individual n	amed in 2a	ior detail	8		
C	Any submission deadlines:					
	None					
d	Any restrictions or limitations on awards,	such as by geographic	cal areas, charitable fi	elds, kinds of institution	ns, or other	<u> </u>
	factors	, U. J. P.	•			
	None					
						50m 990-PF (2015

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Holmes Bible College 10 Paul Beacham Way School Greenville SC 29609 General Fund 13,250 Northwood Temple Church 4250 Ramsey Street Fayetteville NC 28311 General Fund 9,000 Salvation Army 501(c)(3) 220 East Russell Street Fayetteville NC 28301 General Fund 500 Vision East Ministries - New Vision 1281 Ringwood Rd. 501(c)(3) Favetteville NC 28312 General Fund 1,200 Baywood PH Church 1830 Baywood Dr. Church General Fund Fayetteville NC 28312 1,000 King's Court Ministries 2801 Ramsey St. Church Fayetteville NC 28301 General Fund 1,000 Men's Ministries 4250 Ramsey St. Church General Fund Fayetteville NC 28311 1,000 Freedom Biker Church 131 Guy Rd. Church General Fund Clayton NC 27520 1,000 Epicenter Church Church 2512 Fort Bragg Rd. General FUnd Fayetteville NC 28301 500 Cedar Creek Church of God 4010 Cedar Creek Rd. Church Fayetteville NC 28312 General FUnd 500 28,950 ▶ 3a b Approved for future payment N/A ▶ 3b

Total

Part XVI-A	Analysis of Income-Producing Act	ivities				
Enter gross am	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(a)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se		ļ		ļ		(See instructions )
a		<u> </u>		┼	<del> </del>	
	<del></del>			+	<del></del>	
d		<del> </del>	ļ	<del> </del>		<del></del>
		<u> </u>		<del>                                     </del>		
f		<u> </u>		1		<del></del>
g Feesa	nd contracts from government agencies	<del>                                     </del>				<del> </del>
	p dues and assessments					
3 Interest on	savings and temporary cash investments			14	26,837	
4 Dividends a	and interest from securities					
	ncome or (loss) from real estate.					
	nanced property			<u> </u>		
	ot-financed property			33	12,180	
	ncome or (loss) from personal property	ļ		<b> </b>		
7 Other inves		<del></del>		ļ		
	s) from sales of assets other than inventory	<b></b>			<del></del>	
	or (loss) from special events	<b> </b>		<del> </del>		<del></del>
10 Gross prom	t or (loss) from sales of inventory		<del></del>	<del> </del>		<del></del>
	T	<b></b>		1	354	<del></del>
	r income	<b> </b>		<del> </del>	- 331	
		<u> </u>		<del> </del>	<del></del>	
е						
12 Subtotal A	dd columns (b), (d), and (e)		0		39,371	0
	line 12, columns (b), (d), and (e)				13	39,371
	in line 13 instructions to verify calculations)					
Part XVI-B	<del>                                     </del>					
Line No.	Explain below how each activity for which income					
 N/A	accomplishment of the foundation's exempt purpo	ses (other than	by providing tunds to	r such pu	irposes) (See instruction	ons )
N/A	<del> </del>		<del></del>		<del> </del>	· · · · · · · · · · · · · · · · · · ·
		<del></del>	<del></del>		<del> </del>	<del> </del>
					<del>, , , , , , , , , , , , , , , , , , , </del>	
			<del> </del>		<del></del>	<del> </del>
<del> </del>						
<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
			<del></del>			
			<del></del>			
	<del> </del>		<del> </del>			
			<del> </del>			
			<del> </del>			

<u>-orm 990</u>	0-PF (201	(5) Stricklai	nd Fam	<u>lly found</u>	ation	<u>20-TA2T</u> ;	984		<u>P</u> a	ge 1
Part 3		Information Reg Exempt Organiz	_	ansfers To an	d Transactio	ons and Relationshi	os With Noncharita	ble		
1 Did	the orga	anization directly or ind	lirectly enga	ge in any of the fol	llowing with any	other organization describi	ed		Yes	No
ın s	_	01(c) of the Code (other	• -	= -	=	ection 527, relating to politi				
_		om the reporting found	lation to a n	oncharitable exem	pt organization o	f				
	Cash							1a(1)		X
(2)	Other as	ssets						1a(2)		X
	ner transa									
		f assets to a noncharit						1b(1)	<del> </del>	X
		ses of assets from a no			ion			1b(2)	<del> </del>	X
		of facilities, equipment rsement arrangements		seis				1b(3) 1b(4)		X
		r Ioan guarantees	•					1b(5)	<del> </del>	X
		ance of services or me	embership o	or fundraising solici	itations			1b(6)		X
		acilities, equipment, m						1c		X
						mn (b) should always sho				
		_	_	•	-	the foundation received le				
			1			the goods, other assets, of			<del></del>	
(a) Lir	ne no	(b) Amount involved	(c) Nam	e of noncharitable exem	ipt organization	(d) Description of tra	nsfers, transactions, and sharing	arrangeme	ents	
N/A		<del></del>	<del> </del>			<del> </del>	<del> </del>		-	
		<u> </u>	<del> </del>	<del></del>		<u> </u>				
		<del></del>								
						<u> </u>	<del></del>			
			<del> </del>	<del> </del>						
			<del> </del>			<del></del>				
			<del> </del>	<del></del>			<del></del>			
			<del> </del>	<del></del>		<del></del>				
		<del></del>				<del></del>	<del></del>			
		ation directly or indirect section 501(c) of the				-exempt organizations n 527?		Y	es X	No
b  f"	Yes," com	plete the following scl	nedule	<del>,</del>						
37/7		) Name of organization		(b) Type of o	organization	(c	) Description of relationship			
N/2	4				<del></del>					
		<del></del>		<del> </del>			<del></del>			
						<del></del>				
•		<del></del>								
	Under pen	alties of perjury, I declare the	at I have exami	ned this return, including	g accompanying sche	edules and statements, and to the which preparer has any knowledg	best of my knowledge and believe	f, it is true	', <u> </u>	
ign		A			•		May the IRS dis with the prepare (see instruction:	er shown be		ີ No
lere		1 . DE +	rL+	-10 9	L , 5	/11/1/2 \ (a	A A			
1	Grand	Joseph	1. Ren	uppor	Date	Title	resident			
	Signa	/			Date	7 (100	Date	<del></del> 7		
	runviya	pe preparer's name			That signatur	"Lyple alley CPA	l l	}	Check self-em	
aid	Willi	am Temple All					05/0	2/16		
reparer	Firm's na	<sub>ame</sub> ▶ Willi	am Ten	mple Aller		P.A.		1071		
se Only	Firm's ac	ddress ► 3620	Cape C	Center Dri	ive			-183		
	<u></u>	Fayet	tevill	Le, NC 28	3304		Phone no 91	<u> 32.</u>	<u>3 - 0</u>	19:

893 Strickland Family Foundation 56-1951984 FYE: 12/31/2015		Federal Statements	ments		2/5	5/2/2016 11:45 AM
Statemer	nt 4 - Form	Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)	19 - Deprec	iation (continu	(pai	
Description					ļ	
Date Cost Prid Acquired Basis Dep	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
lenola Drive	1		\$ 0   	i	w	w.
7/30/08	,444	S/L	27.5	2,546		
ec - 6843 Bryan 2,430	756	200DB	7	478		
keirigerator & ice Maker - Bryanstone 1/01/15 618	,	200DB	വ	124		
Total \$ 178,448 \$	38,096		ነ ጭ <sup>ጠ</sup>	9	\$	\$
State	Statement 5 - Fo	- Form 990-PF, Part I, Line 23 - Other Expenses	Line 23 - Otl	her Expenses		
Description	1	Total	Net Investment	Adju	Adjusted Net	Charitable Purpose
	₩.	₩		₩	৵	
os43 Bryanstone way Insurance Utilities Repairs and Maintenance Janitorial		335 1,509 982 150	335 1,509 982 150	10.00.01.00		
222 Glenola Drive Repairs Insurance		175 335	175 335	10.10		
Expenses Bank Fees Insurance Office Expense		149 124 21				
Total	w.	3,780 \$	3,486	<i>w</i>	· ω	0
						, ,

893 Strickland Family Foundation	

5/2/2016 11:45 AM		Net FMV	\$ 200,000	\$ 200,000
5/2	pment	End Accumulated Depreciation	44,438	44,438
Federal Statements	nd Equi	End,	w	ঞ
	ıd, Building, a	End Cost / Basis	160,906 17,540	178,446
	Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment	ပို	৵	\$
		Beginning Net Book	122,810 17,540	140,350
u_	1 990-PF	ш <b>~</b>	ক	w
893 Strickland Family Foundation 56-1951984 FYE: 12/31/2015	Statement 6 - Form	Description		Total

893 Strickland Family Foundation 56-1951984

# **Federal Statements**

5/2/2016 11:45 AM

FYE: 12/31/2015

Description		Beginning of Year		End of Year		Fair Market Value	
Prepaid Taxes	\$	589	\$	589	\$	589	
Total	\$	589	\$	589	\$	589	
Form 990-PF, Part XV	Line 1a - Managers	Who Cont	ributed	Over 2% o	r \$5,000	<u> </u>	
Name of Manager				Amount	<b></b>		
Joseph T. Strickland			\$		<del>-</del>		
Total			\$	<del></del>	<u>0</u>		
	V, Line 2b - Applicati	on Forma	t and Re	equired Co	ntents		
Contact Individual named i	escription n 2a for details						
Form 990-	PF, Part XV, Line 2c	- Submiss	ion Dea	dlines			
Do	escription						
None							
Form 990-PF, Pa	art XV, Line 2d - Awa	rd Restric	tions or	Limitation	<u>s</u>		
Do	escription						
None							