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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **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.***

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending

Name of foundation
MARGARET C WOODSON FOUNDATION, INC

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
220 NORTH TRYON STREET

City or town | State | ZIP code
CHARLOTTE | NC | 28202

Foreign country name | Foreign province/state/county | Foreign postal code

A Employer identification number
56-6064938

B Telephone number (see instructions)
704-973-4500

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☒ Address change ☐ Name change

H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶ $ 577,124

J Accounting method ☐ Cash ☐ Accrual ☒ Other (specify) MODIFIED CASH
(Part I, column (d) must be on cash basis)

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	991,557			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	22	22		
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	991,579	22	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	40,800	2,040		38,760
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	38,000	1,900		36,100
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings	6,681	334		6,347
	22	Printing and publications				
	23	Other expenses (attach schedule)	1,339	67		1,272
	24	**Total operating and administrative expenses.** Add lines 13 through 23	86,820	4,341	0	82,479
	25	Contributions, gifts, grants paid	1,018,350			1,018,350
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,105,170	4,341	0	1,100,829
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	-93,590			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			0	

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Form **990-PF** (2015)

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1	Cash—non-interest-bearing	679,570	565,988	565,988
	2	Savings and temporary cash investments	11,114	11,136	11,136
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶	30		
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	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—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 ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	690,714	577,124	577,124
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable	20,000		
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities** (add lines 17 through 22)	20,000	0	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	1,041	1,041	
	29	Retained earnings, accumulated income, endowment, or other funds	669,673	576,083	
	30	**Total net assets or fund balances** (see instructions)	670,714	577,124	
	31	**Total liabilities and net assets/fund balances** (see instructions)	690,714	577,124	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	670,714
2	Enter amount from Part I, line 27a	2	-93,590
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	577,124
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	577,124

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	976,791	542,920	1 799144
2013	700,348	524,250	1 335905
2012	568,150	294,241	1 930900
2011	1,886,931	806,267	2 340330
2010	1,072,782	792,871	1 353035

2	**Total** of line 1, column (d)	2	8 759314
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1 751863
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	542,920
5	Multiply line 4 by line 3	5	951,121
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	951,121
8	Enter qualifying distributions from Part XII, line 4	8	1,100,829

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0	
3	Add lines 1 and 2	3	0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4		
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	0	
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 — 6a			
b	Exempt foreign organizations—tax withheld at source — 6b			
c	Tax paid with application for extension of time to file (Form 8868) — 6c			
d	Backup withholding erroneously withheld — 6d			
7	Total credits and payments Add lines 6a through 6d	7	0	
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8		
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	0	
11	Enter the amount of line 10 to be **Credited to 2016 estimated tax** ▶ **Refunded** ▶	11	0	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		
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 ▶ $ _____			
e	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? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	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," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ▶ FOUNDATION FOR THE CAROLINAS Telephone no ▶ (704) 973-4500			
	Located at ▶ 220 NORTH TRYON STREET CHARLOTTE NC ZIP+4 ▶ 28202			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
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 ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	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 ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ 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 ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
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?	1c		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? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	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 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)*	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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?	4b		X

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	5b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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 ☒ No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement	00	0		
	00	0		
	00	0		
	00	0		

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

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

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

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

3 **Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

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

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	0
b	Average of monthly cash balances		1b	551,188
c	Fair market value of all other assets (see instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	551,188
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e		
2	Acquisition indebtedness applicable to line 1 assets		2	
3	Subtract line 2 from line 1d		3	551,188
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see instructions)		4	8,268
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	542,920
6	**Minimum investment return.** Enter 5% of line 5		6	27,146

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

1	Minimum investment return from Part X, line 6		1	27,146
2a	Tax on investment income for 2015 from Part VI, line 5	2a		
b	Income tax for 2015 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	27,146
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	27,146
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	27,146

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes			
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26		1a	1,100,829
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	
3	Amounts set aside for specific charitable projects that satisfy the			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	1,100,829
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	1,100,829

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

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				27,146
2	Undistributed income, if any, as of the end of 2015				
a	Enter amount for 2014 only			0	
b	Total for prior years 20 ____, 20 ____, 20 ____				
3	Excess distributions carryover, if any, to 2015				
a	From 2010 1,033,204				
b	From 2011 1,846,618				
c	From 2012 553,438				
d	From 2013 674,135				
e	From 2014 946,753				
f	**Total** of lines 3a through e	5,054,148			
4	Qualifying distributions for 2015 from Part XII, line 4 ▶ $ 1,100,829				
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				27,146
e	Remaining amount distributed out of corpus	1,073,683			
5	Excess distributions carryover applied to 2015 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6	**Enter the net total of each column as indicated below:**				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,127,831			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
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			0	
f	Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	1,033,204			
9	**Excess distributions carryover to 2016.** Subtract lines 7 and 8 from line 6a	5,094,627			
10	Analysis of line 9				
a	Excess from 2011 1,846,618				
b	Excess from 2012 553,438				
c	Excess from 2013 674,135				
d	Excess from 2014 946,753				
e	Excess from 2015 1,073,683				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) **N/A**

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter (1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202 (704) 973-4500

b The form in which applications should be submitted and information and materials they should include

NO PARTICULAR FORM

c Any submission deadlines

FEBRUARY 4TH

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SOLEY FOCUSED ON DAVIE & ROWAN COUNTIES

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
ABUNDENT LIVING ADJULT DAY SERVICES INC P O BOX 947 SALISBURY, NC 28145		PC	DINING WITH DIGNITY	3,600
ADVOCACY CENTER OF DAVIE COUNTY 261 SOUTH MAIN STREET MOCKSVILLE, NC 27028		PC	HOMELESS ASSISTANCE	10,000
BIG BROTHERS BIG SISTERS SERVICES INC P O BOX 522 MOCKSVILLE, NC 27028		PC	SCHOOL BASED MENTORING	8,000
BREAD RIOT 1622 N MAIN STREET SALISBURY, NC 28144		PC	OUTREACH AND EDUCATION	5,000
CABARRUS COOPERATIVE CHRISTIAN MINISTRY P O BOX 1717 CONCORD, NC 28026		PC	CRISIS ASSISTANCE	5,000
CATAWBA COLLEGE 2300 W INNES STREET SALISBURY, NC 28144		NC	ANNUAL SCHOLARSHIP SUPPORT	75,000
CHILDREN'S HOPE ALLIANCE P O BOX 1 BARIUM SPRINGS, NC 28010		PC	TASK EXPANSION	75,000
CITY OF SALISBURY P O BOX 479 SALISBURY, NC 28145		NC	ARTS, MUSIC & MOVEMENT CAMP	5,000
COMMUNITIES IN SCHOOLS OF ROWAN COUNTY 204 E INNES STREET, SUITE 240 SALISBURY, NC 28144		PC	VOLUNTEER COORDINATOR	10,000
COMMUNITY CARE CLINIC OF ROWAN COUNTY IN 315-G MOCKSVILLE AVE SALISBURY, NC 28144		PC	GENERAL OPERATING SUPPORT	40,000
DAVIDSON COLLEGE P O BOX 7175 DAVIDSON, NC 28035		NC	SCHOLARSHIP PROGRAM	75,000
Total See Attached Statement			▶ **3a**	1,018,350
b *Approved for future payment*				
Total			▶ **3b**	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	22	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		22	0
13 **Total.** Add line 12, columns (b), (d), and (e)				13	22

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

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

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
MARGARET C WOODSON TRUST CO US TRUS	CHARITABLE TRUST	FOUNDATION RECEIVES ALL NET PROCEEDS

Sign Here

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

▶ Alyssa Federico 5/13/16 ▶ VP-FPTC

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? [ ] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2015

Name of the organization	Employer identification number
MARGARET C WOODSON FOUNDATION, INC	56-6064938

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ _____

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

Name of organization	Employer identification number
MARGARET C WOODSON FOUNDATION, INC	56-6064938

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET C WOODSON TRUST CO US TRUST C 114 WEST 47TH ST NEW YORK NY 10036 Foreign State or Province Foreign Country	$ 991,557	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
	Foreign State or Province Foreign Country	$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization	Employer identification number
MARGARET C WOODSON FOUNDATION, INC	56-6064938

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(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
		$	
(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
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
MARGARET C WOODSON FOUNDATION, INC	56-6064938

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $ 0

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For Prov Country	

(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
For Prov Country	

(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
For Prov Country	

(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
For Prov Country	

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name DAVIDSON COUNTY COMMUNITY COLLEGE FOUNDATION				
Street P O BOX 1287				
City LEXINGTON		**State** NC	**Zip Code** 27293	**Foreign Country**
Relationship	**Foundation Status** PF			
Purpose of grant/contribution SCHOLARSHIPS				**Amount** 13,000

Name DAVIE COUNTY ARTS COUNCIL				
Street 622 N MAIN STREET				
City MOCKSVILLE		**State** NC	**Zip Code** 27028	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution ARTS IN EDUCATION				**Amount** 8,000

Name DAVIE COUNTY GOVERNMENT				
Street 123 SOUTH MAIN STREET				
City MOCKSVILLE		**State** NC	**Zip Code** 27028	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution DOMESTIC VIOLENCE SERVICES				**Amount** 20,000

Name DAVIE COUNTY PUBLIC LIBRARY				
Street 371 N MAIN STREET				
City MOCKSVILLE		**State** NC	**Zip Code** 27028	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution READ-TO-ME PROGRAM				**Amount** 4,000

Name DAVIE COUNTY SENIOR SERVICES				
Street 278 MERONEY STREET				
City MOCKSVILLE		**State** NC	**Zip Code** 27028	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution CAREGIVER SUPPORT PROGRAM				**Amount** 6,000

Name FAITHFUL FRIENDS ANIMAL SANCTUARY INC				
Street P O BOX 3097				
City SALISBURY		**State** NC	**Zip Code** 28145	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution VETERINARY EXPENSES				**Amount** 20,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
FAMILES FIRST-NC INC
Street
P O BOX 459

City	State	Zip Code	Foreign Country
ROCKWELL	NC	28138	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	COURT CHILD CARE CENTER ENHANCEMENTS	8,600

Name
FOOD FOR THOUGHT OF ROWAN COUNTY
Street
131 WEST COUNCIL STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	2015-2016 PROGRAM	7,500

Name
FOOTPRINTS IN THE COMMUNITY
Street
1175 WALTON PLACE

City	State	Zip Code	Foreign Country
SALISBURY	NC	28146	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SUMMER THERAPY CAMP	3,000

Name
HABITAT FOR HUMANITY OF ROWAN COUNTY
Street
P O BOX 3356

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	BUILDING LOTS PURCHASE	12,000

Name
HAPPY'S FARM
Street
985 PARKS ROAD

City	State	Zip Code	Foreign Country
SALISBURY	NC	28146	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SUMMER/FALL ENRICHMENT PROGRAM	5,000

Name
HEALTHY CHILDREN OF ROWAN COUNTY INC
Street
P O BOX 962

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	ADD/HD SUMMER CAMP PROGRAM	8,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
HISTORIC NEELY SCHOOL FOUNDATION INC
Street
P O BOX 784

City	State	Zip Code	Foreign Country
CHINA GROVE	NC	28023	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	EXTERIOR RESTORATION	5,000

Name
HOOD THEOLOGICAL SEMINARY
Street
1810 LUTERAN SYNOD DRIVE

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SCHOLARSHIPS	25,000

Name
HUMANE SOCIETY OF DAVIE COUNTY
Street
291 EASTON ROAD

City	State	Zip Code	Foreign Country
MOCKSVILLE	NC	27028	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	COMMUNITY PET PROJECTS	15,000

Name
HUMANE SOCIETY OF ROWAN COUNTY INC
Street
P O BOX 295

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SPAY/NEUTER/VACCINE/FOSTER PROGRAM	10,000

Name
LEE STREET THEATRE
Street
P O BOX 201

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	2015 THEATRE SUMMER INTERNSHIP	2,500

Name
LIVINGSTONE COLLEGE
Street
701 WEST MONROE STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	NC	SCHOLARSHIPS	20,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name MARY BALDWIN COLLEGE				
Street P O BOX 1500				
City STAUNTON		**State** VA	**Zip Code** 24402	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution NEED-BASED SCHOLARSHIP AWARDS				**Amount** 75,000

Name MEALS OF WHEELS OF ROWAN INC				
Street P O BOX 1914				
City SALISBURY		**State** NC	**Zip Code** 28145	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution SUBSIDIZED MEALS				**Amount** 22,000

Name NAZARETH CHILDREN'S HOME				
Street P O BOX 1438				
City ROCKWELL		**State** NC	**Zip Code** 28138	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution FISHER COTTAGE TRANSPORTATION				**Amount** 6,000

Name NORTH CAROLINA SUMPHONY SOCEITY INC				
Street 3700 GLENWOOD AVENUE, SUITE 130				
City RALEIGH		**State** NC	**Zip Code** 27612	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution PERFORMANCE/VISIT COMPOSER				**Amount** 5,600

Name PARK AVENUE REDEVELOPMENT CORPORATION				
Street P O BOX 1972				
City SALISBURY		**State** NC	**Zip Code** 28145	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution GENERAL OPERATING SUPPORT				**Amount** 2,400

Name PARTNERS IN LEARNING CHILD DEVELOPMENT CENTER				
Street 2386 ROBIN ROAD				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution INCLUSIVE EARLY LEARNING ENVIRONMENT				**Amount** 10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
PIEDMONT PLAYERS THEATRE
Street
P O BOX 762

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	NORVELL THEATER PROJECT	7,500

Name
POPS AT THE POST INC
Street
P O BOX 3241

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	FREE, OUTDOOR CONCERT FOR COMMUNITY	3,500

Name
PREVENT CHILD ABUSE ROWAN
Street
P O BOX 591

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SPEAK UP BE SAFE PROGRAM	36,000

Name
RAPE, CHILD AND FAMILY ABUSE CRISIS COUNCIL OF SALISBURY
Street
131 W COUNCIL STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	BATTERED WOEMN'S SHELTER	40,000

Name
ROWAN-CABARRUS COMMUNITY COLLEGE FOUNDATION
Street
P O BOX 1595

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	NC	SCHOLARSHIP AND EMERGENCY FUNDS	40,000

Name
ROWAN COUNTY ASSOCIATED FOR RETARDED CITIZENS, INC
Street
1918 W INNES STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	SUMMER DAY PROGRAM	15,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP
Street
225 N MAIN STREET, SUITE 102

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	ROWAN CROSBY SCHOLARS 2015	15,000

Name
ROWAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Street
1813 E INNES STREET

City	State	Zip Code	Foreign Country
SALSBURY	NC	28146	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	NC	ROWAN ONE CHURCH ONE CHILD PROGRAM	6,000

Name
ROWAN COUNTY PARKS & RECREATION DEPARTMENT
Street
6800 BRINGLE FERRY ROAD

City	State	Zip Code	Foreign Country
SALISBURY	NC	28147	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	NC	BE FIT 4 LIFE	1,500

Name
ROWAN COUNTY PREGNANCY COUNSELING CENTER INC
Street
847 S MAIN STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	2015 OVERALL ORGANIZATION SUPPORT	7,500

Name
ROWAN HELPING MINISTRIES
Street
226 N LONG STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	CRISIS ASSITANCE NETWORK	45,000

Name
ROWAN MUSEUM INC
Street
202 NORTH MAIN STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	MUSEUM EDUCATIONAL PROGRAMMING	10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name ROWAN PUBLIC LIBRARY				
Street 201 WEST FISHER STREET				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution LARGE PRINT BOOKS				**Amount** 2,000

Name ROWAN VOCATIONAL OPPORTUNITIES INC				
Street 2728 OLD CONCORD ROAD				
City SALISBURY		**State** NC	**Zip Code** 28146	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution PRODUCTION DELIVERY TRUCK				**Amount** 25,000

Name ROWAN-SALISBURY SCHOOL SYSTEM				
Street 1639 PARKVIEW CIRCLE				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution PLANETARIUM MAINTENANCE AGREEMENT				**Amount** 3,650

Name ROWAN-SALISBURY SCHOOL SYSTEM				
Street 314 N ELLIS STREET				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution EXPERIENCING BIOLOGY THROUGH DIGITAL LEARNING				**Amount** 20,000

Name SALISBURY ACADEMY				
Street 2210 JAKE ALEXANDER BOULEVARD				
City SALISBURY		**State** NC	**Zip Code** 28147	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution SCHOLARSHIP FUND				**Amount** 3,000

Name SALISBURY-ROWAN SYMPHONY SOCIETY INC				
Street P O BOX 4264				
City SALISBURY		**State** NC	**Zip Code** 28145	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution EDUCATIONAL CONCERTS FOR 5TH GRADERS				**Amount** 2,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name STOREHOUSE FOR JESUS				
Street P O BOX 216				
City MOCKSVILLE		**State** NC	**Zip Code** 27028	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution MEICATION FOR LOW INCOME UNINSURED INDIVIDUALS				**Amount** 20,000

Name TOWN OF EAST SPENCER				
Street P O BOX 339				
City EAST SPENCER		**State** NC	**Zip Code** 28039	**Foreign Country**
Relationship	**Foundation Status** NC			
Purpose of grant/contribution ROYAL GIANTS PARK REDEVELIPMENT				**Amount** 25,000

Name WATERWORKS VISUAL ARTS CENTER INC				
Street 123 EAST LIBERTY STREET				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution 5TH GRADE ART STOPS				**Amount** 6,000

Name WEST ROWAN NEIGHBORHOOD CENTER ADVISORY COUNCIL INC				
Street P O BOX 70				
City CLEVELAND		**State** NC	**Zip Code** 27013	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution PERFORMANCE CENTER				**Amount** 5,000

Name WESTSIDE COMMUNITY FOUNDATION INC				
Street 719 S CALDWELL STREET				
City SALISBURY		**State** NC	**Zip Code** 28144	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution STEPPING-UP YOUTH EDUCATION				**Amount** 7,500

Name YMCA OF NORTHWEST NORTH CAROLINA				
Street 301 N MAIN STREET #1900				
City WINSTON-SALEM		**State** NC	**Zip Code** 28145	**Foreign Country**
Relationship	**Foundation Status** PC			
Purpose of grant/contribution WE BUILD PEOPLE ANNUAL GIVING				**Amount** 8,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name
YMCA OF ROWAN COUNTY
Street
P O BOX 1575

City	State	Zip Code	Foreign Country
SALISBURY	NC	28145	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	YOUNG LIFE CAMP SCHOLARSHIPS	10,000

Name
YOUNG LIFE MINISTRIES
Street
P O BOX 520

City	State	Zip Code	Foreign Country
COLORADO SPRINGS	CO	80901	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	PC	YOUNG LIFE CAMP SCHOLARSHIPS	8,000

Name
LIVINGSTONE COLLEGE
Street
701 W MONROE STREET

City	State	Zip Code	Foreign Country
SALISBURY	NC	28144	

Relationship	Foundation Status	Purpose of grant/contribution	Amount
	NC	NEED-BASED SCHOLARSHIPS	20,000

Name

Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status	Purpose of grant/contribution	Amount

Name

Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status	Purpose of grant/contribution	Amount

Name

Street

City	State	Zip Code	Foreign Country

Relationship	Foundation Status	Purpose of grant/contribution	Amount

Part I, Line 16c (990-PF) - Other Professional Fees

		38,000	1,900	0	36,100
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	MANAGEMENT FEE	38,000	1,900		36,100

Part I, Line 23 (990-PF) - Other Expenses

		1,339	67	0	1,272
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	INSURANCE	986	49		937
2	OFFICE EXPENSE	138	7		131
3	BANK FEES	215	11		204

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										40,800	0	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	JOHN B E CUNNINGHAM		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		PRESIDENT AND DIRECTOR	2 00	9,600	0	0
2	DR NILOUS M AVERY, II		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0
3	JAMES W DAVIS		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		VICE PRESIDENT AND	1 00	3,900	0	0
4	PATRICIA HOBSON JOHNSON		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0
5	WILLIAM G JOHNSON, JR		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0
6	MARY HOLT WOODSON MURPHY		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0
7	DONALD D SAYERS		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		TREASURER AND DIRECTOR	1 00	3,900	0	0
8	ROBERT P SHAY, JR		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0
9	PAUL B WOODSON, JR		220 NORTH TRYON STREET	CHARLOTTE	NC	28202		DIRECTOR	1 00	3,900	0	0