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

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2015

Open to Public Inspection

For calendar year 2015, or tax year beginning , 2015, and ending

| | | |
|--|---|--|
| Name of foundation <u>The Eleanor H Barnhardt Charitable Trust DBA The James & Eleanor Barnhardt Foundation</u> | | A Employer identification number <u>56-6269136</u> |
| Number and street (or P O box number if mail is not delivered to street address) <u>2032 Princeton Avenue</u> | | B Telephone number (see instructions) <u>(704) 377-1008</u> |
| City or town, state or province, country, and ZIP or foreign postal code <u>Charlotte NC 28207</u> | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change | | D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ <u>1,784,078.</u> | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (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) | | | | |
| 2 Ck <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | 57,822. | 57,822. | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | 14,695. | L-6a Stmt | | |
| b Gross sales price for all assets on line 6a | 55,562. | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 14,695. | | |
| 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) | | | | |
| See Line 11 Stmt | 1,454. | | | |
| 12 Total. Add lines 1 through 11. | 73,971. | 72,517. | | |
| ADMINISTRATIVE AND OPERATING EXPENSES | | | | |
| 13 Compensation of officers, directors, trustees, etc. | 900. | | | |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees (attach schedule) | 270. | 270. | | |
| b Accounting fees (attach sch) | 450. | 450. | | |
| c Other prof fees (attach sch) | | | | |
| 17 Interest | | | | |
| 18 Taxes (attach schedule) (see Instrs) | 2,007. | 20. | | |
| 19 Depreciation (attach schedule) and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses (attach schedule) | | | | |
| See Line 23 Stmt | 301. | 76. | | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | 3,928. | 816. | | |
| 25 Contributions, gifts, grants paid | 88,530. | | | 88,530. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 92,458. | 816. | | 88,530. |
| 27 Subtract line 26 from line 12. | | | | |
| a Excess of revenue over expenses and disbursements | -18,487. | | | |
| b Net investment income (if negative, enter -0-) | | 71,701. | | |
| c Adjusted net income (if negative, enter -0-) | | | | |

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 | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ASSETS | 1 Cash — non-interest-bearing | 55,471. | 55,033. | 55,033. |
| | 2 Savings and temporary cash investments | 82,477. | 28,732. | 28,732. |
| | 3 Accounts receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 4 Pledges receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 Other notes and loans receivable (attach sch) | | | |
| | 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) L-10b. Stmt | 450,818. | 527,804. | 1,698,469. |
| | c Investments — corporate bonds (attach schedule) L-10c. Stmt | 46,429. | 5,969. | 1,844. |
| | 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). | 635,195. | 617,538. | 1,784,078. | |
| LIABILITIES | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, & other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe) | | | |
| | 23 Total liabilities (add lines 17 through 22) | | | |
| 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. | X | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 635,195. | 617,538. | |
| | 30 Total net assets or fund balances (see instructions) | 635,195. | 617,538. | |
| | 31 Total liabilities and net assets/fund balances (see instructions). | 635,195. | 617,538. | |

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 | 635,195. |
| 2 Enter amount from Part I, line 27a | 2 | -18,487. |
| 3 Other increases not included in line 2 (itemize) <u>Adjustment to investments</u> | 3 | 830. |
| 4 Add lines 1, 2, and 3 | 4 | 617,538. |
| 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 | 617,538. |

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 shares MLC Company) | | (b) How acquired P — Purchase D — Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--|--------------------------------------|----------------------------------|
| 1 a | | | | |
| 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) FMV 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) | <div style="border: 1px solid black; padding: 2px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> | 2 |
| 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 |

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.

| (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 | | | |
| 2013 | | | |
| 2012 | | | |
| 2011 | | | |
| 2010 | | | |

| | |
|---|---|
| 2 Total of line 1, column (d) | 2 |
| 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 |
| 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | 4 |
| 5 Multiply line 4 by line 3 | 5 |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 |
| 7 Add lines 5 and 6 | 7 |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 |

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)

| | | | |
|---|------|----------|--------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary — see Instrs) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b | | 1 | 1,434. |
| 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 | 1,434. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | 1,434. |
| 6 Credits/Payments: | | | |
| a 2015 estimated tax pmts and 2014 overpayment credited to 2015 | 6 a | 1,987. | |
| b Exempt foreign organizations — tax withheld at source | 6 b | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6 c | | |
| d Backup withholding erroneously withheld | 6 d | | |
| 7 Total credits and payments Add lines 6a through 6d | 7 | 1,987. | |
| 8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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 | | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 553. | |
| 11 Enter the amount of line 10 to be Credited to 2016 estimated tax | 553. | Refunded | 11 |

Part VII-A Statements Regarding Activities

| | Yes | No |
|--|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? | | 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? | | 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 | | |
| 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? | | 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 | | X |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 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? | 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 | X | |
| 8 a Enter the states to which the foundation reports or with which it is registered (see instructions) | | |
| 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 | 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 | | X |
| 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | X |

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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 ▶ <u>Sadler Barnhardt</u> Telephone no. ▶ <u>(704) 377-1008</u> | | | |
| | Located at ▶ <u>2032 Princeton Ave,</u> <u>Charlotte,</u> <u>NC</u> ZIP + 4 ▶ <u>28207-2430</u> | | | |
| 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

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

| | Yes | No |
|---|---|----|
| 1 a During the year did the foundation (either directly or indirectly). | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b 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)? | 1 b | |
| Organizations relying on a current notice regarding disaster assistance check here | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? | 1 c | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | |
| a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | 2 b | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 __ , 20 __ , 20 __ , 20 __ . | | |
| 3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| b 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.) | 3 b | |
| 4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4 a | 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? | 4 b | X |

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

5 a 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)?

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)

6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If 'Yes' to 6b, file Form 8870.

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**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 |
|--|---|---|---|---------------------------------------|
| Deborah Barnhardt 2032 Princeton Ave Charlotte, NC 28207 | Trustee | 0.00 | 100. | 0. |
| Sadler H Barnhardt 2032 Princeton Ave Charlotte, NC 28207 | Trustee | 0.00 | 100. | 0. |
| James H Barnhardt Jr 3136 Clarendon Rd Charlotte, NC 28211 | Trustee | 0.00 | 100. | 0. |
| See Information about Officers, Directors, Trustees, Etc | | | | |
| | | 600. | 0. | 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 ☐ None

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 | | None |

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 | |
| 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 | |
| 2 | |
| All other program-related investments See instructions | |
| 3 | |
| Total. Add lines 1 through 3 | |

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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 | 1 a 1,715,819. |
| b | Average of monthly cash balances | 1 b 110,828. |
| c | Fair market value of all other assets (see instructions) | 1 c |
| d | Total (add lines 1a, b, and c) | 1 d 1,826,647. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1 e |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 |
| 3 | Subtract line 2 from line 1d | 3 1,826,647. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 27,400. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 1,799,247. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 89,962. |

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 89,962. |
| 2 a | Tax on investment income for 2015 from Part VI, line 5 | 2 a 1,434. |
| b | Income tax for 2015 (This does not include the tax from Part VI.) | 2 b |
| c | Add lines 2a and 2b | 2 c 1,434. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 88,528. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 |
| 5 | Add lines 3 and 4 | 5 88,528. |
| 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 88,528. |

Part XII Qualifying Distributions (see instructions)

| | | |
|----------|---|--------------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 | 1 a 88,530. |
| b | Program-related investments — total from Part IX-B. | 1 b |
| 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) | 3 a |
| b | Cash distribution test (attach the required schedule) | 3 b |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 88,530. |
| 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 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 88,530. |

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 | | | | 88,528. |
| 2 Undistributed income, if any, as of the end of 2015 | | | | |
| a Enter amount for 2014 only | | | 86,714. | |
| b Total for prior years 20 __, 20 __, 20 __ | | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | |
| a From 2010 | 0. | | | |
| b From 2011 | 0. | | | |
| c From 2012 | 0. | | | |
| d From 2013 | 0. | | | |
| e From 2014 | 0. | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$ 88,530. | | | | |
| a Applied to 2014, but not more than line 2a | | | 86,714. | |
| 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 | | | | 1,816. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 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 | 0. | | | |
| 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 | | 0. | | |
| 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 | | | | 86,712. |
| 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) | 0. | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2011 | 0. | | | |
| b Excess from 2012 | 0. | | | |
| c Excess from 2013 | 0. | | | |
| d Excess from 2014 | 0. | | | |
| e Excess from 2015 | 0. | | | |

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

N/A

1 a 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 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a 'Assets' alternative test — enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c 'Support' alternative test — enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the 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))

NONE

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.

NONE

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:

Sadler H Barnhardt
2032 Princeton Ave
Charlotte

NC 28207 (704) 377-1008

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

Detailed request data and copy of exemption certificate.

c Any submission deadlines:

NONE

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

See Additional Information attached

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 | | | | |
| Shepard's Center of Charlotte 3115 Providence R Charlotte NC 28211 | None | Tax Exempt Org | Support Program Services Support Program | 2,000. |
| Community Link 601 E 5th St, Ste 220 Charlotte NC 28273 | None | Tax Exempt Org | Services Support Program | 2,000. |
| Covenant Presbyterian Church 1000 East Morehead Street Charlotte NC 28204 | None | Tax Exempt Org | Services Support Program | 5,100. |
| Charlotte Latin 9502 Providence Rd Charlotte NC 28277 | None | School | Services Support Program | 1,000. |
| Communities in Schools 601 E 5th Street, Ste 300 Charlotte NC 28202 | None | Tax Exempt Org | Services Support Program | 2,000. |
| Wing Haven 248 Ridgewood Avenue Charlotte NC 28209 | None | College | Services Support Program | 3,000. |
| Grandfather Home Main Street Banner Elk NC 28604 | None | Tax Exempt Org | Services Support Program | 2,000. |
| Teen Health Connection 3541 Randolph Rd Ste 206 Charlotte NC 28211 | None | Tax Exempt Org | Services Support Program | 2,000. |
| Presbyterian College 503 South Broad Street Clinton SC 29325 | None | College | Services | 2,000. |
| See Line 3a statement | | | | 67,430. |
| Total | | | | 88,530. |
| b Approved for future payment | | | | |
| Total | | | | 3 b |

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

- 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?

| | Yes | No |
|---------|-----|----|
| 1 a (1) | | X |
| 1 a (2) | | X |
| | | |
| 1 b (1) | | X |
| 1 b (2) | | X |
| 1 b (3) | | X |
| 1 b (4) | | X |
| 1 b (5) | | X |
| 1 b (6) | | X |
| 1 c | | 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.

[illegible]

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

b If 'Yes,' complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

**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.

Signature of officer or trustee

Date _____

Title

May the IRS discuss
this return with the
preparer shown below
(see instructions)?

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

| | |
|--------------------------------|----|
| Check <input type="checkbox"/> | if |
| self-employed | |

PTIN

Christopher Kemp

parer's signature

05/02/16

P00293093

Firm's name ▶ Christopher Kemp PC, CPA

Firm's EIN ▶

Firm's address ▶ PO Box 726

Troutman

NC 28166-9612

Phone no (704) 230-4646

BAA

Form 990-PF (2015)

**Form 990-PF
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2015**

Name The Eleanor H Barnhardt Charitable Trust DBA The James & Eleanor Barnhardt Foundation Employer Identification Number 56-6269136

Asset Information:

| | |
|--|--|
| Description of Property <u>Gatx Corp.</u> | |
| Date Acquired . . . <u>02/10/10</u> | How Acquired . . . <u>Purchased</u> |
| Date Sold . . . <u>03/20/15</u> | Name of Buyer . . . _____ |
| Sales Price . . . <u>40,262.</u> | Cost or other basis (do not reduce by depreciation) . . . <u>40,262.</u> |
| Sales Expense . . . _____ | Valuation Method _____ |
| Total Gain (Loss) . . . _____ | Accumulation Depreciation: . . . _____ |
| Description of Property <u>170 shares Hospira Inc.</u> | |
| Date Acquired . . . <u>11/14/94</u> | How Acquired . . . <u>Purchased</u> |
| Date Sold . . . <u>09/03/15</u> | Name of Buyer . . . _____ |
| Sales Price . . . <u>15,300.</u> | Cost or other basis (do not reduce by depreciation) . . . <u>605.</u> |
| Sales Expense . . . _____ | Valuation Method _____ |
| Total Gain (Loss): . . . <u>14,695.</u> | Accumulation Depreciation: . . . _____ |
| Description of Property _____ | |
| Date Acquired: . . . _____ | How Acquired _____ |
| Date Sold . . . _____ | Name of Buyer: . . . _____ |
| Sales Price. . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense: . . . _____ | Valuation Method: _____ |
| Total Gain (Loss). . . _____ | Accumulation Depreciation. _____ |
| Description of Property _____ | |
| Date Acquired: . . . _____ | How Acquired _____ |
| Date Sold: . . . _____ | Name of Buyer: . . . _____ |
| Sales Price. . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense . . . _____ | Valuation Method _____ |
| Total Gain (Loss) . . . _____ | Accumulation Depreciation _____ |
| Description of Property _____ | |
| Date Acquired: . . . _____ | How Acquired _____ |
| Date Sold: . . . _____ | Name of Buyer: . . . _____ |
| Sales Price: . . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense . . . _____ | Valuation Method: _____ |
| Total Gain (Loss): . . . _____ | Accumulation Depreciation _____ |
| Description of Property: _____ | |
| Date Acquired . . . _____ | How Acquired _____ |
| Date Sold. . . _____ | Name of Buyer . . . _____ |
| Sales Price: . . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense . . . _____ | Valuation Method. _____ |
| Total Gain (Loss). . . _____ | Accumulation Depreciation. _____ |
| Description of Property _____ | |
| Date Acquired. . . _____ | How Acquired: _____ |
| Date Sold: . . . _____ | Name of Buyer. _____ |
| Sales Price: . . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense. . . _____ | Valuation Method: _____ |
| Total Gain (Loss): . . . _____ | Accumulation Depreciation _____ |
| Description of Property _____ | |
| Date Acquired: . . . _____ | How Acquired. _____ |
| Date Sold. . . _____ | Name of Buyer: . . . _____ |
| Sales Price . . . _____ | Cost or other basis (do not reduce by depreciation) . . . _____ |
| Sales Expense . . . _____ | Valuation Method _____ |
| Total Gain (Loss): . . . _____ | Accumulation Depreciation _____ |

Additional Information

Part XV question 2d:

Gifts & grants can be given to any non-profit institution exempt from tax under code section 501(C)(3), to public bodies & agencies, to charitable hospitals & institutions providing care for physically or emotionally ill, to religious organizations, churches, colleges, universities, hospitals, orphanages, community chests, inter-faith groups, conferences, or other agencies promoting the welfare of humanity.

Form 990-PF, Page 1, Part I, Line 11

Line 11 Stmt

| Other income: | Rev/Exp Book | Net Inv Inc | Adj Net Inc |
|--------------------------------|---------------|-------------|-------------|
| Nondividend Distributions | 55. | | |
| Cash liquidation distributions | 1,399. | | |
| Total | 1,454. | | |

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

| Taxes | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|--------------------|---------------|-------------|-------------|--------------|
| Foreign taxes paid | 20. | 20. | | |
| Federal Tax | 1,987. | | | |
| Total | 2,007. | 20. | | |

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

| Other expenses: | Rev/Exp Book | Net Inv Inc | Adj Net Inc | Charity Disb |
|----------------------|--------------|-------------|-------------|--------------|
| Meals | 225. | | | |
| Dues & Subscriptions | 76. | 76. | | |
| Total | 301. | 76. | | |

Form 990-PF, Page 6, Part VIII, Line 1

Information about Officers, Directors, Trustees, Etc.

| (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 |
|--|--|--|--|--|
| Person.. <input checked="" type="checkbox"/> Business . <input type="checkbox"/> Dorothy Barnhardt 3136 Clarendon Rd Charlotte, NC 28211 | Trustee 0.00 | 100. | 0. | 0. |
| Person.. <input checked="" type="checkbox"/> Business . <input type="checkbox"/> Elizabeth K Barnhardt 3136 Clarendon Rd Charlotte NC 28211 | Trustee 0.00 | 100. | 0. | 0. |
| Person.. <input checked="" type="checkbox"/> Business . <input type="checkbox"/> James H Barnhardt III 10 Meyers Drive Greenville SC 29605 | Trustee 0.00 | 100. | 0. | 0. |
| Person.. <input checked="" type="checkbox"/> Business . <input type="checkbox"/> Kelly Barnhardt 10 Myers Drive Greenville SC 29605 | Trustee 0.00 | 100. | 0. | 0. |

Form 990-PF, Page 6, Part VIII, Line 1

Continued

Information about Officers, Directors, Trustees, Etc.

| (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 |
|---|--|--|--|--|
| Person. <input checked="" type="checkbox"/> Business <input type="checkbox"/> Niklass Van Nort 6645 Pensford Lane Charlotte NC 28270 | Trustee 0.00 | 100. | 0. | 0. |
| Person. <input checked="" type="checkbox"/> Business <input type="checkbox"/> Kathryn Van Nort 6645 Pensford Lane Charlotte NC 28270 | Trustee 0.00 | 100. | 0. | 0. |

Total

600. 0. 0.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Founda- tion status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|-------------------------------------|---|
| a Paid during the year | | | | |
| Charlotte Rescue Mission 907 W 1st St Charlotte NC 28233 | ----- | Exempt Org | Support Program Services | Person or Business <input checked="" type="checkbox"/> 2,000. |
| Jr. Achievement of the Central Carolinas 201 S Tyron St Charlotte NC 28202 | ----- | Tax Exempt Org | Support Program Services | Person or Business <input checked="" type="checkbox"/> 1,000. |
| Duke University 2138 Campus Drive Durham NC 27708 | ----- | ----- School | Support Program Services | Person or Business <input checked="" type="checkbox"/> 2,500. |
| Queen's University of Charlotte 1900 Selwyn Ave Charlotte NC 28274 | ----- | ----- College | Support Services | Person or Business <input checked="" type="checkbox"/> 5,000. |
| Friendship Trays 2401-A Distribution St Charlotte NC 28203 | ----- | Tax Exempt Org | Support Program Services | Person or Business <input checked="" type="checkbox"/> 2,000. |
| Florence Crittenton Services 1300 Blythe Blvd Charlotte NC 28203 | ----- | Tax Exempt Org | Support Services Services | Person or Business <input checked="" type="checkbox"/> 1,000. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Person or Business Checkbox | Amount |
|---|---|--------------------------------|------------------------------------|---|--------|
| Name and address (home or business) | | | | | |
| a Paid during the year | | | | | |
| Sharon Towers 5100 Sharon Road Charlotte NC 28210 | | Tax Exempt Org | Support Program Services | Person or Business <input checked="" type="checkbox"/> | 2,000. |
| Alexander Youth Network 6220 Thermal Rd Charlotte NC 28211 | | Tax Exempt Org | Support Program Services | Person or Business <input checked="" type="checkbox"/> | 2,000. |
| Urban Ministry Center 945 N College St Charlotte NC 28206 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 2,000. |
| Charlotte 49'ers Athletic Foundation 9201 University City Blvd Charlotte NC 28223 | | School | Sports Program | Person or Business <input checked="" type="checkbox"/> | 2,000. |
| 24 Hours of Booty 801 E. Morehead Street Charlotte NC 28202 | | Tax Exempt Org | Support Program Support Program | Person or Business <input checked="" type="checkbox"/> | 500. |
| Habitat for Humanity of Charlotte 3815 Latrobe Drive Charlotte NC 28222 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,000. |
| The Lynnwood Foundation 400 Hermitage Rd Charlotte NC 28207 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 2,500. |
| WFAE 8801 J M Keynes Dr Ste 91 Charlotte NC 28262 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 3,000. |
| Wounded Warrior Project 8711 Monroe Road Charlotte NC 28212 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 500. |
| Boys Scout Troop 832 1410 East 7th Street Charlotte NC 28204 | | Tax Exempt Org | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,000. |
| A Child's Place 601 East 5th Street, Suite 230 Charlotte NC 28202 | | Tax Exempt | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,000. |
| Asbury University One Macklem Drive Wilmore KY 40390 | | Educational Tax Exempt | Support Program | Person or Business <input checked="" type="checkbox"/> | 2,000. |
| Catawba Lands Conservancy 105 W Morehead Street Charlotte NC 28202 | | Tax Exempt | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,000. |
| Friends of Accion Inc 100 E Morehead Street Charlotte NC 28204 | | Tax Exempt | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,680. |
| Hospice & Palliative Care of Charlotte 8919 Park Rd Charlotte NC 28210 | | Tax Exempt | Support Program | Person or Business <input checked="" type="checkbox"/> | 1,000. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun- dation status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox Amount |
|--|--|--|-------------------------------------|--|
| a Paid during the year | | | | |
| Hospitality House of Charlotte 1400 Scott Avenue Charlotte NC 28203 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Loaves and Fishes PO Box 11234 Charlotte NC 28220 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,500. |
| Salvation Army 1023 Central Avenue Charlotte NC 28211 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 2,000. |
| Second Harvest Food Bank of Metrolina 500-B Spratt Street Charlotte NC 28206 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| SMU Letterman's Assoc PO Box 750315 Dallas TX 75275 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,500. |
| Augustine Literacy Project 200 Hayes Road Chapel Hill NC 27517 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 500. |
| UNC TV 10 TW Alexander Drive Research Triangle Prk NC 27709 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Blowing Rock Art & History Museum 159 Chestnut Street Blowing Rock NC 28605 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Freedom School Partners 1030 Arosa Avenue Charlotte NC 28203 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Union Presbyterian Seminary 5141 Sharon Rd Charlotte NC 28210 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Westminster Presbyterian Church 101 Colville Rd Charlotte NC 28207 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |
| Brevard Music Center 349 Andante Lane Brevard NC 28712 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 500. |
| Classroom Central 2116 Wilkinson Blvd Charlotte NC 28208 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 2,000. |
| Crisis Assistance Ministries 500 Spratt Street Charlotte NC 28206 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 2,000. |
| Faith Ministries 18637 Northline Drive Cornelius NC 28031 | ----- ----- ----- | ----- Tax Exempt | ----- Support Program | Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> X 1,000. |

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foun- dation status of re- cipient | Purpose of grant or contribution | Person or Business Checkbox |
|---|--|--|-------------------------------------|--|
| | | | | Amount |
| a Paid during the year | | | | |
| Housing Opportunity Foundation | | | | Person or <input type="checkbox"/> |
| 2001 Calumet Ave | | | | Business <input checked="" type="checkbox"/> |
| Valparaiso IN 46383 | | Tax Exempt | Support Program | 1,000. |
| Joe Martin ALS Foundation | | | | Person or <input type="checkbox"/> |
| 100 N Tryon Street | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28202 | | Tax Exempt | Support Program | 2,000. |
| National Park Foundation | | | | Person or <input type="checkbox"/> |
| 1110 Vermnet Ave Suite 200 | | | | Business <input checked="" type="checkbox"/> |
| Washington DC 20005 | | Tax Exempt | Support Program | 1,000. |
| Queen's University Fund | | | | Person or <input type="checkbox"/> |
| 1900 Selwyn Ave | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28274 | | Tax Exempt | Education Program | 1,000. |
| Time Out Youth | | | | Person or <input type="checkbox"/> |
| 2320a Davidson St | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28205 | | Tax Exempt | Support Program | 500. |
| Trees Charlotte | | | | Person or <input type="checkbox"/> |
| 701 Tuckaseegee Rd | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28208 | | Tax Exempt | Support Program | 1,000. |
| Crossnore School | | | | Person or <input type="checkbox"/> |
| 100 D A R Drive | | | | Business <input checked="" type="checkbox"/> |
| Crossnore NC 28616 | | Tax Exempt | Support Program | 1,000. |
| Humane Society of Charlotte | | | | Person or <input type="checkbox"/> |
| 2700 Toomey Avenue | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28203 | | Tax Exempt | Support Program | 500. |
| Low Country Open Land Trust | | | | Person or <input type="checkbox"/> |
| 43 Wentworth Street | | | | Business <input checked="" type="checkbox"/> |
| Charleston SC 29401 | | Tax Exempt | Support Program | 500. |
| Mecklenburg Aquatic Club | | | | Person or <input type="checkbox"/> |
| 9820 Northcross Center Ct. | | | | Business <input checked="" type="checkbox"/> |
| Huntersville NC 28078 | | Tax Exempt | Support Program | 250. |
| Myers Park High School Foundation | | | | Person or <input type="checkbox"/> |
| 2400 Colony Road | | | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28209 | | Tax Exempt | Support Program | 2,000. |
| Stingray Aquatics | | | | Person or <input type="checkbox"/> |
| 2110 Pleasant Plains Rd | | | | Business <input checked="" type="checkbox"/> |
| Matthews NC 28105 | | Tax Exempt | Support Program | 500. |
| UNCC Athletic Foundation | | | | Person or <input type="checkbox"/> |
| 9201 University City Blvd. | | School | | Business <input checked="" type="checkbox"/> |
| Charlotte NC 28223 | | Tax Exempt | Support Program | 1,500. |

Total

67,430.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

| Line 10b - Investments - Corporate Stock: | End of Year | |
|---|-------------|-------------------|
| | Book Value | Fair Market Value |
| ABBVIE | 4,550. | 100,708. |
| Abbott Labs | 4,195. | 76,347. |
| BB&T Corp | 39,054. | 84,165. |
| AT&T | 19,438. | 91,187. |
| BP Amoco PLC | 43,693. | 49,766. |
| Bristol-Myers Squibb Corp | 15,656. | 82,548. |
| Camden Property Trust | 50,000. | 92,112. |
| Nextera Energy Inc | 17,019. | 114,071. |
| General Electric Corp | 3,334. | 112,140. |
| Hershey Foods Corp | 5,938. | 89,270. |
| IBM | 24,764. | 44,589. |
| JP Morgan & Co Inc. | 22,141. | 122,156. |
| 3M Company | 6,004. | 150,640. |
| Proctor & Gamble | 19,352. | 150,879. |
| Scana Corp | 44,163. | 91,037. |
| Verizon Communications | 12,963. | 25,375. |
| Sun Life Financial Services | 0. | 3,557. |
| Wells Fargo | 15,753. | 16,634. |
| American Electric Power Inc | 10,018. | 16,316. |
| Dominion Resources | 10,153. | 15,219. |
| Duke Energy | 25,322. | 28,556. |
| Frontier Comm Corp | 673. | 612. |
| Southern Company | 20,004. | 23,395. |
| Motorola Solutions Inc | 19,802. | 20,535. |
| Franklin Utilities | 44,336. | 48,927. |
| Merrill Lynch | 49,479. | 47,728. |
| Total | 527,804. | 1,698,469. |

Form 990-PF, Page 2, Part II, Line 10c

L-10c Stmt

| Line 10c - Investments - Corporate Bonds: | End of Year | |
|---|-------------|-------------------|
| | Book Value | Fair Market Value |
| Lehman Bros Hldgs | 5,969. | 1,844. |
| Total | 5,969. | 1,844. |