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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments			
	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			
	7 Other notes and loans receivable ►			
	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 <b>STMT 4</b>	<b>39,334.</b>	<b>8,776.</b>	<b>8,776.</b>
	b Investments - corporate stock			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ►			
	Less accumulated depreciation ►			
	15 Other assets (describe ► )			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	<b>39,334.</b>	<b>8,776.</b>	<b>8,776.</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ► )			
	23 Total liabilities (add lines 17 through 22)	<b>0.</b>	<b>0.</b>	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> 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 ► <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	<b>0.</b>	<b>0.</b>	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	<b>0.</b>	<b>0.</b>	
	29 Retained earnings, accumulated income, endowment, or other funds	<b>39,334.</b>	<b>8,776.</b>	
	30 Total net assets or fund balances	<b>39,334.</b>	<b>8,776.</b>	
	31 Total liabilities and net assets/fund balances	<b>39,334.</b>	<b>8,776.</b>	

**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	<b>39,334.</b>
2 Enter amount from Part I, line 27a	2	<b>&lt;30,558.&gt;</b>
3 Other increases not included in line 2 (itemize) ►	3	<b>0.</b>
4 Add lines 1, 2, and 3	4	<b>8,776.</b>
5 Decreases not included in line 2 (itemize) ►	5	<b>0.</b>
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	<b>8,776.</b>

**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.)
<b>1a PUBLICLY TRADED SECURITIES</b>					
<b>b PUBLICLY TRADED SECURITIES</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
(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 19,707.		8,247.	11,460.		
b 50,211.		21,162.	29,049.		
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			11,460.		
b			29,049.		
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	40,509.	
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). If (loss), enter -0- in Part I, line 8				N/A	

**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	107,458.	5,153.	20.853483
2013	102,714.	41,672.	2.464821
2012			
2011			
2010			

2 Total of line 1, column (d)

2 23.318304

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 11.659152

4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5

4 19,510.

5 Multiply line 4 by line 3

5 227,470.

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 402.

7 Add lines 5 and 6

7 227,872.

8 Enter qualifying distributions from Part XII, line 4

8 98,502.

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 ► <input type="checkbox"/> and enter "N/A" on line 1.	1 2 3 4 5	804. 0. 804. 0. 804.
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 ► <input type="checkbox"/> and enter 1% of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
3 Add lines 1 and 2	6a 6b 6c 6d	720.     7 8 9 10 11
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		
6 Credits/Payments:		
a 2015 estimated tax payments and 2014 overpayment credited to 2015		
b Exempt foreign organizations - tax withheld at source		
c Tax paid with application for extension of time to file (Form 8868)		
d Backup withholding erroneously withheld		
7 Total credits and payments. Add lines 6a through 6d		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	►	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	►	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ►	Refunded ►	

**Part VII-A Statements Regarding Activities**

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a 1b   1c   2 3 4a 4b 5   6 7   8b 9 10	Yes X X   X   X X X   X X   X X   X X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>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</i>		
c Did the foundation file Form 1120-POL for this year?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ 0. (2) On foundation managers. ► \$ _____ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		
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		
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 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? <i>If "Yes," attach the statement required by General Instruction T</i>		
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?		
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	N/A	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► <b>NC</b>		
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		
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		
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		

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

	Yes	No
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? Website address ► N/A	13	X
14 The books are in care of ► GRIER FURR & CRISP, PA Located at ► 101 N. TRYON STREET, SUITE 1240, CHARLOTTE, NC	Telephone no. ► 704-375-3720	ZIP+4 ► 28246
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	N/A
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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	16	Yes X

## 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
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?	<input type="checkbox"/> Yes	X No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	X No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	X No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input 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	X No
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes	X 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? If "Yes," list the years ►	<input type="checkbox"/> Yes	X No
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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a 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	X 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))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

(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 Yes  No Yes  No Yes  No 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 ► 5b 

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?

N/A

 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  No6b 

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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  No7b 

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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.

(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 STATEMENT 5		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 ..

►

0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services. 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 ► 0

**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.

1	N/A	Expenses
2		
3		
4		

**Part IX-B** **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1	N/A	Amount
2		
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

b Average of monthly cash balances

c Fair market value of all other assets

d Total (add lines 1a, b, and c)

e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)

2. Acquisition indebtedness applicable to line 1 assets

3. Subtract line 2 from line 1d

4. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

5. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

6. Minimum investment return. Enter 5% of line 5

1a	0.
1b	19,807.
1c	
1d	19,807.
1e	0.
2	0.
3	19,807.
4	297.
5	19,510.
6	976.

**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

2a. Tax on investment income for 2015 from Part VI, line 5

b. Income tax for 2015. (This does not include the tax from Part VI.)

c. Add lines 2a and 2b

3. Distributable amount before adjustments. Subtract line 2c from line 1

4. Recoveries of amounts treated as qualifying distributions

5. Add lines 3 and 4

6. Deduction from distributable amount (see instructions)

7. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1	976.
2a	804.
2b	
2c	804.
3	172.
4	0.
5	172.
6	0.
7	172.

**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

b. Program-related investments - total from Part IX-B

2. Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3. Amounts set aside for specific charitable projects that satisfy the:

a. Suitability test (prior IRS approval required)

b. Cash distribution test (attach the required schedule)

4. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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

6. Adjusted qualifying distributions. Subtract line 5 from line 4

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.

1a	98,502.
1b	0.
2	
3a	
3b	
4	98,502.
5	0.
6	98,502.

**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				172.
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	102,975.			
b From 2011	70,018.			
c From 2012	95,488.			
d From 2013	101,229.			
e From 2014	108,165.			
f Total of lines 3a through e	477,875.			
4 Qualifying distributions for 2015 from Part XII, line 4: ► \$ 98,502.			0.	
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				172.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	98,330.		0.	
6 Enter the net total of each column as indicated below:	576,205.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5		0.		
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
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 instr.			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)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	102,975.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	473,230.			
10 Analysis of line 9:				
a Excess from 2011	70,018.			
b Excess from 2012	95,488.			
c Excess from 2013	101,229.			
d Excess from 2014	108,165.			
e Excess from 2015	98,330.			



## Part XV Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CAROLINA HEALTHCARE FOUNDATION 1221 E MOREHEAD ST CHARLOTTE, NC 28204	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	20,000.
CLEMSON UNIVERSITY G01 SIKES HALL, BOX 345123 CLEMSON, SC 29634-5123	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	7,000.
COMMUNITY SCHOOL OF THE ARTS 345 N. COLLEGE STREET, SUITE 413 CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	500.
UNITED WAY OF CENTRAL CAROLINAS 301 SOUTH BREVARD STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	12,000.
UNIVERSITY OF GEORGIA, OFFICE OF STUDENT FINANCIAL AID 220 HOLMES/HUNT ACADEMIC BUILDING ATHENS, GA 30602-6114	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	11,420.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3a 98,502.
<i>b Approved for future payment</i>				
FIRST PRESBYTERIAN CHURCH 200 WEST TRADE STREET CHARLOTTE, NC 28202	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	13,500.
NC WILDLIFE FEDERATION 2155 MCCLINTOCK ROAD CHARLOTTE, NC 28205	NONE	PUBLIC CHARITY	ANNUAL PLEDGE	1,500.
CLEMSON UNIVERSITY G01 SIKES HALL, BOX 345123 CLEMSON, SC 29634-5123	NONE	PUBLIC CHARITY	TUITION - WEAVER SCHOLARSHIP	3,500.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			► 3b 27,841.

## 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) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
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					
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 .			<2,010 .>	0 .
13 Total. Add line 12, columns (b), (d), and (e)				13	<2,010 .>
(See worksheet in line 13 instructions to verify calculations.)					

## **Relationship of Activities to the Accomplishment of Exempt Purposes**

**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?

**a Transfers from the reporting foundation to a noncharitable exempt organization of:**

- (1) Cash
- (2) Other assets

- Other contributions:
  - (1) Sales of assets to a noncharitable exempt organization
  - (2) Purchases of assets from a noncharitable exempt organization
  - (3) Rental of facilities, equipment, or other assets
  - (4) Reimbursement arrangements
  - (5) Loans or loan guarantees
  - (6) Performance of services or membership or fundraising solicitations
- Sharing of facilities, equipment, mailing lists, other assets, or paid employees
  - (1) Utilization of facilities, equipment, mailing lists, other assets, or paid employees

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

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.

**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?

Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**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

7/9/11a

1

► TRUSTEE/CHAIR

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

Signature of officer or trustee		Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	ELIZABETH P. MURPHY		05/04/16	P00653168	
	Firm's name ► DIXON HUGHES GOODMAN LLP			Firm's EIN ► 56-0747981	
	Firm's address ► 4350 CONGRESS STREET, SUITE 900 CHARLOTTE, NC 28209			Phone no. 704-367-7020	

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

Employer identification number

**VICTORIA SUSAN SUTTON CHARITABLE TRUST**

**56-6376395**

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 33 1/3% 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

## 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	VICTORIA SUSAN SUTTON 520 N. CHURCH STREET CHARLOTTE, NC 28202	\$ 75,428.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions)

523452 10-26-15

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

Name of organization

Employer identification number

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

## 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
1	378 SHARES OF FUNDAMENTAL INVESTORS (FINFX)	\$ 20,072.	12/14/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	970 SHARES OF FUNDAMENTAL INVESTORS (FINFX)	\$ 51,856.	12/18/15
(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
		\$ _____	_____

523453 10-26-15

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

**Name of organization**

**Employer identification number**

## VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

### Part II

**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 info once) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

**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
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b>(e) Transfer of gift</b>		
	<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>

VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

**Part XV** **Supplementary Information**

### 3 Grants and Contributions Paid During the Year (Continuation)

523631  
04-01-15

## VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

## Part XV      Supplementary Information

### 3 Grants and Contributions Approved for Future Payment (Continuation)

523635  
04-01-15

Victoria Susan Sutton Charitable Trust

EIN 20-5854617

2015 990-PF

Attachment

# **The Dottie Kirkley Weaver Scholarship**

# **The Dottie Kirkley Weaver Scholarship Information**

The Dottie Kirkley Weaver Scholarship was established in 1999 by the Victoria Susan Sutton Charitable Trust. Mrs. Weaver grew up near Garinger High in Charlotte, NC, attended Harding High School and served as women's basketball coach of Fort Mill High School during the late 1960's and early 1970's, instilling in her players a strong sense of honesty, equality and fair play. All whose lives she touched came away richer, having received the invaluable gift of a kind and devoted mentor.

Vicki Sutton established the Weaver Scholarship on behalf of all those who had the privilege of a knowing Dottie Kirkley Weaver. Ms. Sutton believes that the scholarship is an apt way to remember a special teacher, coach and friend while affording deserving female athletes from Harding University, Fort Mill and Garinger High Schools the opportunity to continue their education.

## **Eligibility**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at one of these three high schools for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

## **Nature of the Award**

One scholarship will be awarded each academic year. The scholarship may be awarded to a graduating senior at Fort Mill, Harding University High School or Garinger High School, in the discretion of the Trust. The amount of the scholarship will equal Seven Thousand Dollars (\$7,000.00) per school year, payable in two installments of Three Thousand Five Hundred Dollars (\$3,500.00), with one installment paid in August and one installment paid in December. The award will be paid directly to the educational institution on the recipient's behalf. A recipient may receive the scholarship for up to four years of study so long as she remains a full-time student and maintains a grade point average of at least 2.5 for each academic year. A recipient shall provide to the Trust an official transcript prior to each annual renewal.

## **Selection Process and Criteria**

A committee at each school, composed of one teacher, one representative from the athletic department, and one guidance counselor will review each application and will select the top three candidates from their school's pool of applicants. These top candidates' applications will then be sent to an annually-designated member of the Victoria S Sutton Charitable Trust. The Board of the Victoria Susan Sutton Charitable Trust then may elect to interview the top three candidates. After their review, the Board will select the recipient.

In making its decision, the committee and the Board will consider the following:

- (a) the applicant's role as a leader in athletic programs at their high school, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

Applicants are asked to indicate on the application form whether they have applied, or intend to apply, for (or received) any similar scholarships. The selection committee reserves the right to abate the Weaver scholarship if a Weaver Scholar is the beneficiary of other significant scholarships, awards or prizes.

## **Application Process**

Application packets are available in the guidance office. They should be completed and submitted to the guidance office no later than April 15. The Dottie Kirkley Weaver Scholar will be selected by and announced by May 31.

In addition to completing the attached scholarship application form, applicants should submit a high school transcript. Applicants also should ensure that their recommendation forms are submitted before the deadline by their chosen coach and teacher.

# **The Dottie Kirkley Weaver Scholarship**

## **Application Form**

*(Please type or print using black ink.)*

### **Personal Information**

Name <i>(last)</i>	<i>(first)</i>	<i>(middle)</i>
Street Address		
City	State	ZIP
Telephone	Social Security #	Birth date
Father/Guardian's Name		Living      Deceased
Address		
Home Phone Number ( )	Work ( )	Occupation
Mother/Guardian's Name		Living      Deceased
Address		
Home Phone Number ( )	Work ( )	Occupation

### **School Information**

#### **Name of School**

Grade Point Average	Class Rank (%)	SAT score
---------------------	----------------	-----------

#### ***Sports Activities and Awards*** *(Attach additional sheets if necessary.)*

— Please list those sports activities in which you have participated, the years in which you participated, and whether or not you lettered in the sport.

— Please list the awards you have received for participating in sports activities, including awards you received for pre-high school sports activities.

***Other School Activities and Awards*** (*Attach additional sheets if necessary.*)

— Please list (in order of importance to you) your high school activities, such as participation in school clubs, and any leadership positions you held.

***Activities Outside of School*** (*Attach additional sheets if necessary.*)

Do you currently have a job?                    Yes                    No

If so, who is your current employer? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_  
— Please list (in order of importance to you) your involvement in extracurricular activities *outside* of school, such as community and volunteer organizations and church.

— How did you spend your last summer break?

## Your Plans After Graduating from High School

What school will you be attending?

Name \_\_\_\_\_

Address \_\_\_\_\_

Month/Year you will begin attendance \_\_\_\_\_ Will you attend full-time? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the occupations or professions you are considering. You may indicate more than one career interest, or specify "undecided" if you are uncertain at this time.

## Financial Information

What is your total annual income before taxes? NOTE: If you are *not* financially independent, please indicate your *family's* combined annual income before taxes.

→	Less than \$30,000	→	\$70,001 to \$80,000
→	\$30,001 to \$40,000	→	\$80,001 to \$90,000
→	\$40,001 to \$50,000	→	\$90,001 to \$100,000
→	\$50,001 to \$60,000	→	More than \$100,000
→	\$60,001 to \$70,000		

How many family members are supported by the annual income indicated above?

How many of these family members are currently in college?

If you would like to include any additional information which would further illustrate your financial need, please do so in the space below. Please be specific.

Have you been awarded, or do you plan to apply for, any other scholarships or financial aid?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate below the sources of the assistance you have been awarded or are applying for, and in what amounts. Please indicate whether or not you have received the assistance, and, if you have not yet received the assistance, when you expect to hear whether or not you will receive such assistance.

## **Short Essays**

— In the space provided below, please describe your most significant involvement in a sports activity during high school. What did you learn from this experience? How did your participation influence others?

— In the space provided below, please describe the person who has had the most significant impact on your life, and explain why.

## References

Please give the attached comment sheets to one coach and one teacher (other than a coach) who know you well and who can provide information about you which will help the selection committee in its award decision.

In addition, please list below three references **from outside of your high school**. Examples include employers, leaders of civic groups, coaches from sports leagues outside of your high school, ministers, etc. Your references should know you well and should be willing to talk with the selection committee about you and about how they know you.

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

(3) Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

I certify that, to the best of my knowledge, the **financial** information set out above is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be signed by Parent or Guardian, or by Applicant if Applicant is financially independent)

I certify that, to the best of my knowledge, all the information contained in this application and its attachments is correct and complete. I agree that the selection committee has my permission to verify it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(To be signed by Applicant)

# **The Dottie Kirkley Weaver Scholarship**

## **Teacher Recommendation Form**

Note: This form should be completed by a teacher who is not a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at Fort Mill High School, Harding University High School or Garinger High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at the applicants' high school, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship. In my opinion, this applicant is fully qualified for the reasons stated below. (You may use the space below, or attach additional sheets. Please make the selection committee aware of any special or unique circumstances that should be considered in evaluating this applicant's record and potential. Remember that written comments will be received in confidence and will be used only in the selection process.)

---

Signature

Name (type or print)

---

Title

Date

# **The Dottie Kirkley Weaver Scholarship**

## **Coach Recommendation Form**

Note: This form should be completed by a coach. Information furnished on this form is considered confidential and will **not** be returned to the nominee. Thank you for taking the time to complete this form.

### **General Information**

To be eligible for the Dottie Kirkley Weaver Scholarship, an applicant must:

- (a) be a female graduating senior of Fort Mill High School, Harding University High School or Garinger High School;
- (b) have participated in a sport at Fort Mill School, Harding University High School or Garinger High School for at least one semester;
- (c) have been accepted at an accredited two- or four-year college or university, including a community college; and
- (d) have an overall high school grade point average of 2.5 through the first semester of her high school senior year.

In making its decision, the committee will consider the following:

- (a) the applicant's role as a leader in athletic programs at Fort Mill High School, Harding University or Garinger High School, with particular emphasis placed on the applicant's sportsmanship and character;
- (b) the applicant's ability and promise of future achievement; and
- (c) evidence of the applicant's financial need.

I recommend \_\_\_\_\_ for a Dottie Kirkley Weaver Scholarship. In my opinion, this applicant is fully qualified for the reasons stated below. (You may use the space below, or attach additional sheets. Please make the selection committee aware of any special or unique circumstances that should be considered in evaluating this applicant's record and potential. Remember that written comments will be received in confidence and will be used only in the selection process.)

---

Signature

Name (type or print)

---

Title

Date

FORM 990-PF

GAIN OR (LOSS) FROM SALE OF ASSETS

STATEMENT 1

(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED		DATE ACQUIRED      DATE SOLD	
PUBLICALLY TRADED SECURITIES					
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
19,707.	20,072.	0.	0.		<365.>
(A) DESCRIPTION OF PROPERTY		MANNER ACQUIRED		DATE ACQUIRED      DATE SOLD	
PUBLICALLY TRADED SECURITIES					
(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS	
50,211.	51,856.	0.	0.		<1,645.>
CAPITAL GAINS DIVIDENDS FROM PART IV					0.
TOTAL TO FORM 990-PF, PART I, LINE 6A					<2,010.>

FORM 990-PF

LEGAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY'S ADVISORY FEES	2,084.	313.		0.
ACCOUNTING FEES	2,100.	0.		0.
TO FM 990-PF, PG 1, LN 16A	4,184.	313.		0.

## VICTORIA SUSAN SUTTON CHARITABLE TRUST

56-6376395

FORM 990-PF

TAXES

STATEMENT

3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NET INVESTMENT INCOME				
EXCISE TAX	1,290.	0.		0.
TO FORM 990-PF, PG 1, LN 18	1,290.	0.		0.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT

4

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
EVERGREEN US GOVERNMENT MONEY MARKET FUND	X		8,776.	8,776.
TOTAL U.S. GOVERNMENT OBLIGATIONS			8,776.	8,776.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			8,776.	8,776.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICTORIA SUSAN SUTTON 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE/CHAIR 0.00	0.	0.	0.
CHARLES DAVIS BING 520 N. CHURCH STREET CHARLOTTE, NC 28202	TRUSTEE 0.00	0.	0.	0.
ELIZABETH SUTTON SPRATT 1920 SUTTONVIEW ROAD FORT MILL, SC 29715	TRUSTEE/SECRETARY 0.00	0.	0.	0.
CATHERINE SUTTON BRYANT 101 LOCH BEND LANE CARY, NC 27518	TRUSTEE 0.00	0.	0.	0.
KATHRYN LYNN RIDGE 19610 WEAVER'S RIDGE HUNTERSVILLE, NC 28078	TRUSTEE/VICE CHAIRMAN 0.00	0.	0.	0.
J. CAMERON FURR, JR. 101 N. TRYON STREET, STE 1240 CHARLOTTE, NC 28246	ASSISTANT SECRETARY 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT

6

## NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

FORT MILL HIGH SCHOOL, ATTN: MS. PETERS, GUIDANCE  
225 MUNN ROAD  
FORT MILL, SC 29715

TELEPHONE NUMBER NAME OF GRANT PROGRAM

803-548-8235 THE DOTTIE KIRKLEY WEAVER SCHOLARSHIP (SEE ATTACHED)

## EMAIL ADDRESS

PETERSCE@FORT-MILL-K12.SC.US

## FORM AND CONTENT OF APPLICATIONS

PAPER APPLICATION, INCLUDING HIGH SCHOOL TRANSCRIPT, TEACHER RECOMMENDATION FORMS, AND COACH RECOMMENDATION FORM (SEE ATTACHED)

## ANY SUBMISSION DEADLINES

APRIL 15

## RESTRICTIONS AND LIMITATIONS ON AWARDS

TO BE ELIGIBLE, STUDENTS MUST BE A FEMALE GRADUATING SENIOR OF FORT MILL HIGH SCHOOL, HARDING UNIVERSITY HIGH SCHOOL, OR GARINGER HIGH SCHOOL; HAVE PARTICIPATED IN A SPORT FOR AT LEAST ONE SEMESTER; HAVE BEEN ACCEPTED TO AN ACCREDITED TWO- OR FOUR-YEAR COLLEGE/UNIVERSITY; AND HAVE MAINTAINED AT LEAST A 2.5 GPA THROUGH THE FIRST SEMESTER OF HER HIGH SCHOOL SENIOR YEAR.