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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation THE REDWOODS GROUP FOUNDATION INC		<b>A Employer identification number</b> 77-0698917
Number and street (or P O box number if mail is not delivered to street address) 2801 SLATER RD NO 220	Room/suite	<b>B Telephone number</b> (see instructions) (919) 462-9730
City or town, state or province, country, and ZIP or foreign postal code MORRISVILLE, NC 275608477		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
<b>H</b> 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		
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 102,713	<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	458,666			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .				
	<b>4</b> Dividends and interest from securities . . . . .				
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10  173	173			
	<b>b</b> Gross sales price for all assets on line 6a _____ 420				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		0		
	<b>8</b> Net short-term capital gain . . . . .			0	
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . . 	10,470	0	10,470	
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	469,309	0	10,470	
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	87,262	0	1,756	85,506
	<b>14</b> Other employee salaries and wages . . . . .	95,915	0	1,929	93,986
	<b>15</b> Pension plans, employee benefits . . . . .	6,020	0	121	5,899
	<b>16a</b> Legal fees (attach schedule). . . . .				
	<b>b</b> Accounting fees (attach schedule). . . . . 	10,446	0	210	10,236
	<b>c</b> Other professional fees (attach schedule) . . . . . 	140,368	0	2,823	137,545
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . 	13,794	0	277	13,517
	<b>19</b> Depreciation (attach schedule) and depletion . . . . 445	445	0	9	
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .	31,725	0	638	31,087
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . . 	16,468	2,788	275	13,405
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	402,443	2,788	8,038	391,181
	<b>25</b> Contributions, gifts, grants paid . . . . .	118,115			118,115
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	520,558	2,788	8,038	509,296
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-51,249			
	<b>b Net investment income</b> (if negative, enter -0-)		0		
	<b>c Adjusted net income</b> (if negative, enter -0-)			2,432	

<b>Part II</b> <b>Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	17,741	41,710	41,710
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ <u>61,003</u> Less allowance for doubtful accounts ▶ _____	101,339	61,003	61,003
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	234		
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____	692	0	0
	<b>15</b> Other assets (describe ▶ _____)			
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	120,006	102,713	102,713
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	677	29,354	
	<b>18</b> Grants payable . . . . .		5,000	
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	279	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .	677	34,633	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	-14,306	68,080	
	<b>25</b> Temporarily restricted . . . . .	133,635	0	
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .	119,329	68,080	
	<b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) . .	120,006	102,713	

**Part III**   **Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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) . . . . .	<b>1</b>	119,329
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-51,249
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	68,080
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	68,080

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

<b>2</b>	Capital gain net income or (net capital loss)	<div>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</div>	<b>2</b>	
<b>3</b>	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		<b>3</b>	

**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 instructions before making any entries

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2014	537,983	118,055	4 557054
2013	615,823	229,038	2 688737
2012	509,531	376,892	1 351928
2011	501,091	785,708	0 637757
2010	825,934	1,869,407	0 441816

<b>2</b>	Total of line 1, column (d).	<b>2</b>	9 677292
<b>3</b>	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	<b>3</b>	1 935458
<b>4</b>	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b>	152,437
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	295,035
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	0
<b>7</b>	Add lines 5 and 6.	<b>7</b>	295,035
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	509,296

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 page 18 of the instructions)**

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

**Part VII-A Statements Regarding Activities**

<b>1a</b>	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? . . . . .		<b>Yes</b>	<b>No</b>
<b>1a</b>				<b>No</b>
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for 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>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		<b>No</b>
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>▶</b> \$ _____ <b>0</b> <b>(2)</b> On foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ <b>0</b>			
<b>2</b>	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>	<b>2</b>		<b>No</b>
<b>3</b>	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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>		<b>No</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>		<b>No</b>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>		<b>No</b>
<b>6</b>	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? . . . . .	<b>6</b>	<b>Yes</b>	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	<b>Yes</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NC _____			
<b>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? <i>If "No," attach explanation</i> . . . . .	<b>8b</b>	<b>Yes</b>	
<b>9</b>	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)? <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	<b>Yes</b>	
<b>10</b>	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>		<b>No</b>

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► REDWOODSGROUP.COM/FOUNDATION	13	Yes	
14	The books are in care of ► KEVIN A TRAPANI Telephone no ► (919) 462-9730 Located at ► 2801 SLATER RD STE 220 MORRISVILLE NC ZIP+4 ► 275608477			
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <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)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	1b		No
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		No
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 ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <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 ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

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

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2)

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

☐ Yes

☒ No

(3)

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

☐ Yes

☒ No

(4)

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

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

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

6b

No

If "Yes" to 6b, file Form 8870

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

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

7b

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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

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	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) 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 (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. . . . . ▶		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.	Expenses
1PARTNERING IN PREVENTION IS A COMMUNITY-BASED CHILD SEXUAL ABUSE PREVENTION INITIATIVE OF THE REDWOODS GROUP FOUNDATION. IT IS A PARTNERSHIP BETWEEN YMCA LEADERS, THE FOUNDATION, & THE NATIONAL NONPROFIT DARKNESS TO LIGHT. INITIAL SEED FUNDING WAS PROVIDED TO YMCAS TO HELP THEM START COMMUNITY INITIATIVES & THE FOUNDATION NOW OFFERS BACKBONE STAFFING AND STRATEGIC SUPPORT TO HELP THE EFFORT SCALE. PARTNERING IN PREVENTION HELPS YMCAS ENGAGE ENTIRE COMMUNITIES IN CHILD SEXUAL ABUSE PREVENTION & INTERVENTION THROUGH PARTNERSHIPS WITH MUNICIPALITIES, SCHOOLS, LAW ENFORCEMENT AGENCIES, ELECTED OFFICIALS, FAITH CENTERS, YOUTH SPORTS PROGRAMS & CHILDREN'S ADVOCACY CENTERS. FOUNDATION HELPED TO GROW THE INITIATIVE TO REACH OVER 190 YMCAS IN 24 DIFFERENT STATES & TRAIN OVER 95,000 PEOPLE BY THE END OF 2015. THE ULTIMATE GOAL IS TO EXTEND THE PROGRAM TO ENOUGH COMMUNITIES TO MAKE CHILD SEXUAL ABUSE PREVENTION EDUCATION AND AWARENESS THE NEW NORM THROUGHOUT THE UNITED STATES.	265,689
2LEARN TO SWIM IS A DROWNING PREVENTION EFFORT CATALYZED BY THE REDWOODS GROUP FOUNDATION. IT IS A PARTNERSHIP WITH LOCAL YMCA & SCHOOL LEADERS IN THOSE COMMUNITIES TO SPREAD ACCESS TO SWIM LESSONS TO MORE CHILDREN. AN INITIAL BENCHMARK ASSESSMENT WAS COMPLETED TO IDENTIFY BEST PRACTICES FOR COMMUNITY-BASED LEARN TO SWIM PROGRAMS. THE FOUNDATION PARTNERED WITH THE USA SWIMMING FOUNDATION TO BEGIN AN ASSESSMENT OF LEARNING TO SWIM'S ACADEMIC AND DEVELOPMENTAL BENEFITS. IF PROVEN TO HAVE THOSE BENEFITS, IT WOULD BE MUCH EASIER TO GET SCHOOL BOARDS AND FUNDERS TO SUPPORT SWIMMING AS A PART OF THE SCHOOL DAY FOR ALL KIDS. DATA COLLECTION BEGAN IN 2014 AND THE INFORMATION WILL BE ANALYZED ONCE COLLECTION IS COMPLETED IN 2015. THE ULTIMATE GOAL IS TO MAKE SWIM LESSONS SOMETHING THAT EVERY CHILD HAS ACCESS TO AS A PART OF THEIR SCHOOL CURRICULUM. THE FOUNDATION WILL CONTINUE TO PROVIDE SUPPORT TO ASSESS THE IMPACT OF THE PROGRAM AND IDENTIFY OPPORTUNITIES TO SCALE THIS MODEL.	9,358
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. . . . . ▶	0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	93,755
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	61,003
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	154,758
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	154,758
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	2,321
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	152,437
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	7,622

**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.)

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

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	509,296
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	509,296
<b>5</b>	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). . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	509,296

**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
<b>1</b> Distributable amount for 2015 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .				
<b>b</b> Total for prior years    20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ► \$ _____				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
<b>9</b> <b>Excess distributions carryover to 2016.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . .				
<b>b</b> Excess from 2012. . . .				
<b>c</b> Excess from 2013. . . .				
<b>d</b> Excess from 2014. . . .				
<b>e</b> Excess from 2015. . . .				

## Part XIV

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

2014-08-20

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

**2a** 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**

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2,432	504	8,243	18,845	30,024
2,067	428	7,007	16,018	25,520
509,296	537,986	615,823	509,531	2,172,636
0	0	0	0	0
509,296	537,986	615,823	509,531	2,172,636
				0
				0
5,081	3,935	7,635	12,563	29,214
				0
				0
				0
				0

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

LAUREL VADALA  
2801 SLATER ROAD STE 220  
MORRISVILLE, NC 275608477  
(919) 462-9730

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

SPECIFIED FORMS AVAILABLE UPON REQUEST

**c** Any submission deadlines

THE 2015 GRANT REQUEST DEADLINES WERE MARCH 30 AND SEPTEMBER 28

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

THE FOUNDATION TYPICALLY DOES NOT PROVIDE FUNDING TO ARTS FOR THE GENERAL PUBLIC, AID FOR DOMESTIC ANIMALS, RELIGIOUS ORGANIZATIONS REQUESTING FUNDS FOR RELIGIOUS PURPOSES, LABOR ORGANIZATIONS, FRATERNAL OR SOCIAL ORGANIZATIONS, PARTISAN POLITICAL CAUSES OR CANDIDATES, OR INDIVIDUALS OR ORGANIZATIONS THAT BENEFIT ONE INDIVIDUAL OR AN INDIVIDUAL'S FAMILY

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)				
a Paid during the year See Additional Data Table				
Total . . . . .			▶ 3a	118,115
b Approved for future payment				
Total . . . . .			▶ 3b	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

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

- |  |              |            |           |
|--|--------------|------------|-----------|
| <b>1</b> 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?   |              | <b>Yes</b> | <b>No</b> |
|  |              |            |           |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of   |              |            |           |
| <b>(1)</b> Cash. . . . .   | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .   | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions  |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .   | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .   | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .   | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .   | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .   | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .   | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .   | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received |              |            |           |

[illegible]

- 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

- (a) Name of organization

- (b) Type of organization**

- (c) Description of relationship**


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.

**Sign  
Here**

Signature of officer or trustee

2016-11-02

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ Yes ☐ No

Print/Type preparer's name  
JOHN HUSKINS

Preparer's Signature

Date  
2016-11-03

Check if self-employed ☐

PTIN	P01081531
------	-----------

**Paid  
Preparer  
Use  
Only**

Firm's name ►  
JOHNSON LAMBERT LLP

Firm's address ▶  
4242 SIX FORKS RD STE 1500 RALEIGH, NC  
27609

Firm's EIN ► 52-1446779

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Phone no (919) 719-6400

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-)</b>	Contributions to employee benefit plans and deferred compensation <b>(d)</b>	Expense account, <b>(e)</b> other allowances
MACK KENDALL	BOARD MEMBER	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	1 00			
MARC ADEE	BOARD MEMBER	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	FROM 4/2015 1 00			
KEVIN A TRAPANI	PRESIDENT/TREASURER	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	1 00			
JENNIFER A TRAPANI	VICE	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	PRESIDENT/SECRETARY 1 00			
WILLIAM C MECKLENBURG JR	VICE PRESIDENT	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	1 00			
BRIAN KEEL	TREASURER THRU	0	0	0
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	4/2015 1 00			
DAN BAUM	EXECUTIVE	78,435	3,137	5,690
2801 SLATER ROAD SUITE 220 MORRISVILLE, NC 27560	DIRECTOR 30 00			

Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
UNITED WAY 2400 PERIMETER PARK DR SUITE 150 MORRISVILLE,NC 27560		501(C)(3)	GENERAL SUPPORT	67,500
YMCA OF THE COASTAL BEND 417 S UPPER BROADWAY CORPUS CHRISTI,TX 78401		501(C)(3)	GENERAL SUPPORT	5,200
PHILADELPHIA FREEDOM VALLEY YMCA 400 FAYETTE ST SUITE 250 PHILADELPHIA,PA 19428		501(C)(3)	GENERAL SUPPORT	5,000
TREASURE VALLEY FAMILY YMCA 1177 W STATE ST BOISE,ID 83702		501(C)(3)	GENERAL SUPPORT	5,000
YMCA OF SILICON VALLEY 80 SARATOGA AVE SANTA CLARA,CA 95051		501(C)(3)	ANNUAL CAMPAIGN	5,000
PARIS-BOURBON COUNTY YMCA 917 MAIN ST PARIS,KY 40361		501(C)(3)	SWIM/WATER SAFETY	2,500
YMCA OF GREATER BOSTON 316 HUNTINGTON AVE BOSTON,MA 02115		501(C)(3)	GENERAL SUPPORT	2,500
AYP EMERGENCY ASSISTANCE FUND STITZER YMCA CENTER 2ND FLOOR SPRINGFIELD,MA 01109		501(C)(3)	EMERGENCY ASSISTANCE FUND	2,000
YMCA OF GREATER FORT WAYNE 347 W BERRY ST FORT WAYNE,IN 46802		501(C)(3)	GENERAL SUPPORT	1,500
YMCA OF EAST TENNESEE 616 JESSAMINE ST KNOXVILLE,TN 37917		501(C)(3)	SWIM/WATER SAFETY	1,100
AMERICAN CAMPING ASSOCIATION 5000 STATE ROAD 67 NORTH MARTINSVILLE,IN 46151		501(C)(3)	SEND CHILD CAMP	1,000
BOOTHBAY REGION YMCA 261 TOWNSEND AVE BOOTHBAY HARBOR,ME 04538		501(C)(3)	SWIM/WATER SAFETY	1,000
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NW ATLANTA,GA 30309		501(C)(3)	GENERAL SUPPORT	1,000
FRIENDS OF CHILDREN OF BREVARD COUNTY INC 2825 JUDGE FRAN JAMIESON WAY VIERA,FL 32940		501(C)(3)	SWIM/WATER SAFETY	1,000
GIVE DIRECTLY INC PO BOX 3221 NEW YORK,NY 10008		501(C)(3)	CHARITABLE MATCH	1,000
<b>Total . . . . . ▶ 3a</b>				118,115



**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
HUNTERDON COUNTY YMCA 1410 ROUTE 22 WEST ANNANDALE,NJ 08801		501(C)(3)	SWIM/WATER SAFETY	1,000
JCC ASSOCIATION 520 EIGHTH AVE 4TH FLOOR NEW YORK,NY 10018		501(C)(3)	GENERAL SUPPORT	1,000
NORTHERN BERKSHIRE YMCA 22 BRICKYARD CT NORTH ADAMS,MA 01247		501(C)(3)	SWIM/WATER SAFETY	1,000
SAFE SHORES-THE DC CHILDREN'S ADVOCACY CENTER 429 O ST NW WASHINGTON,DC 20001		501(C)(3)	DARKNESS TO LIGHT CHILD ABUSE PROGRAM	1,000
SHEBOYGAN COUNTY YMCA 812 BROUGHTON DR SHEBOYGAN,WI 53081		501(C)(3)	SWIM LESSONS	1,000
VALLEY OF THE SUN YMCA 350 N 1ST AVE PHOENIX,AZ 85003		501(C)(3)	GENERAL SUPPORT	1,000
YMCA OF GREATER FLINT 411 EAST THIRD ST FLINT,MI 48503		501(C)(3)	SWIM PROGRAM	1,000
YMCA OF GREATER TOLEDO 1500 NSUPERIOR 2ND FLOOR TOLEDO,OH 43604		501(C)(3)	SWIM LESSONS	1,000
YMCA OF SNOHOMISH COUNTY 2720 ROCKFELLER AVE EVERETT,WA 98201		501(C)(3)	GENERAL SUPPORT	1,000
HABITAT OF HUMANITY OF DURHAM 215 N CHURCH ST DURHAM,NC 27701		501(C)(3)	CHARITABLE MATCH	998
GREATER BURLINGTON YMCA 266 COLLEGE ST BURLINGTON,VT 05401		501(C)(3)	SWIM/WATER SAFETY	766
YMCA OF WESTERN NC 53 ASHLAND AVE SUITE 105 ASHEVILLE,NC 28801		501(C)(3)	CHARITABLE MATCH	750
YMCA OF GREENSBORO 620 GREEN VALLEY RD SUITE 210 GREENSBORO,NC 27408		501(C)(3)	SWIM/WATER SAFETY	505
CAMP HORIZON INC 5825 GLENRIDGE DR NE ATLANTA,GA 30328		501(C)(3)	GENERAL SUPPORT	500
THRESHOLD 609 GARY ST DURHAM,NC 27703		501(C)(3)	DOLLARS FOR DOERS AND MATCHING GIFTS	500
<b>Total . . . . . ▶ 3a</b>				118,115

Form 990PF Part XV Line 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)				
<b>a</b> Paid during the year				
WOOD RIVER COMMUNITY YMCA 101 SADDLE RD KETCHUM,ID 83340		501(C)(3)	WATER SAFETY	500
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS,CO 80921		501(C)(3)	CHARITABLE MATCH	456
SUMMIT AREA YMCA 490 MORRIS AVE SUMMIT,NJ 07901		501(C)(3)	DEFIBRILLATORS	250
YMCA OF CECIL COUNTY 25 YMCA BLVD ELKTON,MD 21921		501(C)(3)	GENERAL SUPPORT	250
YMCA OF WESTFIELD 220 CLARK ST WESTFIELD,NJ 07090		501(C)(3)	GENERAL SUPPORT	250
RALEIGH RESCUE MISSION 314 E HARGETT ST RALEIGH,NC 27601		501(C)(3)	DOLLARS FOR DOERS	230
JC RAULSTON ARBORETUM NC STATE UNIVERSITY CAMPUS BOX 7522 RALEIGH,NC 27695		501(C)(3)	DOLLARS FOR DOERS	180
NEIGHBOR TO NEIGHBOR PO BOX 25628 RALEIGH,NC 27611		501(C)(3)	DOLLARS FOR DOERS	160
TROSA 1820 JAMES ST DURHAM,NC 27707		501(C)(3)	CHARITABLE MATCH	150
CENTRO INTERNACIONAL DE RALEIGH 3033 STONYBROOK DR 3 RALEIGH,NC 27604		501(C)(3)	DOLLARS FOR DOERS	100
SALVATION ARMY 1863 CAPITAL BLVD RALEIGH,NC 27604		501(C)(3)	DOLLARS FOR DOERS	90
ACA SOUTH EASTERN 5000 STATE ROAD 67 NORTH MARTINSVILLE,IN 46151		501(C)(3)	DOLLARS FOR DOERS	80
GLOBAL AUTISM PROJECT 252 3RD AVE BROOKLYN,NY 11215		501(C)(3)	CHARITABLE MATCH	50
YMCA OF LAFAYETTE INDIANA 1950 S 18TH ST LAFAYETTE,IN 47905		501(C)(3)	CHARITABLE MATCH	50
<b>Total . . . . . ▶ 3a</b>				118,115

## TY 2015 Accounting Fees Schedule

**Name:** THE REDWOODS GROUP FOUNDATION INC

**EIN:** 77-0698917

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	10,446	0	210	10,236

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2015 Gain/Loss from Sale of Other Assets Schedule**

**Name:** THE REDWOODS GROUP FOUNDATION INC

**EIN:** 77-0698917

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SALES OF FIXED ASSETS		PURCHASED			420	247		0	173	

**TY 2015 Other Expenses Schedule****Name:** THE REDWOODS GROUP FOUNDATION INC**EIN:** 77-0698917

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK SERVICE FEES	2,788	2,788	0	0
DUES & SUBSCRIPTIONS	852	0	17	835
EMPLOYMENT EXPENSES	273	0	5	268
MARKETING	823	0	17	806
MISCELLANEOUS EXPENSE	10,063	0	202	9,861
OFFICE SUPPLIES	676	0	14	662
TELEPHONE	993	0	20	973

**TY 2015 Other Income Schedule****Name:** THE REDWOODS GROUP FOUNDATION INC**EIN:** 77-0698917

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FEES FOR SERVICES	10,470		10,470

## TY 2015 Other Liabilities Schedule

**Name:** THE REDWOODS GROUP FOUNDATION INC

**EIN:** 77-0698917

Description	Beginning of Year - Book Value	End of Year - Book Value
RELATED PARTY PAYABLE	0	279

**TY 2015 Other Professional Fees Schedule****Name:** THE REDWOODS GROUP FOUNDATION INC**EIN:** 77-0698917

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
MANAGEMENT FEES	140,368	0	2,823	137,545



**TY 2015 Taxes Schedule****Name:** THE REDWOODS GROUP FOUNDATION INC**EIN:** 77-0698917

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES & LICENSES	13,794	0	277	13,517

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE REDWOODS GROUP FOUNDATION INC</div>	<div>Employer identification number</div> <div>77-0698917</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

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 other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> THE REDWOODS GROUP FOUNDATION INC	<b>Employer identification number</b> 77-0698917
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<b>Part I</b> <b>Contributors</b> (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	US FIRE	\$ 261,782	Person <input checked="" type="checkbox"/>
	305 MADISON AVENUE		Payroll <input type="checkbox"/>
	MORRISTOWN, NJ 07960		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE REDWOODS GROUP	\$ 78,969	Person <input checked="" type="checkbox"/>
	2801 SLATER ROAD SUITE 220		Payroll <input type="checkbox"/>
	MORRISVILLE, NC 27560		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	KEVIN TRAPANI	\$ 50,367	Person <input checked="" type="checkbox"/>
	105 CROSS CREEK		Payroll <input type="checkbox"/>
	CHAPEL HILL, NC 27514		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WILLIAM MECKLENBURG	\$ 20,147	Person <input checked="" type="checkbox"/>
	7 MADELINE CT		Payroll <input type="checkbox"/>
	COTO DE CAZA, CA 92679		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	INSURANCE INDUSTRY CHARITABLE FOUND	\$ 8,750	Person <input checked="" type="checkbox"/>
	1999 AVENUE OF THE STARS SUITE 110		Payroll <input type="checkbox"/>
	LOS ANGELES, CA 90067		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DANIEL BAUM	\$ 6,044	Person <input checked="" type="checkbox"/>
	713 WEST KNOX STREET		Payroll <input type="checkbox"/>
	DURHAM, NC 27701		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> THE REDWOODS GROUP FOUNDATION INC	<b>Employer identification number</b> 77-0698917
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Part II

Noncash Property

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

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

Name of organization THE REDWOODS GROUP FOUNDATION INC	Employer identification number 77-0698917
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____ --		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____ --		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____ --		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____ --		_____ _____ _____	