

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning 07/01/15, and ending 06/30/16Employer identification number Name of foundation VIRGINIA C. WARRINGTON MEMORIAL TRUST FUND 5**8-**1586624 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 511 PALADIN DRIVE 252-752-8880 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NC 27834 GREENVILLE G Check all that apply Initial return initial return of a former public charity 1 Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the Address change 85% test, check here and attach computation Name change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash Fair market value of all assets at J Accounting method If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 64,381 line 16) ▶ \$ (Part I. column (d) must be on cash basis) (d) Disbursements Part I : Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) income purposes hooks (cash basis only) 7,061 Contributions, gifts, grants, etc., received (attach schedule) 1 2 Check ► X if the foundation is not required to attach Sch. B 65 65 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain 0 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 7,126 65 0 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 8 16a Legal fees (attach schedule) 600 Stmt 1 600 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Taxes (attach schedule) (see instructions) 18 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 149 149 149 22 Printing and publications Stmt 2 531 531 23 531 Other expenses (att. sch.) Total operating and administrative expenses. 1,280 680 1,280 Add lines 13 through 23 12,415 12,415 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 13,695 680 1,280 12,415 27 Subtract line 26 from line 12--6,569 Excess of revenue over expenses and disbursements 0 Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

0

Fo	rm 990	PF (2015) VIRGINIA C. WARRINGTON MEMORIAL	,	56-158662	24		Page 2
				Beginning of year	End	of year	
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		(a) Book Value	(b) Book Value	76	:) Fair Market Value
Т	1	Cash - non-interest-bearing		4,727	8,09	2	8,092
- (2	Savings and temporary cash investments		66,223	56,28		56,289
ļ	3	Accounts receivable					
- (Less allowance for doubtful accounts ▶					
l	4	Pledges receivable ▶				_	
		Less allowance for doubtful accounts ▶			**************************************		
	5	Grants receivable					
ı	6	Receivables due from officers, directors, trustees, and other				\top	
-		disqualified persons (attach schedule) (see					
ı		instructions)		l l			
Į	7	Other notes and loans receivable (att. schedule)				1	
ı		· · · · · · · · · · · · · · · · · · ·	0				
Ŋ	8	Inventories for sale or use				\top	
Assets	9	Prepaid expenses and deferred charges				1	
As	10a	Investments – U.S. and state government obligations (attach schedule)				1	
	b	Investments – corporate stock (attach schedule)			 	1	
	C	Investments – corporate bonds (attach schedule)				1	
]	11	Investments – land, buildings, and equipment basis					
		Less accumulated depreciation (attach sch.)			· · · · · · · · · · · · · · · · · · ·		
	12	Investments – mortgage loans			 	\neg	
	13	Investments – other (attach schedule)				\top	
1	14	Land, buildings, and equipment basis				1	
		Less accumulated depreciation (attach sch.) ▶					reconstruction of the second
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers – see the	•				
		instructions Also, see page 1, item l)		70,950	64,38	1	64,381
	17	Accounts payable and accrued expenses					
	18	Grants payable					-
ţį	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					ì
iat	21	Mortgages and other notes payable (attach schedule)				_].	
_	22	Other liabilities (describe ▶)				
_	23	Total liabilities (add lines 17 through 22)		0		의	
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	Ш				
2	24	Unrestricted		į į		-	į
ala	25	Temporarily restricted		<u> </u>		┥	
8	26	Permanently restricted				7	1
Š			X			7	
Ē		and complete lines 27 through 31.		,		-	ļ
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds		52,670	52,67	0	
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund				٦	
Ş	29	Retained earnings, accumulated income, endowment, or other funds		18,280	11,71	1	1
et	30	Total net assets or fund balances (see instructions)	•	70,950	64,38	1	
Ž	31	Total liabilities and net assets/fund balances (see				7	
		instructions)		70,950	64,38	1	i
	Part	III Analysis of Changes in Net Assets or Fund Balance	es				
1	l Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (n	nust agree with			
	end-	of-year figure reported on prior year's return)			1		70,950
2	2 Ente	r amount from Part I, line 27a			2		-6,569
		er increases not included in line 2 (itemize)			3		
4		lines 1, 2, and 3			4		64,381
		reases not included in line 2 (itemize)			5		
_6	3 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umr	(b), line 30	6		64,381

	A C. WARRINGTON MEM			<u>56-1586624</u>	<u> </u>		Page 3
Part IV · Capital Gains a	nd Losses for Tax on Investr	nent Inco	ome				
	nbe the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a N/A							
b							
<u>c</u>							
_d							
		,		·			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				or (loss)) minus (g)
_a		ļ					
<u>b</u>		ļ					
<u>c</u>		 					
d		 			ļ -		
Complete only for accets chayer	ng gain in column (h) and owned by the	foundation	on 12/21	160			
Complete only for assets shown		loungation					(h) gain minus less than -0-) or
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	<u> </u>	(k) Excess	s of col (i) (j), if any			om col (h))
_a	· · · · · · · · · · · · · · · · · · ·						
_b		ļ		 	<u> </u>		
<u>c</u>							
_d		 					
_e	I form also anton o	Dark Llore			 		
2 Capital gain net income or (net o	capital loss) If gain, also enter in				2		
3 Net short-term capital gain or (le	oss) as defined in sections 1222(5) and		۰, ر		-		
	3, column (c) (see instructions) If (loss		ın ¬] [
Part I, line 8	, ooiz, (e) (eee meadedene) (isse), onto	``` <u>}</u>		3		
	nder Section 4940(e) for Red	uced Tax	x on Ne	t Investment in	come		
	e foundations subject to the section 49						
If section 4940(d)(2) applies, leave to	•	• •		,			
	•						
	ction 4942 tax on the distributable amou			base period?			Yes X No
	alify under section 4940(e) Do not com						
	each column for each year, see the ins	structions b	efore mal	king any entries			(4)
(a) Base period years	(b) Adjusted qualifying distribution		Not value	(c) of noncharitable-use asse	,te }		(d) tribution ratio
Calendar year (or tax year beginning ii 2014	14			75 ,		(col (b)	divided by col (c)) 0.189673
2013		,061		79,			0.126019
2012		,597		79,			0.057938
2011		,510		74,			0.087480
2010		,830		73,			0.133155
		7000			<u> </u>	7	0.200200
2 Total of line 1, column (d)					2	. }	0.594265
	5-year base period – divide the total or	n line 2 by 5	5. or by th	, 18	<u> </u>		
	has been in existence if less than 5 year		•		3	.)	0.118853
•	•				·	1	
4 Enter the net value of noncharit	able-use assets for 2015 from Part X, li	ine 5			4	.	66,795
		•	•		· [
5 Multiply line 4 by line 3					_5		7,939
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6		
					1]	
7 Add lines 5 and 6				-	7		7,939
O Fatan model of the Control	no Book VIII limo 4]	10 415
8 Enter qualifying distributions fro		1h and		4 - aut au 401 1	<u>8</u> 		12,415
•	an line 7, check the box in Part VI, line	io, and con	npiete tha	ιτ part using a 1% ta	х гате Se	e tne	
Part VI instructions							

	990-PF (2015) VIRGINIA C. WARRINGTON MEMORIAL 56-1586624 rt VI • Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions			Pa	ige 4
1a		<u>''</u>			
10	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	Ì			1
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			3
_	here ▶ 🛣 and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	l l			
_	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			0
6	Credits/Payments				
а	2015 estimated tax payments and 2014 overpayment credited to 2015	ļ			
b	Exempt foreign organizations – tax withheld at source	·			-
C	Tax paid with application for extension of time to file (Form 8868)	- [ļ
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	· · · · · · · · · · · · · · · · · · ·	10			
11_		11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				ļ
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				{
•	on foundation managers \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
2	If "Yes," attach a detailed description of the activities		-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
J	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		x
-	If "Yes," attach the statement required by General Instruction T				 -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either]]		
-	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		1 1		
	conflict with the state law remain in the governing instrument?		6	X	ĺ (
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 Pa	art XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) > NC				
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	- 1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
		F	orm 9 9	0-PF	(2015)

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	rt 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	- 1	- 1	Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	- 1	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	(- 1		
	person had advisory privileges? If "Yes," attach statement (see instructions)	<u> </u>	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	Į	13	X	
	Website address ► NONE				_
14	The books are in care of ▶ CATHY ELLINGTON Telephone no ▶ 253	2-75	52-	888	0
	511 PALADIN DRIVE				
	Located at ▶ GREENVILLE NC ZIP+4 ▶ 27	834			
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				
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	_		Yes	No
	over a bank, securities, or other financial account in a foreign country?	1	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	}			
	the foreign country	1			
PE	art 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)		Į		
		No	ļ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		- [• •	
		No	ſ	'	1
		No			
		No	Ì]
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		İ		1
		No	ł		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ł		,	
	foundation agreed to make a grant to or to employ the official for a period after	}	. }	-	
_		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	/A			
	· · · · · · · · · · · · · · · · · · ·	/ ^} }	1b		
С	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	니ㅣ	}		1
•		/A	10		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	′ ጉ }	1c		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))]	}		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	ļ	ļ		
-		No	ļ		įį
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		ł		{
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ł		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		ł		
		/A	2b		
С	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	1	İ		
3a		1	i		
		No	İ		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	1	i		1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1	İ		1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	Ì		}
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- 1	1		
		/A	3ь		,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	i t	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	ı			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b		X
		For	m 9 9	0-PF	(2015)

		C. WARRINGTON MEMOR		500024			Pag	ge b
_		egarding Activities for Which F	orm 4/20 May Be	Required (co	ontinuea)			 ,
5a	During the year did the foundation			Г .	. 🖼		İ	
	• • • • •	erwise attempt to influence legislation (sec		U Y	'es 🔀 No])	ì
	• •	specific public election (see section 4955	o), or to carry on,	г ,	. 🖼		Ì	- }
	directly or indirectly, any vote	-	•	> −-4	es X No	ł		1
	· · ·	ual for travel, study, or other similar purpos		Y	'es 🗓 No	ľ	ļ	1
	, .	zation other than a charitable, etc., organiz	ation described in	г,	′es 🗓 No	. [
	section 4945(d)(4)(A)? (see instructions) Yes Yes							
	• • • • •	. 😼	٠.	ļ				
	• • •	on of cruelty to children or animals?			res 🔀 No	İ		1
b		(5), did any of the transactions fail to quali	•		37/3			
	-	n a current notice regarding disaster assis	' '	9)?	N/A	5b	}-	 ;
	• • •	nt notice regarding disaster assistance ch			▶ □	1	- 1	
С	•	n 5a(4), does the foundation claim exempt	tion from the tax	37/3 □ .			-	- }
	because it maintained expenditu			N/A 🗌	res ∐ No	ļ	ļ	İ
_		quired by Regulations section 53 4945–5(•		ł	1	[1
6a		ear, receive any funds, directly or indirectly	, to pay premiums	<u></u>	, [
	on a personal benefit contract?				res 🗓 No		-	
þ	- ·	ear, pay premiums, directly or indirectly, or	n a personal benefit cor	itract?		6b		X
_	If "Yes" to 6b, file Form 8870				. (.	1		
		was the foundation a party to a prohibited			res X No			
		ve any proceeds or have any net income a			N/A	7b		
Pi		out Officers, Directors, Trustee	es, Foundation Wa	inagers, High	ily Pald Empi	oyee	5,	
4	and Contractor		manastics (see inst-					
1 1	ist all omcers, directors, trust	ees, foundation managers and their co	mpensauon (see instr	uctions).	 			
		141	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expe	ense acc	count.
	(a) N	ame and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowand	
	NAME OF THE PARTY	ADDIN T. I. I.		 	compensation	-		
	RAHAM BYRUM	GREENVILLE	PRESIDENT					•
	11 PALADIN DRIVE	NC 27834	0.00	ļ <u>"</u>	0			0
	IOMAS BURKART	GREENVILLE	SECRETARY					
	1 PALADIN DRIVE	NC 27834	0.00	0	0	 -		<u>°</u>
	LITER J. NEWMAN	GREENVILLE	TREASURER	,	,	Ì		•
	1 PALADIN DRIVE	NC 27834	0.00		•	 		0
			1					
_	Companyation of the bighest					L		
2	"NONE."	-pald employees (other than those incl	uaea on line 1 – see ir	istructions). If n	one, enter			
	NONE.			Γ	(d) Contributions to			
	(a) Name and address of each	employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense aco	
	(a) Name and address or each	employee paid more than 900,000	devoted to position	(c) compensation	plans and deferred compensation	other	allowand	ces
	DNE .			}	COMPENSACION	 		
141	A16			Ì	1	1		
				 	 	 		
		•		}		1		
					 	 		
				[1	ļ		
				 	 			
			•			1		
			- 	 		 		
			1		}			
Tot	al number of other employees paid	d over \$50 000	_	 				0
106	a number of outer employees par	2 0461 400,000				m 990	LDE	_
					Fo	いか マゴし	7-F F ((2015)

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Part VIII Information About Officers, Directors, Trustees, Foundation Mai	nagers, Highly Paid Em	iployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If n		
(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 chantable activities during the tax year. Include relevant statistical information such as the number	r of	-
organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 See Statement 3		
		10 /15
2		12,415
•		
3		
•		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions 3		
•	}	
Total. Add lines 1 through 3	<u> </u>	
		Form 990-PF (2015)

Form 1	990-PF (2015) VIRGINIA C. WARRINGTON MEMORIAL 56-1586624		
Pa	• Minimum Investment Return (All domestic foundations must complete this part. Fo	reign	foundations,
1	see instructions.)	1	
•	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	-	
_	purposes Average monthly fair market value of securities	1	57,936
a	Average of monthly cash balances	1a 1b	9,876
b c	Fair market value of all other assets (see instructions)	1c	9,670
d	·	1d	67,812
	Total (add lines 1a, b, and c) Reduction eleigned for blockers or other factors reported on lines 1a and	10	07,012
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e (1 :	
2	1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	<u></u>
3	Subtract line 2 from line 1d	3	67,812
3 4		-3-	01,012
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	1	1,017
_	Instructions)	4	66,795
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,340
6	Minimum Investment return. Enter 5% of line 5	6	
PE	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ung ic	oundations
_	and certain foreign organizations check here and do not complete this part.)	Τ.	2 240
1	Minimum investment return from Part X, line 6	1_1_	3,340
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	2c	3 340
3	Distributable amount before adjustments Subtract line 2c from line 1	3	3,340
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,340
6	Deduction from distributable amount (see instructions)	6_	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	3,340
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	T	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	12,415
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<u></u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,415
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	L 0
8	Adjusted qualifying distributions. Subtract line 5 from line 4	8	12,415
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for	ındatıor	1
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII · Undistributed Income	(see instructions)			M
			(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part X	d.	Corpus	Years prior to 2014	2014	2015
•	line 7	· '				3,340
2	Undistributed income, if any, as of the end	d of 2015				
	Enter amount for 2014 only					İ
	Total for prior years 20 , 20	. 20				
3	Excess distributions carryover, if any, to 2					<u> </u>
a	From 2010	6,147]	
b	From 2011	2,795				
_	From 2012	630				
-	From 2013	6,069				
-	From 2014	10,558			1	ļ
_	Total of lines 3a through e		26,199			
4	Qualifying distributions for 2015 from Par	t XII	,		t · · · · · · · · · · · · · · · · · · ·	
•	line 4 ▶ \$12,415		1			and the state of t
а	Applied to 2014, but not more than line 2	a				;
	Applied to undistributed income of prior ye	Г				
_	(Election required – see instructions)	00.0				
c	Treated as distributions out of corpus (Ele	ection				
·	required – see instructions)					}
d	Applied to 2015 distributable amount					3,340
	Remaining amount distributed out of corp	ous	9,075			,
5	Excess distributions carryover applied to		- / - / - / - / - / - / - / - / - / - /			'
•	(If an amount appears in column (d), the					
	amount must be shown in column (a)					
6	Enter the net total of each column as		•			
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	ct line 5	35,274			
	Prior years' undistributed income Subtra		55,215			
~	line 4b from line 2b					,
	Enter the amount of prior years' undistrib	nuted				
·	income for which a notice of deficiency ha					!
	been issued, or on which the section 494	1				
	tax has been previously assessed	, L(u)				
d	Subtract line 6c from line 6b Taxable					
-	amount – see instructions					
6	Undistributed income for 2014 Subtract	line				
·	4a from line 2a Taxable amount – see					
	Instructions					·
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 c	orpus				. ,
•	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may				j	
	required—see instructions)					
8	Excess distributions carryover from 2010	o not		· · · · · · · · · · · · · · · · · · ·	1	
-	applied on line 5 or line 7 (see instruction		6,147			
9	Excess distributions carryover to 201		<u> </u>		<u> </u>	
-	Subtract lines 7 and 8 from line 6a		29,127			
10	Analysis of line 9.	Ì	- ,			
a	Excess from 2011	2,795				
b	Excess from 2012	630				
c	Excess from 2013	6,069				
d	Excess from 2014	10,558				
e	Excess from 2015	9,075				
<u> </u>	25500 110111 2010	- /				5 990-DE (2015)

	990-PF (2015) VIRGINIA C.			56-15866		Page 10
	rt XIV Private Operating Fou				n 9)	
1a	if the foundation has received a ruling or		•	ating		
	foundation, and the ruling is effective for		•		<u></u>	
þ	Check box to indicate whether the foundary		ating foundation desc		942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	41.0044	Prior 3 years	1 10 0010	(e) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	investment return from Part X for				1	
	each year listed			<u> </u>		
b	85% of line 2a			 		
C	Qualifying distributions from Part XII,					1
	line 4 for each year listed			ļ		L
d	Amounts included in line 2c not used directly		i		+	
	for active conduct of exempt activities			<u> </u>	}	
е	Qualifying distributions made directly					
	for active conduct of exempt activities		ļ			
	Subtract line 2d from line 2c		L	<u> </u>		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter				ļ	
	(1) Value of all assets			<u> </u>		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			<u></u>	<u> </u>	
b	"Endowment" alternative test – enter 2/3		1			
	of minimum investment return shown in		l	ĺ		
	Part X, line 6 for each year listed			<u> </u>	 	
C	"Support" alternative test enter					
	(1) Total support other than gross		1			
	investment income (interest,					
	dividends, rents, payments on securities loans (section					ļ.
	512(a)(5)), or royalties)]
	(2) Support from general public		 	†	 	
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					<u> </u>
	(3) Largest amount of support from					
	an exempt organization	 	ļ		 	<u> </u>
	(4) Gross investment income		1	1		L
Pa	Supplementary Inform	•	•	if the foundation	nad \$5,000 or m	ore in assets at
	any time during the y		ictions.)			
1	Information Regarding Foundation Ma List any managers of the foundation who	-	45 201 -6 15 5-6			
а	before the close of any tax year (but only				•	
	See Statement 4	rii triey nave contribt	ited more trian \$5,000	o) (See Section 507(d)(2))	
	List any managers of the foundation who	04/0 1006 or more of	f the stock of a corne	ration (or an aqually la	ras portion of the	
D	ownership of a partnership or other entit		•		ige portion of the	
	N/A	y) or writer ale loand	audit has a 1070 of gi	eater interest		
2	information Regarding Contribution,	Grant Gift Loan S	cholarship etc. Pro	utama.		
_			• • •	able organizations and	I does not accept	
	unsolicited requests for funds. If the four					
	other conditions, complete items 2a, b, c		g. a	dederio) to marriadaio	or organizations under	
	The name, address, and telephone num		of the person to who	m applications should	he addressed:	
-	THOMAS BURKART 252-		pordon to mile	applications should	uau, uguu	
	511 PALADIN DRIVE G		IC 27834			
	The form in which applications should be			they should include:		
-	DEPARTMENT OF SOCIAL					
C	Any submission deadlines					
	NONE					
đ	Any restrictions or limitations on awards	, such as by geograp	hical areas, chantable	e fields, kınds of institu	rtions, or other	
	factors.					
	See Statement 5					

Total

▶ 3b

		Analysis of Income-Producing Acusts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	
	•	vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	(e) Related or exempt function income (See instructions)
	•						
Ì	<u> </u>				 		
Ċ							
Ì							
•							
		contracts from government agencies					
	=	dues and assessments			 		
	•	avings and temporary cash investments		-	†	· · · · -	65
		d interest from securities			 		
		come or (loss) from real estate	1		-, 1, -	: ++ :	
		anced property					<u> </u>
		-financed property				····	
		come or (loss) from personal property			 		
		ment income	***		<u> </u>		
		i) from sales of assets other than inventory		<u>-</u>	 		
		or (loss) from special events			 		
		or (loss) from sales of inventory					
	Other reven				†		
				1	 		
							··-
					 	—	
	- <u></u>				 		-
12		d columns (b), (d), and (e)		C	-	0	65
	Subtotal Ad	d columns (b), (d), and (e)		O	-		
13	Subtotal Ad Total Add I	ne 12, columns (b), (d), and (e)		0	-	13 _	
13 (Sec	Subtotal Ad Total Add I	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13 _	
13 (Sec	Subtotal Ad Total. Add I	ne 12, columns (b), (d), and (e) In line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income	Accomplish	ment of Exempt	Purpo	13	65 the
13 (Sec	Subtotal Ad Total Add I worksheet art XVI-B line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp	Accomplish so is reported in oses (other the	ment of Exempt column (e) of Part XV an by providing funds	Purpo /I-A cont	nses tributed importantly to purposes) (See instri	65 the
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST	Accomplish is reported in oses (other the	ment of Exempt column (e) of Part XV an by providing funds IPAL IS USE	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
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13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	65 the uctions)
13 (Sec	Subtotal Add in a worksheet art XVI-B	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations) Relationship of Activities to the A Explain below how each activity for which income accomplishment of the foundation's exempt purp INTEREST EARNED ON TRUST MEDICAL ASSISTANCE FOR 1	Accomplish e is reported in oses (other the PRINCE	ment of Exempt column (e) of Part XX an by providing funds IPAL IS USE 5, OR FRIEN	Purpo /I-A cont for such D TO	pses tributed importantly to purposes) (See instri	uctions)

	15) VIRGINIA					1586624			Pag	e 13
	Information Reg Exempt Organiz		nsfers To a	nd Transact	ons and Re	lationships \	Nith Nonchar	itable		
	enization directly or ind		un any of the fo	llowana wath any	other organizati	on described		T :.T	Yes	No
-	01(c) of the Code (oth							1	1 1	-110
organization	• •	0, 1,10,1, 00000	r oo r o go		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing to political		1. 1	*	
•	om the reporting found	dation to a nor	ncharitable exem	not organization (of			; ·	٠- ا	
(1) Cash	on the repercing realis			,pr 0. ga200	-,			1a(1)		×
(2) Other as	ssets							1a(2)		X
b Other transa								1337	 -	
(1) Sales of	f assets to a noncharit	able exempt o	rganization					1b(1)		X
• •	ses of assets from a n	•	•	tion				1b(2)		X
(3) Rental of	of facilities, equipment	or other asse	ets					1b(3)		X
(4) Reimbu	rsement arrangement	s						1b(4)	i	X
(5) Loans o	r loan guarantees							1b(5)		X
(6) Perform	nance of services or m	embership or	fundraising solid	citations				1b(6)		X
c Sharing of f	acilities, equipment, m	aılıng lists, otl	ner assets, or pa	aid employees				1c		X
d If the answe	er to any of the above	ıs "Yes," com	olete the followin	g schedule Col	umn (b) should	always show the	fair market			
value of the	goods, other assets,	or services giv	en by the repor	ting foundation	If the foundation	received less th	an fair market			
	transaction or sharing				of the goods, oth	ner assets, or se	rvices received			
(a) Line no	(b) Amount involved	(c) Name o	of noncharitable exem	pt organization	(d) Des	cription of transfers, tr	ansactions, and sharing	arrangeme	nts	
I/A										
					 					
				_ 						
	<u> </u>									
					ļ					
					ļ					
		ļ								
										
	ļ	 			 					
									_	
										
	}	 			<u> </u>					
	 	 			 					
	 	ļ		 						
	 	 -			 	 -				
0-1-11-6	<u> </u>				<u> </u>					
	dation directly or indire n section 501(c) of the					izations		Ye	_ \ <u>\</u>	-به ا
			ulan secuon 50	r(c)(3)) or in sec	UON 32/				ട ഹ	i NO
	mplete the following so a) Name of organization	riedule	(b) Type of o	organization		(a) Docorr	otion of relationship			
N/A	a) Name of organization		(b) Type of	organization .	 	(c) Descrip	DUOT OF TELAUOTISTRIP			
11/11					}	•				
		+		·	 -					
					 					
					 					
Under pe	nalties of perjury, I declare	that I have exami	ned this return, inclu	iding accompanying	schedules and state	ements, and to the b	est of my knowledge ar	nd belief, it	ls true	
correct, a	and complete Declaration of	f preparer (other t	than taxpayer) is bat	sed on all information	of which preparer	has any knowledge	May the IRS dis			
Sign ,	11	1 -	_			,	with the prepar			_
Here /	· / · //	King	JAO			/	(see instruction	s)?	Yes	No
			せらり	V	5-15-18	NJTRI	istee			
Sign	nature of officer or trustee		·	Date		Title	1 an ~ C			
	ype preparer's name			Preparer's signati			Date			
Finds	the biebaidi a liailia			Freparers signati			Late	ļ	Check	
aid Meli	ssa W. Wallac	e. CPA		Melissa W	. Wallace	. CPA	05/0	3/18	self-en	hinhed
reparer			ofession	al Consu				1230	06	>
lse Onlvi			lvd., Su					-458		
rums		ton, NC						2-52		
								Form 99		
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VCWTR VIRGINIA C WARRINGTON 56-1586624 FYE [.] 6/30/2016	MEMORIAL Federal	Statements		5/3/2018 2 15 PN
<u>Sta</u>	tement 1 - Form 990-PF, F	Part I, Line 16b - Acco	ounting Fees	
Description INDIRECT ACCOUNTING FEES Total	* Total \$ 600 \$ 600	Net Investment \$ 0	Adjusted Net \$ 600	Charitable Purpose \$ \$ 0
St	atement 2 - Form 990-PF,	Part I, Line 23 - Othe	r Expenses	
Description Expenses OFFICE SUPPLIES BANK FEES Total	Total \$ 495 36 \$ 531	Net	Adjusted Net \$ 495 36 \$ 531	Charitable Purpose \$ \$ O
				1-2

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VCWTR VIRGINIA C. WARRINGTON MEMORIAL

Federal Statements

56-1586624 FYE: 6/30/2016 5/3/2018 2:15 PM

Statement 3 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

MEDICAL EXPENSES OF VARIOUS INDIVIDUALS WITH END-STAGE RENAL DISEASE WERE PAID BY THE FOUNDATION. SEE PART XV FOR A LIST OF RECIPIENTS AND THE SPECIFIC AMOUNTS PAID ON THEIR BEHALF.

	Name of Manager	Am	nount
MEMBERS OF CONTRIBUTE FOUNDATION	EASTERN NEPHROLOGY ASSOCIATES, PLLC THE MAJORITY OF CONTRIBUTIONS TO THE	\$	
Total		\$	0
Fo	orm 990-PF, Part XV, Line 2b - Application Form	at and Requ	uired Contents
	Description	at and Requ	uired Contents
FC DEPARTMENT	Description	at and Requ	uired Contents
	Description		
	Description OF SOCIAL SERVICES CERTIFICATE OF NEED		

Statement 5 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

REGION IV OF THE NC HEALTH SYSTEMS AGENCY DOMICILE END-STAGE RENAL DISEASE PATIENTS

VCWTR VIRGINIA C. WARRINGTON MEMORIAL

Federal Statements

FYE: 6/30/2016

56-1586624

5/8/2018 10:19 AM

Form 990-PF - Reason for Amending Return

Description

DISCOVERED WHILE PREPARING 2016 TAX RETURN THAT THERE WAS A TRANSFER OF THE ENTITY'S CD PROCEEDS IN THE AMOUNT OF \$10,000 ON 8/20/2015 INTO THE ENTITY'S CHECKING ACCOUNT THAT WERE INADVERTENTLY MISCLASSIFIED ON ORIGINAL FORM 990-PF AS CONTRIBUTIONS RECEIVED. AN AMENDED RETURN IS BEING FILED TO CORRECT THE FOLLOWING:

PART I, LINE 1

ORIGINALLY REPORTED CONTRIBUTIONS RECEIVED: \$17,061

MISCLASSIFIED PROCEEDS FROM CD (10,000)

CORRECTED CONTRIBUTIONS RECEIVED = \$ 7,061

PART II, LINE 2(b)

ORIGINALLY REPORTED SAVINGS & TEMP CASH INV \$66,289

PROCEEDS TRANSFERRED TO CHECKING 8/20/15 (10,000)

CORRECTED SAVINGS & TEMP CASH INVESTMENTS = \$56,289