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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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	calend	lar year 2016 or tax year beginning ,	and ending				
Na	me of fou	ndation	<u>-</u>		A Emple	oyer identification number	
		ckland Family Foundation				-1951 <u>9</u> 84	
		street (or P O box number if mail is not delivered to street address)	Ro	om/suite		hone number (see instruction	s)
		Box 2273 state or province, country and ZIP or foreign postal code			91	0-425-8151	
	•	tteville NC 28302			C If exer	nption application is pending,	check here
_		<del></del>	um of a former public ch	ant.			
G	леск а		•	iaiity		reign organizations, check he	_
						reign organizations meeting t % test, check here and attact	F-7
		Address change Name ch			0.0	TO LEST, CHECK HOLE AND ALLACE	Tompulation
_		type of organization 🗓 Section 501(c)(3) exempt privat	e foundation			ate foundation status was terr	minated under
	Section	n 4947(a)(1) nonexempt charitable trust Other taxal	ole private foundation		sectio	n 507(b)(1)(A), check here	
I F	air mar	ket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month te	
е	nd of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	nere 🕨 🛄
	ne 16)	▶ \$ 589,830 (Part I, column (d) mus	t be on cash basis )				<del></del>
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	incoi		ıncome	purposes
	T 4	Contributions, gifts, grants, etc., received (attach schedule)	10,200				(cash basis only)
20	1	Check <b>X</b> if the foundation is <b>not</b> required to attach Sch. B					
	2		18,060		18,060		
<u>&gt;</u>	3	Interest on savings and temporary cash investments	18,000		18,000		
<u> </u>	4	Dividends and interest from securities	12 100		12 100		
Ħ	5a	Gross rents	13,109		13,109		
<u>⊇</u>	b	Net rental income or (loss)	4  				
AVM CHRRACU evenue	6a	Net gain or (loss) from sale of assets not on line 10					
⋛⋛	Ь	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	<u> </u>
2	9	Income modifications					
2017	10a	Gross sales less returns and allowances					
~	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	1				
_	12	Total. Add lines 1 through 11	41,369		31,169	0	
S	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages					
ĕ	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					<u> </u>
Operating and Administrative Ex	b	Accounting fees (attach schedule) Stmt 1	3,418				<del> </del>
.⋛	C	Other professional fees (attach schedule)					
Ę	17	Interest					
ij	18	Taxes (attach schedule) (see instructions)	2,860		2,860		
Ē	19	Depreciation (attach schedule) art per troff de troff 3	6,565	<u> </u>			
₫	20	Occupancy	3	<u> </u>			
Þ	21	Occupancy Travel, conferences, an Properties 15 2017	6H	ļ			
a	22	Printing and publication	<u> </u>		20 22		
Ď	23	Other expenses (att. sch)	23,091		22,931		
Ħ	24	Total operating and administrative expenses	٠			_	
<u>6</u>		Add lines 13 through 23	35,934		25,791	0	
Ã	25	Contributions, gifts, grants paid	22,900			-	22,900
_	26	Total expenses and disbursements. Add lines 24 and 25	58,834		25,791	0	22,900
	27	Subtract line 26 from line 12					1
	а	Excess of revenue over expenses and disbursements	-17,465				
	b	Net investment income (if negative, enter -0-)		ļ	5,378		
	C	Adjusted net income (if negative, enter -0-)		<u> </u>		0	<u> </u>

	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	L. 281.P. h	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			<del></del> _
	2	Savings and temporary cash investments	39,225	191,619	191,619
1	3	Accounts receivable ▶			
١		Less allowance for doubtful accounts ▶			<del></del>
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see		•	
		instructions)			
	7	Other notes and loans receivable (att. schedule) > See Wrk 197,432			
		Less <sup>-</sup> allowance for doubtful accounts ▶ 0	369,696	197,432	197,432
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges		, <u></u>	
Ä	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment. basis			
		Less accumulated depreciation (attach sch.) ▶			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis ► 186,444			
		Less accumulated depreciation (attach sch ) ► Stmt 5 51,003	134,008	135,441	200,000
	15	Other assets (describe ► See Statement 6 )	589	779	779
	16	Total assets (to be completed by all filers – see the			
_		instructions. Also, see page 1, item l)	543,518	525,271	589,830
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶ )			
_	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ces		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
Net Assets or Fund Balan	25	Temporarily restricted			
	26	Permanently restricted		-	
S		Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Asi	29	Retained earnings, accumulated income, endowment, or other funds	543,518	525,271	
f	30	Total net assets or fund balances (see instructions)	543,518	525,271	
Z	31	Total liabilities and net assets/fund balances (see			
_	<u> </u>	instructions)	543,518	525,271	***************************************
_	Part I	Analysis of Changes in Net Assets or Fund Balances			<u> </u>
1	I Total	net assets or fund balances at beginning of year - Part II, column (a), line 30 (mu	st agree with		
	end-	of-year figure reported on prior year's return)		1 1	543,518
		r amount from Part I, line 27a		2	-17,465
3	3 Othe	r increases not included in line 2 (itemize) ▶ See Statement 7		3	1
		ines 1, 2, and 3		4	526,054
		eases not included in line 2 (itemize) ▶ See Statement 8		5	783
_	5 Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (	b), line 30	6	525,271

56-1951984 Form 990-PF (2016) Strickland Family Foundation Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate. P - Purchase (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co ) D - Donation `N/A b C d e (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) а b C d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (k) Excess of col (i) (j) Adjusted basis (i) F M V as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any а b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 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 Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (a) (b) (c) Base period year Distribution ratio Net value of noncharitable-use assets Adjusted qualifying distributions (col (b) divided by col (c)) Calendar year (or tax year beginning in) 0.051362 28,950 563,642 2015 39,450 650,643 0.060632 2014 34,685 692,257 0.050104 2013 28,400 652,568 0.043520 2012 614,72929,300 0.047663 2011 2 0.253281 2 Total of line 1, column (d) 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the 0.050656 3 number of years the foundation has been in existence if less than 5 years 599,449 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4 5 30,366 5 Multiply line 4 by line 3 54 6 6 Enter 1% of net investment income (1% of Part I, line 27b) 30,420 7 Add lines 5 and 6 7 22,900 8 Enter qualifying distributions from Part XII, line 4 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

	990-PF (2016) Strickland Family Foundation 56-1951984			<u> </u>	age <b>4</b>
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				108
	here ▶ ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2		_		108
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<del>-</del>			108
6	Credits/Payments				
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 779				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d				<u>779</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				<u> 71</u>
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 671 Refunded ▶ 11				
Pa	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?	<u> </u>	<u>1a</u>		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		Į		
	Instructions for the definition)?	<u> </u>	1b		<u> X</u>
	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.		- 1		
С	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.				
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$		- 1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		- 1		
	on foundation managers 🕨 \$		- 1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities		- 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		- 1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	Ĺ	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A _	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	Ĺ	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		- 1		
	By language in the governing instrument, or		- 1		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	_	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  NC				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	Ī	1		
	complete Part XIV	ļ	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
				0-PF	(2016)

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2016?

foundation had excess business holdings in 2016)

Form 990-PF (2016)

X

X

N/A

3b

4a

-		d Family Foundation		221704			Ра	ge <b>o</b>
		arding Activities for Which Form	14/20 May Be R	rednited (conti	riuea)	1	1	<del></del>
5a	During the year did the foundation			□,,	<del>[V]</del>	ł	1	
		wise attempt to influence legislation (section		Y	es X No		1	
	· · · · · · · · · · · · · · · · · · ·	pecific public election (see section 4955), o	r to carry on,		₩		1	
	directly or indirectly, any voter	_		<b>=</b>	es X No		1	
	• •	for travel, study, or other similar purposes?		Y	es X No			
	• •	ion other than a charitable, etc , organization	n described in				1	
	section 4945(d)(4)(A)? (see ins	·		Y	es X No	1	1	
	• •	than religious, charitable, scientific, literary,	or educational		(E)			
		of cruelty to children or animals?			es 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5),	did any of the transactions fail to qualify ur	der the exceptions d	lescribed in				
	•	a current notice regarding disaster assistand		?	N/A	5b		
	Organizations relying on a current		▶ ∐					
С	If the answer is "Yes" to question 5	a(4), does the foundation claim exemption	from the tax	. —				
	because it maintained expenditure	responsibility for the grant?		N/A 🗌 Y	es 📙 No			
	If "Yes," attach the statement requi	red by Regulations section 53 4945–5(d)					1	
6a	Did the foundation, during the year	, receive any funds, directly or indirectly, to	pay premiums					
	on a personal benefit contract?			Y	es X No			
b	Did the foundation, during the year	, pay premiums, directly or indirectly, on a p	ersonal benefit contr	ract?		6b		X
	If "Yes" to 6b, file Form 8870			_				
7a	At any time during the tax year, wa	s the foundation a party to a prohibited tax	shelter transaction?	Y	es X No			
b		any proceeds or have any net income attrib			N/A	7b		
Pi	art VIII Information Abou	ut Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors							
1	ist all officers, directors, trustees	, foundation managers and their compe	nsation (see instruc	tions).				
	(a) Nam	ne and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense acc allowan	
Jo	oseph Strickland	Fayetteville	President					
	O. Box 2273	NC 28302	1.00	0	o			0
		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
			"					
2	Compensation of five highest-pa	aid employees (other than those included	l on line 1 – see ins	tructions). If non	e, enter			
	(a) Name and address of each em	ployee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense acc allowan	
N	ONE				<u>-</u> ,			
			<del> </del>	-		<del> </del>		
								—
			<del> </del>					
			<del></del>	<del>                                     </del>		-		
	al number of other employees hald o	¢50 000		L				
	NI AUMBAR AT ATBAR AMBIANAGE BAID A	MET SOLLIELL						

Form 990-PF (2016)

Form 990-PF (2016) Strickland Family Foundation		Page 7
Part VIII Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly Paid Em	nployees,
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<del></del>	<del></del>	
Total number of others receiving over \$50,000 for professional services		
	<del></del>	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
•		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (s	ee instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	

Form **990-PF** (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

22,900

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Form	990-PF'(2016) Strickland Family Fou	ndation	56-19519	84	Page <b>9</b>
	rt X間 Undistributed Income (see instructio				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
•	line 7				29,864
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2016				
а	From 2011				1
b	From 2012	_			
С	From 2013				1
d	From 2014 5, 9				
е	From 2015 1,5				
f	Total of lines 3a through e	7,464			
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$22,900				
	Applied to 2015, but not more than line 2a			•••••	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				22,900
	Applied to 2016 distributable amount				22,300
	Remaining amount distributed out of corpus	6,964		······································	6,964
5	Excess distributions carryover applied to 2016	0/301			
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as				
•	indicated below:				
2	Corpus Add lines 3f, 4c, and 4e Subtract line 5	500			
	Prior years' undistributed income Subtract				
	line 4b from line 2b	Ì			
_	Enter the amount of prior years' undistributed	<del></del>			
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2015 Subtract line				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2017				
7	Amounts treated as distributions out of corpus				-
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions)	<u> </u>			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	500			
10	Analysis of line 9				
а	Excess from 2012				
b	Excess from 2013				
С	Excess from 2014	<del></del>			
d		00			
е	Excess from 2016		I		<u>. I </u>

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

factors None

Part XV Supplementary Information (con				
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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year  Holmes Bible College  10 Paul Beacham Way  Greenville SC 29609		School	neral Fund	6,200
Northwood Temple			inerar rund	0,200
4250 Ramsey Street Fayetteville NC 28311		Church Ge	neral Fund	6,000
Salvation Army 220 East Russell Street Fayetteville NC 28301		501(c)(3) Ge	neral Fund	500
Vision East Ministries - Ne 1281 Ringwood Rd. Fayetteville NC 28312	w Vision	501(c)(3) Ge	neral Fund	1,400
King's Court Ministries 2801 Ramsey St. Fayetteville NC 28301		Church Ge	neral Fund	1,500
Freedom Biker Church 131 Guy Rd. Clayton NC 27520		Church Ge	neral Fund	5,000
Unity POB Fayetteville NC 28301		Ge	neral Fund	300
Magnolia Baptist Church 1021 Magnolia Church Rd. Stedman NC 28391		Church Ge	neral Fund	1,000
Concord Baptist Church POB Autryville NC 28318		Church Ge	neral Fund	1,000
Total	<del> </del>	T	▶ 3a	22,900
b Approved for future payment N/A				
Total			▶ 3b	
IOUAI		<del></del>	<b>▶</b> 3D	000 DE

5	Part YMLA	Analysis of Income-Producing Acti	vition			<del></del>	Tage 12
En1	ter gross amo	bunts unless otherwise indicated.	1	ed business income	Exclude	d by section 512, 513, or 514	<del> </del>
	•		(a)	(b)	(c)	(d)	(e) Related or exempt
1	Program se	rvice revenue	Business code	Amount	Exclusion	Amount	function income (See instructions)
•				<del>-</del>			
	е						
	f						
		d contracts from government agencies					
		dues and assessments			7.4	10.000	
		savings and temporary cash investments			14	18,060	·
		nd interest from securities come or (loss) from real estate					
3		anced property			<del> </del>		
		t-financed property			33	-12,682	·
6		come or (loss) from personal property					
	Other invest					-	
8	Gain or (los	s) from sales of assets other than inventory					
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory		<u> </u>			
11	Other reven						
		r Income			1		
							<del></del> .
12	e	ld columns (b), (d), and (e)		0		5 370	0
		ine 12, columns (b), (d), and (e)			l1		0 5,378
		in line 13 instructions to verify calculations.)					3,310
	art XVI-B		complishm	ent of Exempt Pu	ırpose	<u> </u>	<del> </del>
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose	s reported in c	olumn (e) of Part XVI-	A contrib	uted importantly to the	one )
	N/A		\			proces, (our mondon	<u>, , , , , , , , , , , , , , , , , , , </u>
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_						<del> </del>	

orm 9		6) Stricklar				56-195		<del>-</del>	Pag	ge 13
Part			_	ansfers To and	d Transactio	ns and Relations	hips With N	oncharitable		
		Exempt Organiza						<del></del>		
_	_	-			-	other organization desc			Yes	No
			er than section	on 501(c)(3) organi	ızations) or in se	ction 527, relating to p	olitical			
0	rganızatıon	s?								
аT	ransfers fro	om the reporting found	lation to a no	nchantable exemp	ot organization o	f.			1	
(1	1) Cash							<u>1a(1)</u>		X
(2	2) Other as	ssets						1a(2)		Х
ьС	Other transa	actions.								
('	<ol> <li>Sales of</li> </ol>	fassets to a noncharit	able exempt	organization				1b(1)		X
(2	2) Purchas	ses of assets from a no	onchantable	exempt organization	on			1b(2)		X
(;	3) Rental o	of facilities, equipment,	, or other ass	sets				1b(3)		Х
(4	4) Reimbu	rsement arrangements	3					1b(4)		X
(	5) Loans o	r loan guarantees						1b(5)		X
(6	6) Perform	ance of services or mo	embership o	r fundraising solicit	tations			1b(6)		X
	-	acılıtıes, equipment, m		•				1c		X
d If	the answe	r to any of the above i	s "Yes," com	plete the following	schedule. Colu	mn ( <b>b)</b> should always s	show the fair ma	rket		
٧	alue of the	goods, other assets, o	or services g	iven by the reporting	ng foundation If	the foundation receive	d less than fair i	market		
v	alue in any	transaction or sharing	arrangemei	nt, show in column	(d) the value of	the goods, other asse	ts, or services re	ceived		
(a)	Line no	(b) Amount involved	(c) Name	e of noncharitable exemp	ot organization	(d) Description (	of transfers, transaction	ons, and shanng arrangeme	nts	
<u> </u>										
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			t				<del></del>			
22 1	s the found	ation directly or indirec	tly affiliated	with or related to	one or more tox	-exempt organizations				-
		section 501(c) of the	•			· •			s X	No
		nplete the following sc	•	than section so ite	s)(O)) or in section	11 327		L. ''	,5 <u>41</u>	140
<u> </u>		Name of organization	neddic	(b) Type of o	rganization		(c) Description of i	relationship		
N	/A	y realis of organization		(2) 1) po ci o	garnzanori		(e) besarbitor or	eladoriship		
	/ 44				<del></del>			<del> </del>		
		<del></del>					<del></del>	<del></del>		
			···········					<del></del>		
	Linder ner	palties of periury. I declare th	at I have exami	ed this return, including	n accompanying sch	ledules and statements, and t	o the best of my kno	wedge and helief it is true		
						which preparer has any know		<del>`</del>		_
								May the IRS discuss this re with the preparer shown be		
Sign	\ \v_	Λ	11		_				Yes	No
lere	$ \mathcal{F} $	Hoseph T		ellen	' X,	C-10-14 N	Described:			
			, rous LC	way!	5		Preside	enc		
	Sigha	ature of officer or trustee			Date		11(10	<del>-   -   -   -   -   -   -   -   -   -  </del>		
	Print/Ty	pe preparer's name			Papareds signatu	" J. A. L. OIL	48h a-	Date	Check	[ ] п
aid			•		· · · · · · · · · · · · · · · · · · ·	"Laple allen, 1	(raj Pa		self-em	ployed
	Will:	iam Temple Al	len, CP	A, P.A	<u> </u>		•	_  04/27/17		

William Temple Allen, CPA, P.A. 3620 Cape Center Drive

28304

Fayetteville, NC

Form 990-PF (2016)

910-323-0191

P01071846

Firm's EIN ▶ 56-1833865

Phone no

Preparer

**Use Only** 

Firm's name

Firm's address

Form 990-F	Other Notes and Loans Recei	vable   2016
	For calendar year 2016, or tax year beginning	, and ending
Name		Employer Identification Number
Strickla	nd Family Foundation	56-1951984

	<u> </u>		Force	alendar y	year 2016,	or ta	ax y	ear be	ginning			, and ending				
Name													Emplo	yer Iden	tification Nun	nber
atri	akla	~d ₽	ami 1	Form	ndatio	~~							E 6	1951	001	
BULL	CKIA	IIG F	auurry	FOU	ngatio	<u> </u>							<u> </u>	1931	<del>504</del>	
Form	990	-PF,	Part	II,	Line	7	-	Ad	diti	onal	Inform	ation				
			Nom	e of bor								Roletienshin to die	الم ما الأنام الم			
(1) Lo	ans	Rece	ivable		lower							Relationship to dis	quaimed	person		
(2)										-		·				
(3)	-															
(4)																
(5)			_												•	
(6)												· · · · · · · · · · · · · · · · · · ·				
(7)																
(8)									_		<del></del>					
(9)																
(10)																
						Т—				T					1-4	
	bor	al amour rowed	11.	Date	of loan	Ш.		Matu date				Repayment terms			Interes rate	it .
(1)																
						╄										
				_		+							-			
						+					_				<u> </u>	
			1			+				<u> </u>						
						+										
(8) (9)						╁										
(10)				-		+				<del>                                     </del>					-	
110/										_1						
<del></del>		Se	curity provi	ded by I	oorrower							Purpose	of loan			
<u>(1)</u>										+						
(2)				_						+						
(3)												•				
(4) (5)										<del> </del>	. —					
(6)																
(7)	-															
(8)																-
(9)																
(10)					·····										······	
									<del></del>			T				
	(	Consider	ration furnis	shed by	lender					Balance beginnin	due at g of year	Balance due end of year		Fair	market value	•
(1)											69,696	197,			197,4	32
(2)																
(3)																
(4)																_
(5)												<del></del>				
(6)							_		-				_			
(7)						<u>-</u>	_		+			<del> </del>				
(8)		_										L				

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value
(1)		369,696	197,432	197,432
(2)				
(3)				
(4)				
(5)				
(6)				<u> </u>
(7)				
(8)				
(9)				
(10)				
Totals		369,696	197,432	197,432

893 Strickland Family Foundation 56-1951984 FYE: 12/31/2016	_	Federal Statements	Stateme	nts		4/27/2017 1:16 PM
St	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	า 990-PF, Pa	art I, Line	16b - Accou	inting Fees	
Description	ĭ	Total	Inve	Net Investment	Adjusted Net	Charitable Purpose
WTA, CPA BOOKKEEPER	₩	1,018 2,400	₩		w	v.
Total	w	3,418	·ω	0	w O	°     w
	Statement 2	2 - Form 990-PF, Part I, Line 18 - Taxes	PF, Part I,	Line 18 - T	axes	
Description	ĭ	Total	Inve	Net Investment	Adjusted Net	Charitable Purpose
Various Rentals	<b>တ</b>	2,860	\$	2,860	₩	\$
Total	φ	2,860	φ	2,860	٠ V	\$

## **Federal Statements**

Fede

893 Strickland Family Foundation 56-1951984 FYE: 12/31/2016 Statement 3 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	·								0
	Net Investment Income	٠. د								\$
	Current Year Depreciation		3,194		2,546	342	197	137	149	6,565
	Life	* * O	27.5	0	27.5	7	2	7	7	· ጭ"
	Method		'Ι.		'L	)DB	)DB	)DB	)DB	
u	Prior Year Depreciation		24,090 S/L		18,990 S/L	1,234 200DB	124 200	cabinets & countertops - 6843 Bryanstone Way 10/05/16 3,826 200DB	2000B	44,438
Description	Cost Basis	yanstone Way	le Way 87,841	7,780 7,780	7/30/08 70,019 18,	10/21/13 2,430 1, Refrigerator & Tee Maker Britished	618	Cabinets & Countertops - 684. 10/05/16 3,826 Carnet - 6843 Bryanstone Wayy	4,170	186,444 \$
	Date Acquired	Land - 6843 Bryanstone Way 6/12/08 \$ 9,760	6843 Bryanstone Way 6/12/08 1374 337 87,84	222 Glenola Drive	7/30/08 Floor & Carret	10/21/13 Befrigerator s	1/01/15	cabinets & Cou 10/05/16	11/16/16	Total \$

893 Strickland Family Foundation 56-1951984 FYE: 12/31/2016	Federal Statements	atements		4/27/2017 1:16 PM
	Statement 4 - Form 990-PF, Pa	990-PF, Part I, Line 23 - Other Expenses	penses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Various Rentals Insurance Utilities Repairs and Maintenance Miscellaneous	\$ 685 1,194 20,896 156	\$ 685 1,194 20,896 156	w.	v
222 Glenola Drive Repairs Insurance				
Expenses Bank Fees Total	\$ 23,091	\$ 22,931	O O	\operatorname{O}{\opera
Statemen	Statement 5 - Form 990-PF, Part II, Line 14	e 14 - Land, Building, and Equipment	and Equipment	
Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FM<
Total	\$ 116,468 17,540 \$ 134,008	\$ 168,904 17,540 \$ 186,444	\$ 51,003	\$ 200,000
				Ţ
				4-5

893 Strickland Family Foundation

56-1951984

## **Federal Statements**

4/27/2017 1:16 PM

FYE: 12/31/2016

<del>-</del>		ii, Line 18			<b>-</b> .	
Description		inning Year		nd of Year		Market 'alue
Prepaid Taxes	\$	589	\$	779	\$	779
Total	\$	589	\$	779	\$	779
Statement 7 - Form	990-PF, Part III	l, Line 3 -	Other I	ncreases		···
Description				Amount		
Rounding		<del></del>	\$		<u>1</u>	
Total			\$		1	
Statement 8 - Form	990-PF, Part III	, Line 5 -	Other D	ecreases		
Description				Amount		
IRS			\$	78	33	
Total			\$	78	<u>33</u>	
Form 990-PF, Part XV, Line 1	a - Managers V	Vho Cont	tributed	Over 2% o	or \$5,000	•
Name of Manage	<u> </u>			Amount		
Joseph T. Strickland			\$		_	
Total			\$		0	
Form 990-PF, Part XV, Line	2b - Application	n Forma	t and Re	quired Co	ntents	
Description	on					
Contact Individual named in 2a f						
Form 990-PF, Par	rt XV, Line 2c -	Submiss	sion Dea	dlines		
Description	on					
None						
Form 990-PF, Part XV,	Line 2d - Awar	d Restric	tions or	Limitatio	ns	
Description	on					