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Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury

350

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. Open to Public Inspection For calendar year 2016 or tax year beginning and ending A Employer identification number Name of foundation Margaret C. Woodson Foundation, Inc. Number and street (or P.O box number if mail is not delivered to street address) Room/suite 56-6064938 B Telephone number (see instructions) 220 North Tyon Street City or town, state or province, country, and ZIP or foreign postal code 28202 Charlotte NC 704-973-4500 Foreign postal code Foreign country name Foreign province/state/county C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test ☐ Name change ☐ Address change check here and attach computation Section 501(c)(3) exempt private foundation Check type of organization E 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 Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), X Other (specify) MODIFIED CASH under section 507(b)(1)(B), check here 543,385 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily expenses per purposes (cash basis only) ıncome books equal the amounts in column (a) (see instructions)) 911.881 Contributions, gifts, grants, etc., received (attach schedule) (N) 2 Check ▶ ☐ If the foundation is **not** required to attach Sch. B 23 23 Interest on savings and temporary cash investments 3 MAY 4 Dividends and interest from securities 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain Income modifications . . Gross sales less returns and allowances 10a Less. Cost of goods sold Gross profit or (loss) (attach schedule) 11 12 Total. Add lines 1 through 11 911,904 40,800 2,040 13 Compensation of officers, directors, trustees, etc. . 38,760 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 38,000 1.900 36,100 17 Depreciation (attach schedule) (see instructions) . Depreciation (attach schedule) and depletion Occupancy 18 19 20 Travel, conferences, and meetings-21 4,596 230 4,366 22 23 2,248 113 2,135 Other expenses (attach schedule) 24 Total operating and administrative expenses. 85,644 Add lines 13 through 23 4,283 O 81,361 25 Contributions, gifts, grants paid 860,000 860,000 26 Total expenses and disbursements. Add lines 24 and 25. 0 945,644 4,283 941,361 Subtract line 26 from line 12. -33,740 Excess of revenue over expenses and disbursements . . b Net investment income (if negative, enter -0-) . . 0

For Paperwork Reduction Act Notice, see instructions.

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

Form 990-PF (2016)

p,	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-or-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	565,988	532,226	532,226
	2	Savings and temporary cash investments	11,136	11,159	11,159
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	l	Less. allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	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 schedule)	[- ,	
	12	Investments—mortgage loans		· · · · · · · · · · · · · · · · · · ·	
	13	Investments—other (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment basis			
	}	Less accumulated depreciation (attach schedule)		,	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		Instructions. Also, see page 1, item I)	577,124	543,385	543,385
	17	Accounts payable and accrued expenses		1	
	18	Grants payable			
<u>ies</u>	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
aþ	21	Mortgages and other notes payable (attach schedule)			
=	22		-		
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	1	
_		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26 and lines 30 and 31.	ļ		
2	24	Unrestricted	ĺ		
<u>a</u>	25	Temporarily restricted			
Ö	26	Permanently restricted			
pu]	Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.	ļ ,		
ō	27	Capital stock, trust principal, or current funds	ļ		
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund	1,041		
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	576,083	543,384	
As	30	Total net assets or fund balances (see instructions)	577,124	543,384	1
et	31	Total liabilities and net assets/fund balances (see	517,124	5-10,50-1	i
Ž	١,٠	instructions)	577,124	543,385	
D.	art III	Analysis of Changes in Net Assets or Fund Balances	3/1,124	J-43,300	
		net assets or fund balances at beginning of year—Part II, column (a)	line 30 (must sares	with	
'		of-year figure reported on prior year's return)			577,124
•					
		r amount from Part I, line 27a			-33,740
3					543,384
_		lines 1, 2, and 3		5	<u> </u>
5 6	Decr	eases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)—Par	t II. column (h) line 2	0 6	542 204
	iolai	het assets of fund balances at end of year (line 4 minus line 5) Far	ch, column (b), inte 3	<u> </u>	543,384

Part •	(a) List and describe the	ne kund(s) of property sold (e.g., real estate,) Date acquired	(d) Date sold
	2-story bnck wareho	use, or common stock, 200 shs MLC Co.)		D-Donation	(mo , day, yr)	(mo , day, yr.)
<u>1a</u> b			·	 		
<u>_</u>			 -	 		
_ d				<u> </u>		
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g)
a						
b						
С						
d		<u></u>				
е						
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundation	on 12/31/69		(h) gain minus
	(I) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (I) . (j), if any		t less than -0-) or from col (h))
a		·				
<u>b</u>						· · · · · · · · · · · · · · · · · · ·
<u>c</u> d						·· · · · · · · · · · · · · · · · · · ·
<u>u</u>						
		(If gain,	also enter in Pai	rt I, line 7	T	
2	Capital gain net income or	' (net canital inse) (, enter -0- in Par	> 1		0
3	Net short-term capital gain	or (loss) as defined in sections 1	222(5) and (6)			
	-	, line 8, column (c) (see instruction	ns). If (loss), ente	7 1	1	
	Part I, line 8		<u> </u>	J 3	<u> </u>	0
Part		der Section 4940(e) for Reduvate foundations subject to the se				
	s," the foundation does not	section 4942 tax on the distributal qualify under section 4940(e). Do	not complete thi	s part.		Yes X No
	(a)	unt in each column for each year;	see the instruct		ly entries.	(d)
Cal	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use assets		stribution ratio divided by col. (c))
Cai	2015		0.829	542,92		2.027608
	2014		6,791	600,75		1.625928
	2013		0,348	524,25		1.335905
	2012	568	3,150	294,24	1	1.930900
	2011	1,886	5,931	806,26	7	2.340330
					1	
2					2	9.260671
3		for the 5-year base period—divide			1 - 1	
	number of years the found	lation has been in existence if less	s than 5 years .		3	1.852134
4	Enter the net value of non	charitable-use assets for 2016 fro	m Part X, line 5		4	514,073
5	Multiply line 4 by line 3 .				5	952,132
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6				7	952,132
8	Enter qualifying distribution	ns from Part XII, line 4			8	941,361
-		ter than line 7, check the box in P				
	Part VI instructions.					
						Form 990-PF (2016)

names and addresses

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? . . .

4a

4h

N/A

Х

Form 9	90-PF (2016)	Margaret C. Woodson Foundation	n, Inc.			_			56-60	64938	Page 6
Part	t VII-B	Statements Regarding Activities	for Wh	ich Form 4	720 N	lay Be Re	quire	d (contin	iued)		
5a		year did the foundation pay or incur any on propaganda, or otherwise attempt to i			section	4945(e))?		☐ Yes	X No		
		ce the outcome of any specific public ele						□ v	□ N-	1	
		y or indirectly, any voter registration drive e a grant to an individual for travel, study						☐ Yes	=	1	
		e a grant to an organization other than a							(Z) 110		
		1 4945(d)(4)(A)? (see instructions)						Yes Yes	X No		
		e for any purpose other than religious, chases, or for the prevention of cruelty to chil						☐ Yes	X No		
b		wer is "Yes" to 5a(1)–(5), did any of the t ns section 53.4945 or in a current notice							d in 	5b	N/A
С	If the ansv	ions relying on a current notice regarding ver is "Yes" to question 5a(4), does the fit t maintained expenditure responsibility fo	oundatio	ın claım exen	nption f	rom the tax		 Yes	► □ □ No		
•		ttach the statement required by Regulation								1	
6a		undation, during the year, receive any fui onal benefit contract?						☐ Yes	X No	.	
b	•	undation, during the year, pay premiums,						itract? .	- .	6b	
		6b, file Form 8870.						_			
7a		during the tax year, was the foundation a pa						Yes	X No		 N//A-
		id the foundation receive any proceeds on formation About Officers, Direct							aid Em		N/A
		nd Contractors									
1	List all of	ficers, directors, trustees, foundation									
		(a) Name and address	hour	e, and average is per week ed to position	(lf r	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred comp	plans		nse account, allowances
See /	Attached Sta	atement		.00		0					
							l				
				.00		0					
				.00.		0					
						············					
				.00.		0					
	Compens	sation of five highest-paid employees (other th	.00.	cluded	0	see ins	struction	s). If no	ne, ent	er
2	"NONE."	sation of five highest-paid employees (d address of each employee paid more than \$50,000		.00.	verage veek	0		(d) Control employee plans and comper	outions to benefit deferred	(e) Expe	er ense account, allowances
2 NON	"NONE."			.00 .00 nan those inc (b) Title, and a hours per w	verage veek	0 0 on line 1—		(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	ense account,
	"NONE."			.00 .00 nan those inc (b) Title, and a hours per w	verage veek	0 0 on line 1—		(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	ense account,
	"NONE."			.00 .00 nan those inc (b) Title, and a hours per w	verage veek	0 0 on line 1—		(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	ense account,
	"NONE."			.00 .00 nan those inc (b) Title, and a hours per w	verage veek	0 0 on line 1—		(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	ense account,
	"NONE."			.00 .00 nan those inc (b) Title, and a hours per w	verage veek	0 0 on line 1—		(d) Contrib employee plans and	outions to benefit deferred	(e) Expe	ense account,

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Margaret C. Woodson Foundation, Inc.

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Total. Add lines 1 through 3

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

Form 990-PF (2018)

Excess from 2014

d Excess from 2015

Excess from 2016 .

946,753

915,657

1,073,683

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Margaret C. Woodson Foundation, Inc.

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Total

Form 990-PF (2016) Margaret C. Woodson Founda	tion, Inc.		56-60649	38 Page 11
Part XV Supplementary Information (continuous)	nued)			
3 Grants and Contributions Paid During t		ed for Fu	ture 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 during the year	İ]	
Piedmont Players Theatre	Ì	PC	Norvell Theater Project	6,000
P.O. Box 762]	
Salisbury, NC 28145]			
Rowan-Cabarrus Community College Foundation	l	NC	Special Grant - Levine Health Care	10,000
P.O. Box 1595			Grant Challenge	
Salisbury, NC 28145-1595				
Habitat for Humanity of Rowan County		PC	Building Lots Purchase	12,000
P.O. Box 3356	ţ		f .	
Salisbury, NC 28145-3356		_{DO}		40.000
Advocacy Center of Davie County, Inc		PC	Preventing Homelessness Through Rent and Utility Assistance.	10,000
261 South Main Street			Rent and Othity Assistance.	
Mocksville, NC 27028		PC	Cargo corrier with pageaners	25 000
Rowan Vocational Opportunities, Inc. 2728 Old Concord Road		PC	Cargo carrier with passenger carrying capability.	25,000
Salisbury, NC 28146-1338	ļ		Carrying capability.	
Davie County Public Library		PC	Board To Mo Brogram	4.000
371 N. Main Street	ļ		Read-To-Me Program	4,000
Mocksville, NC 27028	Į.	ļ	Į.	
Humane Society of Davie County		PC	Community Pet Projects	15,000
291 Easton Road	ļ	1	Community recriojects	13,000
Mocksville, NC 27028			i i	
Rowan Public Library	ŧ	PC	Large Print Books	2,000
201 West Fisher Street		' "		2,000
Salisbury, NC 28144	}	1	1	
Families First-NC, Inc.		PC	Court Child Care Center. Moving	8,600
855 Crescent Road			Forward	3,000
Rockwell, NC 28138			1	
Rowan County Crosby Scholars Community Partnership		PC	Rowan Crosby Scholars 2016	15,000
225 North Main Street, Suite 102		ļ	1	·
Salisbury, NC 28144				
Footprints in the Community		PC	Footprints in the Community	5,000
1175 Walton Place			Summer Therapy Camp	
Salisbury, NC 28146			<u> </u>	
Total See Attached Statement	<u> </u>		▶ 3a	860,000
b Approved for future payment	<u> </u>			
			1	
]	
		1]	
			1	
			į.	
	[Ī	1	
	1		{	
]			

		Analysis of Income-Producing Ac			Fortune 4 to 1 to 1	540 540 .544	
Ente	er gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
			(a)	(b)	(c) Exclusion code	(d)	Related or exempt function income
1	Prog	ram service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
	a _						
	b _						
	_				l		
	d _				ļ		
	е _						
	f _				<u> </u>		<u> </u>
	_	ees and contracts from government agencies			 		
2		bership dues and assessments			 		
3		est on savings and temporary cash investments .	ļ		14	23	<u> </u>
4		ends and interest from securities	 		 		
5		rental income or (loss) from real estate					
		Debt-financed property					
6		ental income or (loss) from personal property			 		
7		r investment income			 		
8		or (loss) from sales of assets other than inventory	[
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue: a					
	_						
	_						
	d [—]						
	е —						
12	Subt	otal. Add columns (b), (d), and (e)	i	0	L 1	23	0
12 13	Subt Tota	otal. Add columns (b), (d), and (e)				23 13	
13 (See	Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations			· · · · · ·		
13 (Sec Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work rt XV	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23
13 (Sec Pa	Tota work t XV e No.	I. Add line 12, columns (b), (d), and (e)		ent of Exemp	t Purposes	13	23

<u>Part</u>	XVII	Information Exempt Org		ansf	ers To and Trans	action	s and R	elationship	os Wi	th Noncha	ritable		
1	Did th			/ ena	age in any of the foll	owing w	uth any of	ther omaniza	tion de	escribed		Yes	No
•					ction 501(c)(3) organ						1	163	140
		al organizations				,	, 0 000		9		1	1	
а				to a	nonchantable exemp	t organ	zation of:						ľ
			-			_					1a(1)		x
											1a(2)		Х
b		transactions											
	(1) S	ales of assets to	a noncharitable e	xemp	ot organization						1b(1)		X
	(2) P	urchases of asse	ts from a nonchar	itable	e exempt organizatio	n					1b(2)		Х
	(3) R	ental of facilities,	equipment, or oth	ner as	ssets ,						1b(3)		Х
	(4) R	eimbursement ar	rangements								1b(4)		Х
											1b(5)		Х
	• •			-	or fundraising solicit						1b(6)	-	_X_
С					other assets, or paid						1c		X
d					lete the following scho								
					ren by the reporting for t, show in column (d) t								
4-3-1		(b) Amount involved			antable exempt organization		<u>_</u> _						
(a) Line	no	(b) Amount involved	(c) Name of fi	ioncha	antable exempt organizatio	<u> </u>	(a) De	scription of transf	ers, trar	isactions, and sn	anng arrai	ngemen	its
	_												
													
	-+												
	-+												
	_						<u> </u>						
					· · · · · · · · · · · · · · · · · · · 		<u> </u>						
													_
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										<u> </u>			
							ļ <u> </u>						
			Ļ				İ						
2a b	descr	ibed in section 5	tly or indirectly aff 01(c) of the Code following schedul	(othe	ed with, or related to, er than section 501(d	one or (;)(3)) or	more tax- in section	exempt orgar i 527?	nizatio 	ns 🔀] Yes	□ N	0
		(a) Name of organ	zation		(b) Type of org	anızation			(c) De	scription of relati	onship		
Marga	ret C.	Woodson Trust (CO US Trust Co.		Charitable Trust			Foundation i	receive	es all net pro	ceeds fr	<u>om tru</u>	st
			·····	\perp									
				1				·					
		<u>_</u>		+				ļ					
	Undo	and the state of t	land that I have avanued the	1	- unakuduna aanaamaanana aah	adulas and s	toto-onto on	d to the best of my b		and holes due tous			
0:					m, including accompanying sch r) is based on all information of				invweage				
Sign	I		Feolesic		- Lulisha	.	•				RS discuss reparer sho		
Here	Sign	nature of officer or trus			Date	Title	a Directo	or of Finance	- FF ((uctions)?		No
	I Cigi	Print/Type preparer	<u> </u>		Preparer's signature			Date			PTIN	==	
Paid									i	Check if self-employed	[
Prepa		Firm's name			<u> </u>				Firm's		·		
Use C	nly	Firm's address	···· <u>···</u>						Phone		· · · · · · · · · · · · · · · · · · ·		

Margaret C. Woodson Foundation				56-606	64938 Page	7 of 7
Continuation of Part XV, I	<u>-ine 3a (990-PF) -</u>	· Gran	ts and Con	tributions Paid	d During th	ne Year
Recipient(s) paid during the year						
Name Storehouse for Jesus						
Street P.O. Box 216						
City		State	Zip Code	Foreign Coun	itry	·
Mocksville		NC	27028			
Relationship	Foundation Status PC					
Purpose of grant/contribution Reducing Risk Factors in Diabetic an	d Hypertensive Patients				Amount	20,000
Name						
Street			<u>.</u>			
City		State	Zip Code	Foreign Coun	try	-
Relationship	Foundation Status		<u> </u>			
Purpose of grant/contribution	····· • • · · · · · · · · · · · · · · ·				Amount	
Name					l	
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		1		· · · · · · · · · · · · · · · · · · ·	•
Purpose of grant/contribution	<u> </u>			 	Amount	· · · · · · · · · · · · · · · · · · ·
Name						
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>	L	I	<u></u>	
Purpose of grant/contribution					Amount	···
Name	· · · · · · · · · · · · · · · · · · ·					
Street						
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	<u> </u>			·	
Purpose of grant/contribution	1			· · · · · · · · · · · · · · · · · · ·	Amount	
Name				· · · · · · · · · · · · · · · · · · ·	_1	
Street	· · · · · · ·					<u></u>
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status	L	1	<u> </u>		
Purpose of grant/contribution		-			Amount	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Employer identification number

Margaret C. Woodson Founda	tion, Inc 56-6064938
Organization type (check one	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, I purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the contributions totaled r during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	rganization C. Woodson Foundation, Inc.		Employer identification number 56-6064938
Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space i	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Margaret C. Woodson Trust CO US Trust Company 114 West 47th Street New York NY 10036 Foreign State or Province. Foreign Country.	\$ 911,881	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organizationEmployer identification numberMargaret C. Woodson Foundation, Inc.56-6064938

Part II	Noncash Property (See instructions). Use duplicate co	opies of Part II if additional spa	ace 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
		\$	

Name of or				Employer identification number			
Part III	. Woodson Foundation, Inc.	-ib		56-6064938			
Partiii	Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year						
	the following line entry. For organizations com						
	contributions of \$1,000 or less for the year. (E						
	Use duplicate copies of Part III if additional sp		ii once. See iiisuucu	ons.) > \$0			
(a) No.	I Se duplicate copies of Part III ii additional sp	ace is needed.		***			
from	(b) Purpose of gift	(c) Use of	f aift	(d) Description of how gift is held			
Part I	(-,	(0,000	- J	(c) Description of new gar to field			
		(e) Transfer	of gift				
	Transferee's name, address, and ZIP	+ 4	Relationship	of transferor to transferee			

(a) No.	For. Prov. Country						
from	(b) Purpose of gift	(c) Use of	f aift	(d) Description of how gift is held			
Part I	(4,7 44,744,744,744,744,744,744,744,744,7		· 9···	(a) Description of now give to note			
			 .	***************************************			
				· · · · · · · · · · · · · · · · · · ·			
		(e) Transfer	of gift				
		_					
	Transferee's name, address, and ZiP	+ 4	Relationship	of transferor to transferee			
		·					
	For Davis						
(a) No.	For. Prov. Country						
from	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held			
Part I							
		(e) Transfer	of sift				
		(e) ITalisiei	or gift				
	Transferee's name, address, and ZIP	± 4	Oolotionohin	of turneferor to transfero			
	Transferee's flame, address, and ZIP	* 4	Relationship	of transferor to transferee			
	For. Prov. Country						
(a) No.	Tol. 1 Tov.						
from	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held			
Part I			· · · · · · · · · · · · · · · · · · ·				
		(e) Transfer	of gift				
		(0)	J. J				
	Transferee's name, address, and ZIP	+ 4	Relationship	of transferor to transferee			
	Transfero o manie, address, and ZIF		- I veración ismip	o. Canaletor to transletee			
	For. Prov. Country		·				

Part I, Line 16c (990-PF) - Other Professional Fees

		38,000	1,900	0	36,100
					Disbursements
ŀ		Revenue and	}		for Charitable
١		Expenses per	Net Investment	Adjusted Net	Purposes
L	Description	Books	Income	Income	(Cash Basis Only)
	1 MANAGEMENT FEES	38,000	1,900		36,100

Part I, Line 23 (990-PF) - Other Expenses

u:,	Line 25 (550-1 1) - Other Expenses				
		2,248	113	0	2,135
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	INSURANCE	996	50		946
2	OFFICE EXPENSE	1,036	52		984
3	BANK FEES	216	11[205

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Mangaret C Woodson Foundation, Inc

John B. Dr. Nilo											•	
	Name	Check "X" if Business	Street	Cıty	State	Zıp Code	Foreign Country	Tife	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	John B. Cunningham		220 North Tryon Street		2 <u>2</u>	28202		President and Director	2:00	8,600		
Т	Dr. Nilous M Avery, il		220 North Tryon Street	Charlotte	NC NC	28202		Director	1 00	3,900		
	James W. Davis		220 North Tryon Street	Charlotte	NC S	28202		Vice President and Director	1.00	3,900		
Patncia 4	Patricia Hobson Johnson		220 North Tryon Street	Charlotte	NC NC	28202		Director	100	3,900		
William	Willam G. Johnson, Jr.		220 North Tryon Street	Charlotte	NC NC	28202		Director	1.00	3,900		
	Mary Holt Woodson Murphy		220 North Tryon Street	Charlotte	S S	28202		Director	1.00	3,900		
	Donald D. Sayers		220 North Tryon Street	Charlotte	NC NC	28202		Treasurer and Director	1 00	3,900		
Robert	Robert P Shay, Jr.		220 North Tryon Street	Charlotte	NC 2	28202		Director	1 00	3,900		
Paul B.	Paul B. Woodson, Jr.		220 North Tryon Street	Charlotte	NC NC	28202		Director	1:00	3,900		