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2017

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20)17 , aı	nd er	nding 12-31-		
		indation LETT FAMILY FOUNDATION				entification numbe	ır
			la .		20-6802824		
	ber and D BOX 6	d street (or P O box number if mail is not delivered to street address) 589	Room/suite		B Telephone nu	mber (see instructio	ns)
Citi	or town	, state or province, country, and ZIP or foreign postal code			(910) 612-7912	!	
		, state or province, country, and 21P or foreign postal code , NC 28459			C If exemption	application is pendin	g, check here
G Ch	eck al	l that apply $igsqcup$ Initial return $igsqcup$ Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere 🕨 🗀
		Final return Amended return				ganizations meeting k here and attach co	
		Address change Name change				undation status was t	
		pe of organization Section 501(c)(3) exempt private				n 507(b)(1)(A), chec	
		T	e private foundation				
of y	year <i>(f</i>	xet value of all assets at end from Part II, col (c), \$ 1,124,391 J Accounting method ☐ Other (specify) (Part I, column (d) must	be on cash basis)	al		ition is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ► ☑ if the foundation is not required to attach					
		Sch B					
	3	Interest on savings and temporary cash investments	63		63		
	4 5a	Dividends and interest from securities	21,064		21,064		
	ъa b	Net rental income or (loss)					
ക	6a	Net gain or (loss) from sale of assets not on line 10	100,622				
Revenue	b	Gross sales price for all assets on line 6a	,				
SeV.	_	351,091			400 500		
۱ ۵	7 8	Capital gain net income (from Part IV, line 2)			100,622		
	9	Income modifications					
	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)	9 761		761		
	12	Total. Add lines 1 through 11	122,510		122,510		
	13	Compensation of officers, directors, trustees, etc	18,000				18,000
	14	Other employee salaries and wages					
es	15	Pension plans, employee benefits					
Sue-	16a	Legal fees (attach schedule)					
Expenses	b	Accounting fees (attach schedule)	2,250		50		2,200
e.	С	Other professional fees (attach schedule)	12,394		12,394		
Administrative	17	Interest	00.1				1
Str	18	Taxes (attach schedule) (see instructions)	668		668		
Ē	19	Depreciation (attach schedule) and depletion					
A E	20	Occupancy					
פַ	21	Travel, conferences, and meetings					
ਰ	22 23	Other expenses (attach schedule)	324				324
Operating and	24	Total operating and administrative expenses.	324				32-
era	-4	Add lines 13 through 23	33,636		13,112		20,524
o	25	Contributions, gifts, grants paid	55,950	1	,		55,950
	26	Total expenses and disbursements. Add lines 24 and					· ·
	ייי	25 Subtract line 36 from line 13	89,586		13,112		76,474
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses and	32,924				
		disbursements		<u> </u>			
	b	Net investment income (if negative, enter -0-) Adjusted net income(if negative, enter -0-)			109,398		
	С	Adjusted net income(If negative, enter -0-)					

Page 2

799,420

32,924

832,344

832,344

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2

3

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6

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	2	Savings and temporary cash investments	49,837	91,775	91,755
	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) ▶			
		Less allowance for doubtful accounts ▶			
S	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)	749,583	740,569	1,032,636
	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			
		ınstructions Also, see page 1, item I)	799,420	832,344	1,124,391
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ties	19	Deferred revenue			
-	I	F			

	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			
		ınstructions Also, see page 1, item I)	799,420	832,344	
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es es	19	Deferred revenue			
≝	19 20	Loans from officers, directors, trustees, and other disqualified persons			
Ħ	۱	Marken and ask or nation way his (aske as asked (la)			

Liabilit 21 Mortgages and other notes payable (attach schedule). . 22 Other liabilities (describe >_ 23 Total liabilities(add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 799,420 832,344 25 Temporarily restricted Permanently restricted . 26 Foundations that do not follow SFAS 117, check here

Net Assets or Fund Balances and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund 28

29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 799,420 832,344 Total liabilities and net assets/fund balances (see instructions) . 799,420 832,344 31 Part III **Analysis of Changes in Net Assets or Fund Balances**

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

2

(b)

Page **3**

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICALLY TRADED SE	CURITIES		P		
b PUBLICALLY TRADED SE			Р		
c PUBLICALLY TRADED SE	CURITIES		Р		
d PUBLICALLY TRADED SE	CURITIES		Р		
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 1	.2,196	pius expe	11,175	. , ,	1,021
	04,352		72,601		31,751
	28,062		29,342		-1,280
	04,674		137,351		67,323
e 20	74,074		137,331		07,323
_			12/21/60		
(i) F M V as of 12/31/69	s showing gain in column (h) and ow (j) Adjusted basis as of 12/31/69	Excess	on 12/31/69 (k) of col (I) (1), If any	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))
a	as of 12/31/05	0761 601	(j), ii aliy		1,021
b					31,751
С					-1,280
d					67,323
					- 07,525
•	gain or (loss) square in sections :		Part I, line 7	3	100,622 -259
For optional use by domestic p if section 4940(d)(2) applies, li Was the foundation liable for th	Under Section 4940(e) for Reprivate foundations subject to the section this part blank the section 4942 tax on the distributation of qualify under section 4940(e).	ction 4940(a) tax on ne	t investment incom	e)	es 🗸 No
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entries	;	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016	69,317		974,982		0 071096
2015	55,161		1,016,248		0 054279
2014	69,201		1,044,811		0 066233
2013	58,183		985,911		0 059014
2012	43,664		874,088		0 049954
number of years the four 4 Enter the net value of no 5 Multiply line 4 by line 3 6 Enter 1% of net investm 7 Add lines 5 and 6 8 Enter qualifying distribut	o for the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2017 from	the total on line 2 by 5, than 5 years n Part X, line 5	or by the 3	a 2 10% toxy rate So	0 300576 0 060115 1,050,316 63,140 1,094 64,234 76,474
instructions	eater than line 7, check the box in Pa	are vi, line ib, and com	ipiete tilat part usin		e the Part VI

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

7b

	Information About Officers,	Directors Trustee	s Foundation Manager	Highly Paid Employees
Doet VIII	Initination About Officers,	Directors, Trustee	s, i oundation managers	s, inging raid Linpidgees,
Lair ATTT	and Contractors			

allu contractors					
List all officers, directors, trustee (a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation not paid, enter -0-)	(see instructions). (d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LAWSON S TRIPLETT JR		STEE	0	0	C
PO BOX 689 SHALLOTTE, NC 28459	000	00			
TAMMY TRIPLETT-KESKY	TRUS	 STEE	12,000	0	
PO BOX 689	000		12,000	· ·	۱
SHALLOTTE, NC 28459					
PO BOX 689	TRUS		6,000	0	C
SHALLOTTE, NC 28459					
2 Compensation of five highest-pa	id er	nployees (other than t	nose included on line 1		ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
		-			
		1			
Total number of other employees paid over	er \$5	0,000			
3 Five highest-paid independent co					E".
(a) Name and address of each person	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation
NONE			4		
			+		
			1		
			1		
Total number of others receiving over \$50	0,000	for professional services			
Part IX-A Summary of Direct (Char	itable Activities			
List the foundation's four largest direct charitable organizations and other beneficiaries served, con				nation such as the number of	Expenses
1	ici ciii	ses convened, research paper	5 produced, etc		
2					
3					
4					
Part IX-B Summary of Program	n-P	elated Investments	(see instructions)		
Describe the two largest program-related inve			<u> </u>	and 2	Amount
1 N/A		,	J ,		
2					
-					
All other program-related investments	See	instructions			
3					
T. I. A. III					
Total. Add lines 1 through 3					

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

3a 3h

4

5

76.474

1.094

75,380

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Amounts set aside for specific charitable projects that satisfy the

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

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

3

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b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . d From 2015. . . .

e From 2016.

2017

Page 9

51,422

51,422

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 ,		
Undistributed Income	(see	ınstrı

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 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 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. . **b** Excess from 2014. . c Excess from 2015. . .

d Excess from 2016. .

e Excess from 2017. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

P	art XIII Undistributed Income (see instruc	tions)
		(a) Corpu
1	Distributable amount for 2017 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2017	

a Enter amount for 2016 only.

19,626

19.626

25.052

19.626

25,052

44,678

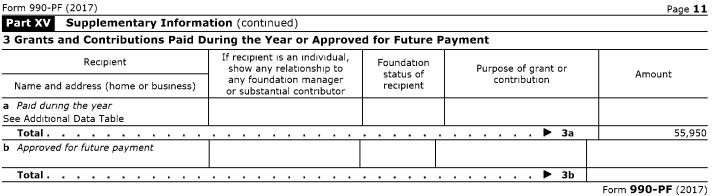
44,678

(b)

Years prior to 2016

(c)

2016



nter gross						
	amounts unless otherwise indicated	T	siness income	Excluded by section		(e) Related or exempt function income
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions)
	and contracts from government agencies					
	ship dues and assessments.					
	st on savings and temporary cash			14	63	
	ds and interest from securities			14	21,064	
	tal income or (loss) from real estate					
	ebt-financed property					
	ntal income or (loss) from personal property					
	vestment income. r (loss) from sales of assets other than			18	761	
	ory			18	100,622	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory evenue a					
	Add columns (b), (d), and (e).				122,510	
	Add line 12, columns (b), (d), and (e)			1	3	122,510
See wor -Sart XVI	rksheet in line 13 instructions to verify calcules -B Relationship of Activities to th	ations) e Accomplishi	ment of Evem	nt Purnoses		
ine No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions)	income is reporte	d ın column (e) o	f Part XVI-A contribu		
	mad decions)					
						

Part	VVII	Information Pe								
	VAII	Exempt Organiz		ransfers To a	nd Transaction	ns and Relatio	nships With Nonchari	table		
		anization directly or in- ode (other than sectio					on described in section 501 organizations?		Yes	No
a Trai	nsfers fr	om the reporting foun	dation to a n	oncharitable exe	mpt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						1a(2)		No
b Oth	er trans	actions								
(1)	Sales	of assets to a nonchari	table exemp	t organization.				1b(1)		No
(2)	Purcha	ises of assets from a n	oncharitable	exempt organiz	ation			1b(2)		No
		of facilities, equipmen	•					1b(3)		No
		ursement arrangemen						1b(4)		No
		or loan guarantees.						1b(5)		No
٠.		nance of services or m	·	-				1b(6)		No
	-	facilities, equipment, n					ways show the fair market	1c		No
	ny trans		ngement, sh) the value of the	goods, other asse	ed less than fair market valuets, or services received transfers, transactions, and sha		ngemen	nts
	_									
	_									
des	cribed in	dation directly or indire n section 501(c) of the mplete the following so (a) Name of organizatio	Code (other chedule	than section 50		ion 527?		☐ Yes	✓	No
	of my		, it is true, co				ing schedules and statemer than taxpayer) is based on			
Sign Here) -	***** Ignature of officer or to	rustee		2018-03-15 Date		returi with t below	he prepai	er shov	wn
						1100	(see	nstr)? 🖢	∠ Yes	⊔ No
		Print/Type preparer's	name	Preparer's Sign	ature	Date	Check if self-	P01339	623	

W DAVIS MILLIGAN 2018-03-24 Paid Preparer Firm's name ► W DAVIS MILLIGAN CPA PA Firm's EIN ▶56-1953661 **Use Only** Firm's address ▶ PO BOX 3109 SHALLOTTE, NC 28459

Phone no (910) 754-9155 Form **990-PF** (2017)

Form 990PF Part XV Line 3 - Grant	Payment			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADOPTAPLATOON ADOPTAPLATOONPO BOX 1846 PO BOX 1846 MERRIFIELD, VA 221169965		NON PROFIT	CHARITABLE	1,200
AMERICAN CANCER SOCIETY AMERICAN CANCER SOCIETY PO BOX 22718 PO BOX 22718 OKLAHOMA CITY, OK 731231718		NON PROFIT	CHARITABLE	500
AMERICAN RED CROSS AMERICAN RED CROSS2025 E STREET 2025 E STREET WASHINGTON, DC 20006		NON PROFIT	CHARITABLE	1,000
AVON WALK FOR BREAST CANCER AVON WALK FOR BREAST CANCER PO BOX 742509 PO BOX 742509 CINCINNATI, OH 45274		NON PROFIT	CHARITABLE	500
BE THE MATCH FOUNDATION BE THE MATCH FOUNDATION 3001 BROADWAY ST NE 3001 BROADWAY ST NE MINNEAPOLIS, MN 55413		NON PROFIT	CHARITABLE	1,000

За

55,950 Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient						
a Paid during the year								
BRUNSWICK COMMUNITY COLLEGE FOUNDAT BRUNSWICK COMMUNITY COLLEGE FOUNDATION 50 COLLEGE RD 50 COLLEGE RD BOLIVIA, NC 28422		NON PROFIT	CHARITABLE	200				
BRUNSWICK COUNTY STREETREACH INC BRUNSWICK COUNTY STREETREACH INC PO BOX 1331 PO BOX 1331 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	2,000				
BRUNSWICK FAMILY ASSISTANCE BRUNSWICK FAMILY ASSISTANCE PO BOX 1551 PO BOX 1551 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	1,000				
CAROLINAS LEADERSHIP ACADEMY CAROLINAS LEADERSHIP ACADEMY PO BOX 1820 PO BOX 1820 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	1,000				
CHILD FIND OF AMERICA CHILDREN OF AMERICA INCPO BOX 277 PO BOX 277 NEW PALTZ, NY 12561		NON PROFIT	CHARITABLE	500				

Total . 3a 55,950

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
COMMUNITIES IN SCHOOLS COMMUNITIES IN SCHOOLS PO BOX 10087 PO BOX 10087 SOUTHPORT, NC 28461		NON PROFIT	CHARITABLE	2,000
CYSTIC FIBROSIS FOUNDATION CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD 6931 ARLINGTON RD BETHESDA, MD 20814		NON PROFIT	CHARITABLE	1,000
FISHER HOUSE FOUNDATION FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE 111 ROCKVILLE PIKE ROCKVILLE, MD 20850		NON PROFIT	CHARITABLE	500
FOOD BANK OF CENTRAL & EASTERN NC FOOD BANK OF CENTRAL & EASTERN NC 3808 TARHEEL DRIVE 3808 TARHEEL DRIVE RALEIGH, NC 27609		NON PROFIT	CHARITABLE	1,000
FREE WHEEL CHAIR MISSION FREE WHEEL CHAIR MISSION 15279 ALTON PKWY STE 300 15276 ALTON PKWY STE 300 IRVINE, CA 92618		NON PROFIT	CHARITABLE	1,000
Total				55,950

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GENERAL FED WOMANS CLUB - SOUTH GENERAL FED WOMANS CLUB - SOUTH PO BOX 1174 PO BOX 1174 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	1,100
GFWC OF NORTH CAROLINA INC GFWC OF NORTH CAROLINA INC 7474 CREEDMORE RD 7474 CREEDMORE RD RALEIGH, NC 27613		NON PROFIT	CHARITABLE	2,600
GREENWOOD FIRE DEPARTMENT GREENWOOD FIRE DEPARTMENT 809 GREENWOOD ROAD 809 GREENWOOD ROAD WINCHESTER, VA 22604		NON PROFIT	CHARITABLE	1,000
HOPE HARBOR HOME INC HOPE HARBOR HOME INC 1053 OCEAN HIGHWAY WEST 1053 OCEAN HIGHWAY WEST SUPPLY, NC 28462		NON PROFIT	CHARITABLE	200
JAMES WOOD HS SCHOLARSHIP ACCOUNT JAMES WOOD HS SCHOLARSHIP ACCOUNT 161 APPLE PIE RIDGE ROAD 161 APPLE PIE RIDGE ROAD WINCHESTER, VA 22603		SCHOLARSHIP	CHARITABLE	4,000
Total				55,950

Form 990PF Part XV Line 3 - Grant	ts 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
JUVENILE DIABETES RESEARCH FOUNDATI JUVENILE DIABETES RESEARCH FOUNDATION 1015 ASHES DR STE 101 1015 ASHES DR STE 101 WILMINGTON, NC 28405		NON PROFIT	CHARITABLE	1,000
KENTUCKIANA CHILDREN'S CENTER KENTUCKIANA CHILDREN'S CENTER 1810 BROWNSBORO RD 1810 BROWNSBORO RD LOUISVILLE, KY 40206		NON PROFIT	CHARITABLE	500
LITTLE PINK HOUSES OF HOPE LITTLE PINK HOUSES OF HOPE 1326 SOUTHERN HIGH SCHOOL 1326 SOUTHERN HIGH SCHOOL BURLINGTON, NC 27215		NON PROFIT	CHARITABLE	500
LOTTIE MOON CHRISTMAS OFFERING LOTTIE MOON CHRISTMAS OFFERING PO BOX 6767 PO BOX 6767 RICHMOND, VA 232300767		NON PROFIT	CHARITABLE	100
MAKE-A-WISH FOUNDATION MAKE-A-WISH FOUNDATION 3809 COMPUTER DR 3809 COMPUTER DR RALEIGH, NC 27609		NON PROFIT	CHARITABLE	1,000
Total				55,950

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
MARCH OF DIMES MARCH OF DIMES5041 NEW CENTRE DR 5041 NEW CENTRE DR WILMINGTON, NC 28403		NON PROFIT	CHARITABLE	500
MILLWOOD FIRE & RESCUE CO 21 MILLWOOD FIRE & RESCUE CO 21 250 COSTELLO DR 250 COSTELLO DR WINCHESTER, VA 22604		NON PROFIT	CHARITABLE	1,000
MISS BRUNSWICK COUNTY SCHOLARSHIP P MISS BRUNSWICK COUNTY SCHOLARSHIP PROGRAM 4717 WEST TRACE DR 4717 WEST TRACE DR SOUTHPORT, NC 28461		SCHOLARSHIP	CHARITABLE	500
MT VIEW UNITED METHODIST CHURCH MT VIEW UNITED METHODIST CHURCH 148 RICHARDS LANE 148 RICHARDS LANE STAR TANNERY, VA 22654		CHURCH	CHARITABLE	2,000
MUSCULAR DYSTROPHY ASSOCIATION MUSCULAR DYSTROPHY ASSOCIATION 110 CINEMA DRIVE UNIT A 110 CINEMA DRIVE UNIT A WILMINGTON, NC 28403		NON PROFIT	CHARITABLE	500

Total . . 3a 55,950

Form 990PF Part XV Line 3 - Grant	s and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
,	or substantial contributor			
a Paid during the year				
NATIONAL CHILDREN'S CANCER SOCIETY NATIONAL CHILDREN'S CANCER SOCIETY PO BOX 8966 PO BOX 8966 TOPEKA, KS 666088966		NON PROFIT	CHARITABLE	1,000
NEW BEGINNINGS COMMUNITY CHURCH NEW BEGGINNGS COMMUNITY CHURCH PO BOX 2797 PO BOX 2797 SHALLOTTE, NC 28459		CHURCH	CHARITABLE	1,000
NOVANT HEALTH FOUNDATION BRUNSWICK NOVANT HEALTH FOUNDATION BRUNSWICK 240 HOSPITAL DR NE 240 HOSPITAL DR NE BOLIVIA, NC 28422		NON PROFIT	CHARITABLE	500
OCEAN ISLE MUSEUM FOUNDATION INC OCEAN ISLE MUSEUM FOUNDATION INC 21 E SECOND ST 21 E SECOND ST OCEAN ISLE BEACH, NC 28469		NON PROFIT	CHARITABLE	800
OKLAHAVEN CHILDREN'S CHIROPRACTIC C OKLAHAVEN CHILDREN'S CHIROPRACTIC CENTER 4500 N MERIDIAN 4500 N MERIDIAN OKLAHOMA CITY, OK 73112		NON PROFIT	CHARITABLE	500
Total				55,950

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual. Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PILOT CLUB OF SOUTH BRUNSWICK NON PROFIT CHARITABLE 1.000 **ISLAN** PILOT CLUB OF SOUTH BRUNSWICK ISLANDS INC PO BOX 3304 PO BOX 3304 SHALLOTTE, NC 28459 ROTARY FOUNDATION DONOR ADVISED NON PROFIT **CHARITABLE** 2,550 FUN ROTARY FOUNDATION DONOR ADVISED FUND 1560 SHERMAN AVE 1560 SHERMAN AVE EVANSTON, IL 60201 NON PROFIT 1,000 SAMARITAN'S PURSE INTERNATIONAL CHARITABLE REL SAMARITAN'S PURSE INTERNATIONAL RELIEF PO BOX 3000 PO BOX 3000 BOONE, NC 28607 SHALLOTTE LIONS CLUB NON PROFIT **CHARITABLE** 300 SHALLOTTE LIONS CLUB 592 COACH TRAIL 592 COACH TRAIL SUNSET BEACH, NC 28468 SHALLOTTE MIDDLE SCHOOL CLUB CHARITABLE 500 SHALLOTTE MIDDLE SCHOOL 225 VILLAGE RD 225 VILLAGE RD

55,950

SHALLOTTE, NC 28470

Total . 3a

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the '	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SHALLOTTE ROTARY SHALLOTTE ROTARYPO BOX 63 PO BOX 63 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	300
SHRINERS HOSPITALS FOR CHILDREN SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE 2900 ROCKY POINT DRIVE TAMPA, FL 33607		NON PROFIT	CHARITABLE	2,000
SMART START OF BRUNSWICK COUNTY INC SMART START OF BRUNSWICK COUNTY INC 5140 SELLARS RD 5140 SELLARS RD SHALLOTTE, NC 28470		NON PROFIT	CHARITABLE	100
SMILE TRAIN SMILE TRAIN 41 MADISON AVE 28TH FLOOR 41 MADISON AVE 28TH FLOOR NEW YORK, NY 10010		NON PROFIT	CHARITABLE	1,000
SOUTH BRUNSWICK ISLANDS SHRINE CLUB SOUTH BRUNSWICK ISLANDS SHRINE CLUB PO BOX 948 PO BOX 948 SHALLOTTE, NC 28459		NON PROFIT	CHARITABLE	200
Total				55,950

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the \	Year or Approved for Future	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SPECIAL OLYMPICS OF NC SPECIAL OLYMPICS OF NC PO BOX 27728 PO BOX 27728 RALEIGH, NC 276117728		NON PROFIT	CHARITABLE	1,000
ST JOHN'S LUTHERAN CHURCH ST JOHN'S LUTHERAN CHURCH 3623 BACK MOUNTAIN ROAD 3623 BACK MOUNTAIN ROAD WINCHESTER, VA 22604		CHURCH	CHARITABLE	2,000
ST JUDE CHILDREN'S HOSPITAL ST JUDE CHILDREN'S HOSPITAL 501 ST JUDE PLACE 501 ST JUDE PLACE MEMPHIS, TN 38105		NON PROFIT	CHARITABLE	3,000
THE FRIENDS OF THE ROURK LIBRARY THE FRIENDS OF THE ROURK LIBRARY 5068 MAIN ST 5068 MAIN ST SHALLOTTE, NC 28470		NON PROFIT	SHARITABLE	100
THE GUIDEON'S INTERNATIONAL THE GUIDEON'S INTERNATIONAL PO BOX 97251 PO BOX 97251 PO BOX 97251		NON PROFIT	CHARITABLE	1,000

WASHINGTON, DC 200907251

55,950 Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SALVATION ARMY NON PROFIT CHARITABLE 1,000 THE SALVATION ARMYPO BOX 90 PO BOX 90 WILMINGTON, NC 28402 UNITED SERVICES ORGANIZATION NON PROFIT CHARITABLE 1,000 UNITED SERVICES ORGANIZATION 2111 WILSON BLVD STE 1200

2111 WILSON BLVD STE 1200 ARLINGTON, VA 22201			
WBHS ATHLETIC BOOSTER CLUB WBHS ATHLETIC BOOSTER CLUB 550 WHITEVILLE RD 550 WHITEVILLE RD SHALLOTTE, NC 28470	NON PROFIT	CHARITABLE	200
WIDOW'S MITE EXPERIENCE WIDOW'S MITE EXPERIENCE PO BOX 1386 PO BOX 1386 SHALLOTTE, NC 28459	NON PROFIT	CHARITABLE	1,000
WINGS MINISTRY OF BRUNSWICK COUNTY WINGS MINISTRY OF BRUNSWICK COUNTY INC PO BOX 2122 PO BOX 2122	CHURCH	CHARITABLE	2,000

55,950

SHALLOTTE, NC 28459

Total . За

Category	Amoun	nt Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Accounting Fees Schedule	,	,					
Name: THE TRIPLETT FAMILY FOUNDATION EIN: 20-6802824							
TY 2017 Accounting Fees Schedule							
efile GRAPHIC print - DO NOT	PROCESS As	Filed Data -		D	LN: 93491083000018		

50

2,250

2,200

ACCOUNTING FEES

DLN: 93491083000018

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SCOTT & STRINGFELLOW	AT COST	740,569	1,032,636

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491083000018	
TY 2017 Other Expenses Sche	dule			_	
Name:	THE TRIPLETT I	FAMILY FOUNDAT	ION		
EIN: 20-6802824					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					

Description	Revenue and Expenses per Books	Net Investmen Income
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OFFICE EXPENSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93491083000018

Name: THE TRIPLETT FAMILY FOUNDATION EIN: 20-6802824

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
STOCK LITIGATION SETTLEMENTS	24	24		
NONDIVIDEND DISTRIBUTIONS	737	737		

efile GRAPHIC print - DO NOT PROCE	ESS	As Filed Data	-	DL	N: 93491083000018
TY 2017 Other Professional Fees Schedule					
Name: THE TRIPLETT FAMILY FOUNDATION					
EIN: 20-6802824					
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable

8,055

4,339

				i.
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursement for Charitable Purposes

8,055

4,339

BROKER FEES - 99579

BROKER FEES - 97953

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	- DLN: 93491083000018			
TY 2017 Taxes Schedule					
Name: THE TRIPLETT FAMILY FOUNDATION EIN: 20-6802824					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	
	!			Purposes	
FOREIGN TAX - 99579	79	79		Purposes	