

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Fo	calen	dar year 2017 or tax year beginning		, and	ending		
_	ne of fou		-		A Employer	identification number	
Ha	yes Fa	mily Chantable Trust					
Nu	nber end	street (or P O box number if mail is not delivered to street address)	R	oom/suite		26-6155281	
220	North	Tryon Street			B Telephone	number (see instruction	ns)
City	or town	, state or province, country, and ZIP or foreign postal code					
<u>Ch</u>	arlotte	NC NC	28202			704-973-4500	<u> </u>
For	eigu con	ntry name Foreign province/state/county	Foreign p	oostal code	C If exempt	ion application is pending	g, check here 🕨 🔲
_							_
G	Check	all that apply 🔲 Initial return 🔲 Initial return o	of a former publ	ic chanty	D 1. Foreig	n organizations, check h	ere ▶ []
		Final return Amended ret	um		2. Foreig	n organizations meeting	the 85% test,
		Address change Name change			4	here and attach computa	_
Н		type of organization. X Section 501(c)(3) exempt private type of organization.				foundation status was te 07(b)(1)(A), check here	
	Sectro	n 4947(a)(1) nonexempt chantable trust	ble private four	ndation		,, (a)(1)(, 1), allock ilolo	· · · <u> </u>
1	Fair m	arket value of all assets at J Accounting method	☐ Cash ☐	Accrual	E if the four	idation is in a 60-month t	termination
	end of		Modified Cash			tion 507(b)(1)(B), check	
	line 16	5) ▶ \$ 10,276,122 (Part I, column (d) must be	on cash basis.)				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	d			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	(a) Me	t investment ncome	(c) Adjusted net income	for chantable purposes
		equal the amounts in column (a) (see instructions))	books	"		,,,	(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					·
	4	Dividends and interest from securities	268,7	69	268,769		
۵.	5a	Gross rents					
ให้ยังย์กูนอ าด	b	Net rental income or (loss)					VED
9.5	6a	Net gain or (loss) from sale of assets not on line 10	179,8	60		KITT	VEU I
	Ь	Gross sales price for all assets on line 6a 1,353,773					7018
ro.	7	Capital gain net income (from Part IV, line 2)			179,860		
بع	8	Net short-term capital gain				<u> </u>	8
,	9	Income modifications				M) 医
	10a	Gross sales less returns and allowances				OGDE	N. J.
	b	Less Cost of goods sold				0000	Marie Marie Marie Co.
⇒	_ C	Gross profit or (loss) (attach schedule)					
3	11	Other income (attach schedule)	448,6	20	448,629	0	
<u> </u>	12	Total. Add lines 1 through 11	440,0	29	440,025	U U	
8	13	Compensation of officers, directors, trustees, etc					
Ē	14 15	Other employee salanes and wages Pension plans, employee benefits			 		
Expenses	16a	Legal fees (attach schedule)		50	450		
	Ь	Accounting fees (attach schedule)					
<u>×</u>	C	Other professional fees (attach schedule)	68,8	58	350		68,051
폌	17	Interest	33,0				
<u>s</u>	18	Taxes (attach schedule) (see instructions)	11,1	87	2,149		
Ē	19	Depreciation (attach schedule) and depletion .					
를	20	Occupancy					
ĕ	21	Travel, conferences, and meetings	5	52			552
Operating and Administrativ	22	Printing and publications					
ā	23	Other expenses (attach schedule)	7,1	73	4,846		2,320
ī	24	Total operating and administrative expenses.					
ā]	Add lines 13 through 23	88,2	20	7,795	0	70,923
ē	25	Contributions, gifts, grants paid	375,0	000			360,000
Õ	26	Total expenses and disbursements. Add lines 24 and 25.	463,2	220	7,795	0	430,923
_	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-14,5	91			
	b	Net investment income (if negative, enter -0-)			440,834		
	1 .	Adjusted not income (if positive, enter ().)	I	I		1	I

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

Page 2

0/111 99U-P		Beginning of year	End o	Types 3
Part II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	9,032	8,695	
2	Savings and temporary cash investments	893,792	458,140	
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable			
	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			
, ,				
8 9	Inventories for sale or use			
2 9	Prepaid expenses and deferred charges ,			
- .ou	Investments—U.S. and state government obligations (attach schedule)	553,109	452,576	
Ь	Investments—corporate stock (attach schedule)	7,718,934	8,754,326	8,754,32
C	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis			
1	Less. accumulated depreciation (attach schedule)			
12	Investments—mortgage loans			·
13	Investments—other (attach schedule)	280,299	284,385	284,38
14	Land, buildings, and equipment: basis			· · -
	Less: accumulated depreciation (attach schedule)			
15	Other assets (describe ► REAL ESTATE PROPERTY LOTS)	171,500	318,000	318,00
16	Total assets (to be completed by all filers—see the			
	ınstructions. Also, see page 1, item I)	9,626,666	10,276,122	10,276,12
17	Accounts payable and accrued expenses	5,432	6,132	
18 م	Grants payable		15,000	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 19 20 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe EXCISE TAX LIABILITY)	743	9.038	
23	Total liabilities (add lines 17 through 22)	6,175	30,170	
	Foundations that follow SFAS 117, check here	9,1,1,0		
ĝ	and complete lines 24 through 26, and lines 30 and 31.			
E 24	Unrestricted	9,620,491	10,245,952	
24 25	Temporarily restricted	0,020,401	10,210,002	4
	Permanently restricted			,
-				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
5 27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
, I				
29	Retained earnings, accumulated income, endowment, or other funds	0.000.404	40.045.050	-
30	Total net assets or fund balances (see instructions)	9,620,491	10,245,952	
31	Total liabilities and net assets/fund balances (see			
	instructions)	9,626,666	10,276,122	
art III		- l 00 /		
	I net assets or fund balances at beginning of year—Part II, column (a)		i i	
end-	of-year figure reported on prior year's return)			9,620,49
	er amount from Part I, line 27a			-14,59
			3	640,05
3 Othe	er increases not included in line 2 (itemize) UNREALIZED GAIN	\ 		0.0,00
3 Othe 4 Add	lines 1, 2, and 3	· · · · · · · · ·		
3 Othe 4 Add 5 Decr	er increases not included in line 2 (itemize) Innes 1, 2, and 3		· · 4	10,245,95

Hayes Family Charitable Trust

Part	IV Capital Gains and	Losses for Tax on Investment	Income				
		nd(s) of property sold (for example, real estate, use, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a	SHORT TERM GAIN ON S	SALE					
<u>b</u>	LONG TERM GAIN ON SA						
<u>c</u>	CAPITAL GAIN DIVIDEND	OS					
<u>d</u>							
<u>е</u>				<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
<u>a</u>	309,686			283,715			25,971
<u>b</u> _	1,036,024			890,198			145,826
<u>_</u>	8,063						8,063
<u>_</u>							
e	Complete only for assets sh	owing gain in column (h) and owned by the	e foundation	on 12/31/69			
	(i) F M V, as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any		(k), but not	(h) gain minus : less than -0-) or rom col (h))
a							25,971
b							145,826
<u>c</u>							8,063
<u>d</u>							
<u>e</u> _							
2	Capital gain net income or	(net capital loss) { If gain, also If (loss), ent			2		179,860
3	Net short-term capital gain	or (loss) as defined in sections 1222(,			
		line 8, column (c) See instructions If		r-0-ın Ղ	l		
	Part I, line 8			<u>.</u> ʃ	3		0
Part	V Qualification Und	er Section 4940(e) for Reduced	Tax on N	<u>let Investment</u>	Income	. <u> </u>	
Was		e this part blank. section 4942 tax on the distributable a ialify under section 4940(e) Do not co			period?		☐ Yes ☒ No
1	Enter the appropriate amo	unt in each column for each year, see	the instruct	ions before makin	g any ent	tries	
	(a) Base penod years	(b)	No.	(c)		Dis	(d) tnbution ratio
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	of nonchantable-use as	sets		divided by col (c))
	2016	447,427		9,020			0.049602
	2015	443,238		9,162			0 048375
	2014	443,962		9,284			0.047820
	2013 2012	351,495 395,228		8,820 8,346			0 039852 0 047351
	2012	393,226	21	0,340	,031		0 047351
2	Total of line 1 column (d)				. 2		0.233000
3		or the 5-year base period—divide the		2 by 5.0. or by	·		0.20000
	=	undation has been in existence if less			. 3		0.046600
4	Enter the net value of none	charitable-use assets for 2017 from Pa	art X, line 5	•	4	 	9,514,654
5	Multiply line 4 by line 3				5	 	443,383
6	Enter 1% of net investmen	t income (1% of Part I, line 27b) .			. 6	 	4,408
7	Add lines 5 and 6				7	<u> </u>	447,791
8		ns from Part XII, line 4			. 8		430,923
	If line 8 is equal to or great Part VI instructions	ter than line 7, check the box in Part V	i, line 1b, a	nd complete that p	art using	a 1% tax	rate See the

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ns)		<u> </u>	
Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
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		8,81	7	- -
			-]
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		8 81		
·		0,01	+-	7
				- {
				-
				}
Total credits and payments Add lines 6a through 6d			0	
Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached.		22	1	_
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9,03	8	
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0	_
Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11			0	
				_
		Ye		
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	l			
By language in the governing instrument, or	ŀ	1		1
By state legislation that effectively amends the governing instrument so that no mandatory directions that	Ĺ	_L_		}
conflict with the state law remain in the governing instrument?	. 6	X	$oldsymbol{\perp}$	
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	X		_
Enter the states to which the foundation reports or with which it is registered. See instructions.			T	
		- 1		i
NC				
If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_ _	
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 <i>General Instruction G</i> ? If "No," attach explanation .	81) X		_ _
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 <i>General Instruction G?</i> If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	81) X		_ _
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 <i>General Instruction G?</i> If "No," attach explanation . 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If	81	o X		_ _
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 <i>General Instruction G?</i> If "No," attach explanation 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	. 9		,	
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 <i>General Instruction G?</i> If "No," attach explanation . 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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If)	
	Exempt operating foundations described in section 4940(d)(2), check here	Exempt foreign foundations described in section 4940(d)(2), check here	Exempt foreign foundations described in section 4940(g)(2), check here	Exempt foreign grundations described in section 4940(s)(2), check here

	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
••	the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	ŀ	Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12	x	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .	13	X	
	Website address ▶ None			
14	The books are in care of ► Alyssa Federico Telephone no. ► 704-973	4500		
	Located at ► 220 North Tryon Street Charlotte NC ZIP+4 ► 28202			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No_
	over a bank, securities, or other financial account in a foreign country?	16		_X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the			
	name of the foreign country	L		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		T. 1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			i
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			1
	— — — — — — — — — — — — — — — — — — —			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		X
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	ID		^
_				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			1
	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			i
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			_
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			l
	▶ 20, 20, 20, 20			ĺĺ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		1	'
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			} '
	foundation had excess business holdings in 2017)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b	1	
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	עיר		<u> </u>

Form 99	90-PF (2017)	Hayes Family Charitable Trust					_		26-61	55281	P	ege 6
Part	VII-B	Statements Regarding Activities	for W	hich Form 4	1720 N	lay Be Re	quire	d (contin	ued)			
5a		e year, did the foundation pay or incur any on propaganda, or otherwise attempt to ir			section	4945(e))?		Yes	X No			-
		nce the outcome of any specific public ele ly or indirectly, any voter registration drive			955), or	to carry on.	•	☐ Yes	X No			
	(3) Provid	le a grant to an individual for travel, study	, or oth	er sımılar puŋ	oses?			Yes	X No			}
		de a grant to an organization other than a n 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	nızatıoı	n described 	ın 	Yes	⊠ No			
		de for any purpose other than religious, ch ses, or for the prevention of cruelty to chil			erary, o	or education	al	Yes	X No			
b		swer is "Yes" to 5a(1)–(5), did any of the ti ns section 53.4945 or in a current notice i			-				d in 	5b	N/A	
С	If the ans	tions relying on a current notice regarding wer is "Yes" to question 5a(4), does the fo it maintained expenditure responsibility fo	oundati	on claim exen					► □ No		,	
6a	Did the fo	attach the statement required by Regulation oundation, during the year, receive any fur onal benefit contract?				pay premiur	ns 	☐ Yes	X No	*		
b									6b		X	
	At any time	e during the tax year, was the foundation a pa did the foundation receive any proceeds o						Yes	X No	7b	N/A	
	VIII I	nformation About Officers, Directo							aid En			
1	List all of	fficers, directors, trustees, and foundat	ion ma	nagers and t	heir co	mpensatio	n. See	instruction	ons.			
		(a) Name and address	(b) Titl	e, and average irs per week ted to position	(c) Co (lf i	mpensation not paid, nter -0-)	(d) emplo	Contribution byee benefit erred compe	s to plans	(e) Expe	nse aco allowan	
	t C. Hayes . Tryon Str	eet Charlotte, NC 28202	Presid	ent/Trustee 1.00		0						
	ow Hayes of the Community of the Communi	Galloway eet Charlotte, NC 28202	Secret	tary/Treasure 1.00		0						
	ra W Hay	es eet Charlotte, NC 28202	Truste	e 1.00		0			<u>-</u>			
Robin	Hayes	eet Charlotte, NC 28202	Truste			0						
2		sation of five highest-paid employees (other t	han those inc	cluded	on line 1—	see ins	structions	s). If no	ne, ent	er	
	(a) Name an	id address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contribe employee plans and compens	benefit deferred	(e) Expe	nse aca allowan	
NONE												
						-		·				
Total	number of	other employees paid over \$50,000				L			_			

Form 990-PF (2017)

Total. Add lines 1 through 3

Part 2	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	9,618,901
b	Average of monthly cash balances	1b	40,646
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	9,659,547
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,659,547
4	Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see	1	
	instructions)	4	144,893
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,514,654
6	Minimum investment return. Enter 5% of line 5	6	475,733
Part >		ns	
	and certain foreign organizations, check here and do not complete this part.)	, ,	·
1	Minimum investment return from Part X, line 6	1	475,733
2a	Tax on investment income for 2017 from Part VI, line 5	1 1	
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	8,817
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<u>4</u> 66,916
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	466,916
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		·
	line 1	7	466,916
Part			
rart	All Qualitying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1 <u>a</u>	430,923
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	430,923
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	430,923
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whele	ther the fo	
	qualifies for the section 4940(e) reduction of tax in those years		

Parî	XIII Undistributed Income (see instructions	3)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
	line 7				466,916
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only			426,611	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2017		-		
а	From 2012				
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e .	0			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$ 430,923				
а	Applied to 2016, but not more than line 2a			426,611	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2017 distributable amount				4,312
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2017.				
	(If an amount appears in column (d), the same		-		
	amount must be shown in column (a))		I		
6	Enter the net total of each column as				
	indicated below:	L			
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0			
þ	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	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—see instructions				
е	Undistributed income for 2016. Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions			<u> </u>	· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				400.004
_	distributed in 2018			-	462,604
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			1	
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
J	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	-			
,	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2013			ļ	
b	Excess from 2014				
c	Excess from 2015				
d	Excess from 2016				
	Excess from 2017				

Part	XIV Private Operating Foundati	ions (see instruc	ctions and Part	VII-A, question 9)		N/A
1a	If the foundation has received a ruling o	r determination let	ter that it is a privi	ate operating		
	foundation, and the ruling is effective for			•]	^
b	Check box to indicate whether the foundation	on is a private operat	ing foundation des	cribed in section	4942()	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a					0
c	Qualifying distributions from Part XII,					1
•	line 4 for each year listed .		ļ	ĺ		0
d	Amounts included in line 2c not used directly	·		<u> </u>		<u> </u>
•	for active conduct of exempt activities					l 0
	Qualifying distributions made directly				/	<u> </u>
•	for active conduct of exempt activities		ļ			
	Subtract line 2d from line 2c			/		0
3	Complete 3a, b, or c for the					<u> </u>
•	alternative test relied upon.					
а	"Assets" alternative test—enter				ļ	
_	(1) Value of all assets .			X		0
	(2) Value of assets qualifying under		/		 ·	
	section 4942(j)(3)(B)(i) .					l 0
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in Part X, line 6 for each year listed	İ				0
С	"Support" alternative test—enter		/			
•	(1) Total support other than gross	/	ľ			
	investment income (interest,	\	i		}	
	dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)		į			0
	512(a)(5)), or royalties) (2) Support from general public	· · · · · · · · · · · · · · · · · · ·		- 		<u> </u>
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					l 0
	(3) Largest amount of support from			 -		
	an exempt organization		İ			0
	(4) Gross investment income .					0
Part		n (Complete thi	s part only if t	he foundation ha	d \$5,000 or mo	re in assets at
	any time during the year—					
1	Information Regarding Foundation M					
а	List any managers of the foundation wh					foundation
	before the close of any tax year (but on	ly if they have cont	ributed more that	n \$5,000) (See sect	ion 507(d)(2).)	
None						
b	List any managers of the foundation wh	o own 10% or mor	e of the stock of a	a corporation (or an	equally large porte	on of the
	ownership of a partnership or other enti	ty) of which the fou	indation has a 10	% or greater interes	t.	
None						
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc	c., Programs:		
	Check here ▶ X if the foundation on	ly makes contribut	ions to preselecte	ed charitable organiz	zations and does r	ot accept
	unsolicited requests for funds. If the four	ndation makes gift	s, grants, etc., to	individuals or organ	zations under oth	er
	conditions, complete items 2a, b, c, and	l d. See instruction	S			
а	The name, address, and telephone num	ber or email addre	ess of the person	to whom application	s should be addre	ssed [.]
	•		•	• •		
b	The form in which applications should b	e submitted and in	formation and ma	aterials they should	include	
				•		
С	Any submission deadlines					
		· · · · · · · · · · · · · · · · · · ·				
d	Any restrictions or limitations on awards	s, such as by geog	raphical areas, cl	naritable fields, kinds	of institutions, or	other
	factors					

Form 990-PF (2017)

Hayes Family Charitable Trust

26-6155281

Page 10

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment										
` Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	reapient	contribution							
a Paid during the year										
Foundation For The Carolinas		PC	Grantmaking	80,000						
220 North Tryon Street										
Charlotte, NC 28202										
God's Connection Transition, Inc		PC	General Operating Support	20,000						
113 Bookham Lane										
Gaithersburg, MD 20877										
Charlotte Rescue Mission		PC	General Operating Support	15,000						
P O Box 33000										
Charlotte, NC 28233-3000										
Leadership International, Inc.		PC	General Operating Support	15,000						
P O 637										
Brentwood, TN 37024										
Focus on the Family		PC	General Operating Support	5,000						
8605 Explorer Drive				,						
Colorado Springs, CO 80920										
Bridge To Recovery		PC	General Operating Support	10,000						
P.O. Box 322		. •	Committee operating cappen	10,000						
Albemarle, NC 28002										
Proverbs 226		PC	General Operating Support	20,000						
3122-100 Fincher Farm Road, Suite 550			Ceneral Operating Support	20,000						
Matthews, NC 28105										
Healing Transitions International, Inc.	1	PC	General Operating Support	10,000						
1251 Goode Street			General Operating Support	10,000						
	j									
Raleigh, NC 27603		PC	Conoral Operating Support	45,000						
Mary's House, Inc	!	PC	General Operating Support	15,000						
520 Guilford Avenue										
Greensboro, NC 27401		DC	Consert Oncombra Consert	20.000						
JL Patt & Friends, Inc		PC	General Operating Support	20,000						
P.O Box 4066										
Glen Raven, NC 27215		D0	0	40.000						
Meet the Need Ministries, Inc.		PC	General Operating Support	10,000						
7853 Gunn Highway #254										
Tampa, FL 33626	l									
Total . See Attached Statement	г :		▶ 3 a	360,000						
b Approved for future payment		D0	Matahana Casat fan Casasal	15,000						
Hope In Christ Counseling, Inc. 4089 US 70 W		PC	Matching Grant for General Operating Funds	15,000						
Marion, NC 28752			Operating Funds							
Wallon, NC 20732										
	1									
	l	L								
Total	<u> </u>	· · ·		15,000						

L		Analysis of income-Producing Ac					
⊏nte	r gros	s amounts unless otherwise indicated.	Unrelated bu	ısıness income	Excluded by section	on 512, 513, or 514	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	_	ram service revenue					
							
	ь <u> </u>						
	c _						
	d _						
	e _						
	f _						
	g F	ees and contracts from government agencies					
2	Memi	bership dues and assessments			_		
3	Intere	st on savings and temporary cash investments					
4	Divide	ends and interest from securities			14	268,769	
5	Net re	ental income or (loss) from real estate:					
	a D	ebt-financed property					
	b N	lot debt-financed property			,		
6	Net re	ental income or (loss) from personal property				- "	
7	Other	r investment income					
8	Gain	or (loss) from sales of assets other than inventory			18	179,860	
9		ncome or (loss) from special events		-			-
10		s profit or (loss) from sales of inventory					
11		r revenue a					
	_						
	. –				†		
	e						
12	_	otal Add columns (b), (d), and (e)		0		448,629	0
		l. Add line 12, columns (b), (d), and (e)	<u> </u>			13	448,629
				•	• • •		170,023
10ee	works	sheet in line 13 instructions to verify calculations	. 1				
		sheet in line 13 instructions to verify calculations Relationship of Activities to the A		ent of Exempt	Purnoses		
Pai	t XVI	-B Relationship of Activities to the A	ccomplishm			importantly to the	
Pai Lin			ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
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Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
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Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)
Pai Lin	t XVI e No.	-B Relationship of Activities to the A Explain below how each activity for which incom	ccomplishm	olumn (e) of Part >	XVI-A contributed	importantly to the es). (See instruction	ons.)

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Use Only

Part	XVII	Information Exempt Org	Regarding Trans	fers to and	Transaction	s and Ro	elationship	s With N	oncharit	able		
<u>,1</u>	Did	the organization d	rectly or indirectly er	gage in any of	the following y	with any of	her organizat	ion describ	ned		Yes	No
` '			r than section 501(c)								100	110
		inizations?		(O) Organization	, 0 000	02., .0.	aming to point	~.				
•	_		orting foundation to a	nonchantable	evemnt organ	nzation of						
a		Cash	=	Tionananabic	exchipt organ	11201101101				1a(1)		
					•		•		•	1a(2)		$\frac{\hat{X}}{X}$
.		er transactions	• • •	• • • •			•		•	18(2)		^
b			bowtoble -von		_					15/1)		X
			a noncharitable exen				•	•		1b(1)		$\frac{\hat{x}}{x}$
			ts from a nonchantal		anization	•				1b(2)		-
			equipment, or other					•		1b(3)		X
		Reimbursement ar	-						•	1b(4)		
			rantees			•				1b(5)		X
			rvices or membership	_		•	•	•		1b(6)		X
С			quipment, mailing list he above is "Yes," con							1c		Х
d (a) Line	value value	e of the goods, othe	er assets, or services g or sharing arrangeme	ven by the repo	rting foundation	n. If the fou e of the go	ndation receive	ed less thar ets, or servi	fair marke ces receive	ed.	igemen	ts
				_								
	一											
•						1						
						1			•			
						 			_			
	\dashv						· · · · · · · · · · · · · · · · · · ·					
2a b	des	cribed in section 5	tly or indirectly affilia 01(c) (other than sec following schedule.						. 🗆	Yes	X N	0
		(a) Name of organ		(b) Ty	pe of organization			(c) Descripti	on of relation	ship		
									-			
						•					•	
	Und	er penalties of perjury, I dec	fare that I have examined this re	turn, including accomp	anying schedules and	statements, an	d to the best of my k	nowledge and be	elief, it is true,		-	
Sign Here	<u> </u>	ect, and complete Declarate	on of paparer (other than taxpa	yer) is based on all info	- 1. a N		owledge or - Finance (FFTC)	May the IRS with the pre See instruc	parer sho		<u>w?</u>
	<u> </u>	Print/Type preparer	s name	Prep	.		Date			PTIN		
Paid		Amanda Adams			L HR-	2018.05	.1\$ 08:13:46 -	04'00' Che-		P0074	8038	
Prepa												

Firm's address > 1111 Metropolitan Ave , Ste. 1000, Charlotte, NC 28204

(704) 377-1678

Phone no

Zip Code

37621

Foreign Country

Amount

20,000

State

TN

Foundation Status

City

Bristol Relationship

Purpose of grant/contribution

General Operating Support

Foundation Status

Amount

Relationship

Purpose of grant/contribution

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Hayes Family Chantable Trust

Other Basis Method Improvements Deprecation Adjustments or Loss	283,715	890,198	8,063
Method Improvements Depreciation		890,198	
Method	283,715	890,198	
Method	283,715	890,198	
	283,715	890,198	
Other Basis	283,715	890,198	Н
	ľ		
Price	309,686	1,036,024	8,063
Sold			
Acquired			
Method			
Business			
Purchaser			
in Part IV	X	χ	×
CUSIP #			
Description	1 SHORT TERM GAIN ON SALE	2 LONG TERM GAIN ON SALE	3 CAPITAL GAIN DIVIDENDS
	CUSIP# In Part IV Purchaser Business Method Acquired Sold Price	CUSIP# in Part IV Purchaser Business Method Acquired Sold Price Other 309,686	OUSIP # In Part IV Purchaser Business Method Acquired Sold Price Other IN SALE X 3.09,686 1,036,024 1,036,024 1,036,024

Part I, Line 16a (990-PF) - Legal Fees

			450	450	0	0
•		Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net	Disbursements for Chantable Purposes (Cash Basis Only)
L		Description	DOOKS	income	income	[(Cash basis Only)]
Γ	1	LEGAL FEES FOR REAL ESTATE CLOSING	450	450		0

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

		68,858	350	0	68,051
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Chantable Purposes (Cash Basis Only)
1	MANAGEMENT FEES	68,508			68,051
2	CONSULTANT FEES	350	350		

Part I, Line 18 (990-PF) - Taxes

	11,187	2,149	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1 PROPERTY TAX	2,149	2,149		
2 FEDERAL EXCISE TAX	9,038			

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

		7,173	4,846	0	2,320
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	DUES	4,800	4,800		0
2	INVESTMENT FEE	46	46		0
3	POSTAGE EXPENSE	25	0		18
4	MISCELLANEOUS EXPENSE	2,302	0		2,302

Part II, Line 10a (990-PF) - Investments - U.S. and State Government Obligations

	Federal	553,109	452,576	553,109	452,576	
	State/Local	0	0	0	0	
	Num. Shares/	Book Value	Book Value	FMV	FMV	State/Local
Description	Face Value	Beg. of Year	End of Year	Beg of Year	End of Year	Obligation
1 GOVERNMENT SECURITIES		553,109	452,576	553,109	452,576	

Part II, Line 10b (990-PF) - Investments - Corporate Stock

Hayes Family Chantable Trust

		7,718,934	8,754,326	7,718,934	8,754,326
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year
1 CORPORATE STOCK, EFTS & CEFS		5,249,479	5,762,072	5,249,479	5,762,072
2 CORPORATE FIXED INCOME SECURITIES	3:	2 469 455	2 992 254	2 469 455	2 992 254

Part II, Line 13 (990-PF) - Investments - Other

			280,299	284,385	284,385
		Basis of	Book Value	Book Value	FMV
	Asset Description	Valuation	Beg. of Year	End of Year	End of Year
-	MERITAGE CLASS A		75,115	009'99	96,600
7	CARLYLE ENERGY		41,922	_	
က	NH CREDIT PARTNERS		163 262		

Hayes Family Chantable Trust

Part II, Line 15 (990-PF) - Other Assets

	171,500	318,000	318,000
	Book Value	Book Value	FMV End
Asset Description	Beg of Year	End of Year	of Year
1 REAL ESTATE PROPERTY LOTS	171 500	318 000	318 000

Part II, Line 22 (990-PF) - Other Liabilities

	743	9,038
Description	Beginning Balance	Ending Balance
1 EXCISE TAX LIABILITY	743	9,038

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

Name Check "X" files Business Street City State ZD Code Foreign Country Title Per Week Compensation B Robert C Hayes Z20 N Tryon Street Charlotte NC 28202 Secretary/Tree 1 00 0 Minslow Hayes Z20 N Tryon Street Charlotte NC 28202 Trustee 1 00 0 Robin Hayes Z20 N Tryon Street Charlotte NC 28202 Trustee 1 00 0	, 0	Expense Benefits Account	0	0	0	0
e if Busness Street Chyleck TX State Chyleck TX State Zp Code Foreign Country Title Per Week 220 N Tryon Street Charlotte NC 28202 Scoretary/Tre 1 00 220 N Tryon Street Charlotte NC 28202 Trustee Trustee 1 00 220 N Tryon Street Charlotte NC 28202 Trustee 1 00	ð		0	0	0	0
check "X" Street Charlotte City State Zp Code Foreign Counity Title Ioway 220 N Tryon Street Charlotte NC 28202 Secretary/Trees Secretary/Trees 220 N Tryon Street Charlotte NC 28202 Trustee Trustee 220 N Tryon Street Charlotte NC 28202 Trustee Trustee		를 Veek			1 00	1 00
e Check "X" Street City State Zp Code 220 N Tryon Street Charlotte NC 28202 Iloway 220 N Tryon Street Charlotte NC 28202 220 N Tryon Street Charlotte NC 28202 220 N Tryon Street Charlotte NC 28202		Title	President/Tru stee	Secretary/Tre asurer/Truste e	Trustee	Trustee
Check TX Street City 220 N Tryon Street Charlotte Charlotte		Foreign Country				
Check TX Street City 220 N Tryon Street Charlotte Charlotte		Zip Code	28202	28202	28202	28202
Check "X" Street Charlotte 220 N Tryon Street Charlotte 220 N Tryon Street Charlotte 220 N Tryon Street Charlotte 220 N Tryon Street Charlotte		State	NC			
Check "X" Street If Business Street 220 N Tryon Street 220 N Tryon Street 220 N Tryon Street		City	Charlotte	Charlotte	Charlotte	Charlotte
Check "X" if Busmess If Busmess Iloway		Street	220 N Tryan Street	220 N Tryon Street		220 N Tryon Street
Name Robert C Hayes Winstow Hayes Galloway Barbara W Hayes		Check "X" if Business				
		Name	Robert C Hayes	Winstow Hayes Galloway	Barbara W Hayes	Robin Hayes