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OMB No 1545-0052

Return of Private Foundation

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

2017

Open to Public

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

						Inspection
For	caler	ndar year 2017, or tax year beginning 01-01-2	017 , an	nd ending 12-31-	2017	
		undation		A Employer ıd	entification numbe	r
Ar	CMAT FC	DUNDATION INC		56-2045002		
		d street (or P O box number if mail is not delivered to street address) Room/suite	B Telephone nu	mber (see instruction	ns)
1	234 GRI	EENHILL ROAD		(336) 786-4512	· <u>·</u>	,
		n, state or province, country, and ZIP or foreign postal code Y, NC 27030			application is pendin	a check here
	IN I AIR			- I exemption	application is penalii	y , check here ▶ □
G Cl	neck al		former public charity	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲
		☐ Final return ☐ Amended return	l		ganizations meeting k here and attach co	
		☐ Address change ☐ Name change		E If private for	undation status was t	terminated
_		/pe of organization ☑ Section 501(c)(3) exempt private n 4947(a)(1) nonexempt charitable trust ☐ Other taxab		under sectio	n 507(b)(1)(A), chec	k here ► □
		ket value of all assets at end J Accounting method	✓ Cash ☐ Accrus	F If the found:	ation is in a 60-monti	h termination —
of	year <i>(f</i>	from Part II, col (c),	E Casii E Acciu		n 507(b)(1)(B), chec	
IIn	e 16) ►	*\$ 1,953,951	t be on cash basıs)			
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	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	DOOKS			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is not required to attach				
	_	Sch B	145	145		
	3	Interest on savings and temporary cash investments Dividends and interest from securities	145 53,488	53,488		
	1 5a	Gross rents	33,466	33,466		
	Ь	Net rental income or (loss)				
<u>-e</u>	6a	Net gain or (loss) from sale of assets not on line 10	20,444			
Revenue	Ь	Gross sales price for all assets on line 6a 295,35:	8			
Rev	7	Capital gain net income (from Part IV, line 2)	_	20,444		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	74.077	74.077		
	12	Total. Add lines 1 through 11	74,077	74,077		0
	13 14	Other employee salaries and wages	0	0		0
s	15	Pension plans, employee benefits				
15e	16a	Legal fees (attach schedule)				
Expenses	ь	Accounting fees (attach schedule)	6,250	3,125		3,125
Ě	c	Other professional fees (attach schedule)	7,069	7,069		0
Operating and Administrative	17	Interest				
tra	18	Taxes (attach schedule) (see instructions)	704	0		0
≣	19	Depreciation (attach schedule) and depletion				
를	20	Occupancy				
ΡP	21	Travel, conferences, and meetings				
an	22	Printing and publications				
bui	23	Other expenses (attach schedule)				
er at	24	Total operating and administrative expenses.				0.45-
Ope	25	Add lines 13 through 23	14,023 84,956	10,194		3,125 84,956
_	25		84,956			84,956
	26	Total expenses and disbursements. Add lines 24 and 25	98,979	10,194		88,081
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	-24,902			
	ь	Net investment income (If negative, enter -0-)		63,883		
	С	Adjusted net income(If negative, enter -0-)				

	3	Accounts receivable 519			
		Less allowance for doubtful accounts ▶	491	519	519
	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 ▶			
y.	8	Inventories for sale or use			
sets	9	Prepaid expenses and deferred charges	1,031	877	877
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	1,664,040	1,593,240	1,930,610
	c	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) ▶			
	I				

9

79,154

79,154

1,621,233

1,621,233

1,700,387

1,616,581

20,250

20,250

1,596,331

1,596,331

1,616,581

2

3

4

5

6

1,621,233

1,596,331

1,596,331 Form **990-PF** (2017)

1,953,951

15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 1,700,387 17 Accounts payable and accrued expenses . 18 Grants payable. Liabilities

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

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.

Foundations that do not follow SFAS 117, check here

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg , and equipment fund

19

20

21

22

23

24

25

26

27

28 29

31

Part III

2

Assets or Fund Balances

Net 30 Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe ...

(b)

Page 3

	(a) e kınd(s) of property sold (e g , re ouse, 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 PUBLICLY TRADED SECURI	ITIES		Р		
b PUBLICLY TRADED SECURI	ITIES		Р		
c CAPITAL GAINS DIVIDEND	S		Р		
d					
е					
(e)	(f)		(g)		h)
Gross sales price	Depreciation allowed (or allowable)		other basıs ense of sale		ır (loss)) mınus (g)
a 266,	` ` '	pide exp	244,893		22,080
	016		30,021	-	-3,005
	369				1,369
d					
e					
	howing gain in column (h) and ow	ned by the foundation	on 12/31/69	 	1)
(i) F M V as of 12/31/69	(r) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (j), ıf any	Gains (Col (col (k), but not	l) h) gain minus less than -0-) or om col (h))
a	,,		(377)	`	22,080
b					-3,005
c					1,369
d					
e					
	in or (loss) as defined in sections I, line 8, column (c) (see instruct		ļ	3	20,444
	nder Section 4940(e) for Rovate foundations subject to the se				
	•	ction 4940(a) tax on he	et investment incom	ie)	
	ve this part blank section 4942 tax on the distributa qualify under section 4940(e) Do	, ,	· in the base period	? ~ Y	es 🗌 No
1 Enter the appropriate amo	unt in each column for each year,	see instructions before	making any entrie	s	
(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 rat (col (b) divided by c	
2016					
2015					
2014					
2013					
2012					
2 Total of line 1, column (d)			2		
number of years the found	or the 5-year base period—divide ation has been in existence if less charitable-use assets for 2017 fror	than 5 years	, or by the		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution	ns from Part XII, line 4 ,		8		
If line 8 is equal to or great instructions	ter than line 7, check the box in P	art VI, line 1b, and com	plete that part usir	ng a 1% tax rate Se	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, Trustees, Foundation Managers, Highly Paid Emp	loyees,
Part VIII	and Contractors	

1 List all officers, directors, truste	es, f	oundation managers ar	d their compensation	(see instructions).		
(a) Name and address	(Title, and average hours per week (b) devoted to position (c) Compensation (If not paid, enter -0-)		(d) Contributions to employee benefit plans and deferred compensation	Expense account (e) other allowances	
BETTY WRIGHT		SIDENT, SECRETARY	0	0	C	
1234 GREENHILL ROAD	1 00					
MOUNT AIRY, NC 270309474	100	T CCC				
TAMRA WRIGHT THOMAS	ASS 1 00	T SEC	0	0	C	
1234 GREENHILL ROAD MOUNT AIRY, NC 270309474						
2 Compensation of five highest-pa	id er	nployees (other than th	nose included on line 1	—see instructions). If no	ne, enter "NONE."	
(a) Name and address of each employee p more than \$50,000	aıd	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						
Total number of other employees paid ov					C	
3 Five highest-paid independent of			services (see instructi	ons). If none, enter "NON	E".	
(a) Name and address of each perso	n pai	d more than \$50,000	(b) Typ	e of service	(c) Compensation	
Total number of others receiving over \$5: Part IX-A Summary of Direct (List the foundation's four largest direct charitable organizations and other beneficiaries served, cor	Chai	ritable Activities rities during the tax year Inclu	ude relevant statistical inform		Expenses	
3						
		elated Investments	· · · · · · · · · · · · · · · · · · ·	-		
Describe the two largest program-related inv 1 2	estme	nts made by the foundation d	uring the tax year on lines 1	and 2	Amount	
All other program-related investments	See	Instructions				
Total. Add lines 1 through 3 .					Form 990-PF (2017)	

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

2

3a 3h

4

5

88.081

88.081

Form 990-PF (2017)

Amounts set aside for specific charitable projects that satisfy the

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

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.

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

income Enter 1% of Part I. line 27b (see instructions).

3

4

5

7,109

85,940

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0

(d)

2017

Page 9

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.

-PF (2)	017)		
	Ha	dictribut	

1 Distributable amount for 2017 from Part XI, line 7

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 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

5 Excess distributions carryover applied to 2017

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

(If an amount appears in column (d), the

6 Enter the net total of each column as

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

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. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

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

same amount must be shown in column (a))

2 Undistributed income, if any, as of the end of 2017

PF (20	017)
000	Undistributed Income (see instructions)

e instruc	ctions)
	(a)

Corpus

0

0

(b)

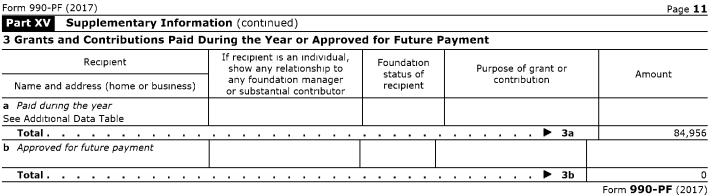
Years prior to 2016

(c)

2016

80.972

80,972



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
Intere	ship dues and assessments			14	145	
	ds and interest from securities			14	53,488	
Net ren	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
	pry			18	20,444	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
. Other r	evenue a					
		H				
d						
e			0		74,077	
e ! Subtota ! Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	74,077	
e Subtotal. Total. (See wo		lations)		13	<u>'</u>	74,077
e Subtota Total. (See wo	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Arksheet in line 13 instructions to verify calcul	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
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eSubtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is report		ot Purposes Part XVI-A contribut	ted importantly to	

orm 9	90-PF	<u> </u>							Pa	ge 13
Pari	: XVII	Information Re Exempt Organia		sfers To a	ind Transactio	ns and Rela	tionships With Non	charitable		
		ganization directly or in- Code (other than sectio					ation described in sectio cal organizations?	n 501	Yes	No
a Tra	nsfers	from the reporting foun	dation to a noncl	haritable exe	empt organization	of				
(1) Cash							. 1a(1)		No
•		rassets						. 1a(2)		No
		nsactions	A-61					45.43		N
•	•	s of assets to a noncharı hases of assets from a n		-				. 1b(1)		No No
•	•	al of facilities, equipmen						. 1b(2)		No
	•	ibursement arrangemen	•					1b(4)		No
	•	s or loan guarantees.						. 1b(5)		No
(6) Perfoi	rmance of services or m	embership or fur	ndraising soli	icitations			. 1b(6)		No
c Sh	arıng o	f facilities, equipment, n	nailing lists, othe	r assets, or	paid employees.			. 1c		No
of t	the goo any tra	ds, other assets, or serv	vices given by th	e reporting f n column (d	foundation If the i) the value of the	foundation rece goods, other a	d always show the fair melved less than fair mark issets, or services received nof transfers, transactions,	et value ed	naemen	ıts
(4) [e 140	(b) Amount involved	(c) Name of florid	chantable exer	Tipe organization	(d) Description	n or cransiers, cransactions,	and sharing arra	ngemen	
des	scribed	ndation directly or indire in section 501(c) of the complete the following so (a) Name of organizatio	Code (other that chedule	n section 50	*	tion 527?	·	. Yes	✓	No
		(a) Name of organization	···	() Type of organization	ווכ	(c) Description (or relationship		
Sign	of m	ny knowledge and belief ch preparer has any kno	, it is true, corre			of preparer (ot	anying schedules and sta her than taxpayer) is ba		rmatior	n of
Here		*****			2018-05-22	*****	*	return with the prepa		
		Signature of officer or ti	rustee		Date	Title		below (see instr)?	_	
		Print/Type preparer's	name Pre	eparer's Sign	ature	Date	Check if self-	TIN P00395	5269	
Paid		J SAMUEL GENTRY CPA				2018-05-2	employed ▶ ☐			
	oarer Only		HAYNES STRAND	PLLC			F	ırm's EIN ▶20	-47594	172
	2		BOX 1707							
		МС	MOUNT AIRY, NC 27030					hone no (336) 789-8	8989

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

BETTY WRIGHT

I TAMRA WRIGHT THOMAS

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 AMERICAN CHILDRENS HOME3844 NC-8 PC UNRESTRICTED 100 LEXINGTON, NC 27292 AMERICAN DIABETES ASSOCIATION PC UNRESTRICTED 50 1701 NORTH BEAUREGARD STREET ALEVANDDIA VA 22311

ALEXANDRIA, VA 22311			
BLOWING ROCK METHODIST CHURCH 1314 MAIN STREET BLOWING ROCK, NC 28605	PC	UNRESTRICTED	100
CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS	PC	UNRESTRICTED	300

'			
CHILDREN'S HOSPITAL OF THE KINGS DAUGHTERS 601 CHILDRENS LANE NORFOLK, VA 23507	PC	UNRESTRICTED	300
HAVMORE CHIRCH	DC.	LINDECTRICTED	0.300

	DAUGHTERS 601 CHILDRENS LANE NORFOLK, VA 23507			
1	HAYMORE CHURCH	PC	UNRESTRICTED	

HAYMORE CHURCH	PC	UNRESTRICTED	9
601 CHILDRENS LANE NORFOLK, VA 23507			
DAUGHTERS			

NORFOLK, VA 23507			
HAYMORE CHURCH 319 ROCKFORD STREET	PC	UNRESTRICTED	9,30

HAYMORE CHURCH	PC	UNRESTRICTED	9,30
319 ROCKFORD STREET			
MOUNT AIRY, NC 27030			

HATPIOKE CHOKCH			ONKESTRICIED	9,50
319 ROCKFORD STREET				
MOUNT AIRY, NC 27030				
	•	•		

MOUNT AIRY, NC 27030		
Total	 	84,956

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

HOME MODAVITANI CHURCH		DC.	LINDECTRICTED	
a Paid during the year				
Name and address (home or business)	any foundation manager or substantial contributor	recipient		

1				
	HOME MORAVIAN CHURCH 529 SOUTH CHURCH STREET WINSTONSALEM, NC 27101	PC	UNRESTRICTED	100
ı	a raid darning the year			

LIFESPAN INC 1511 SHOPTON ROAD SUITE A CHARLOTTE, NC 28217		PC	UNRESTRICTED	106
,			LUNDSCEDICTED	100
LIONS CLUB INT'L FOUNDATION	ı	l pc	LUNRESTRICTED	100

1511 SHOPTON ROAD SUITE A CHARLOTTE, NC 28217			
LIONS CLUB INT'L FOUNDATION 300 WEST 22ND STREET OAK BROOK, IL 60523	PC	UNRESTRICTED	100

LIONS CLUB INT'L FOUNDATION 300 WEST 22ND STREET OAK BROOK, IL 60523	PC	UNRESTRICTED	100
MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 37404	PC	UNRESTRICTED	1,000

OAK BROOK, IL 60523			
MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 37404	PC	UNRESTRICTED	1,000
MEDI HOME HOSPICE	DC.	LINDESTRICTED	25

MCCALLIE SCHOOL500 DODDS AVENUE CHATTANOOGA, TN 37404	PC	UNRESTRICTED	1,000
MEDI HOME HOSPICE	PC	UNRESTRICTED	25

CHATTANOOGA, TN 37404			
MEDI HOME HOSPICE 115 ATWOOD STREET STE B C SPARTA, NC 28675	PC	UNRESTRICTED	25

Total			84,956
115 ATWOOD STREET STE B C	PC	UNKESTRICTED	

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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					
MORAVIAN CHURCH459 S CHURCH ST WINSTONSALEM, NC 27101		PC	UNRESTRICTED	100	
MOUNT AIRY MUSEUM OF REGIONAL HISTORY 301 NORTH MAIN STREET MOUNT AIRY, NC 27030		PC	UNRESTRICTED	50,900	
MOUNT AIRY RESCUE SQUAD PO BOX 1053 MOUNT AIRY, NC 27030		PC	UNRESTRICTED	150	
MOUNT AIRY RESTORATION FOUNDATION 301 MOORE AVENUE MOUNT AIRY, NC 27030		PC	UNRESTRICTED	20,700	
MOUNTAIN VALLEY HOSPICE 401 TECHNOLOGY LANE STE 200		PC	UNRESTRICTED	125	

PO BOX 1053 MOUNT AIRY, NC 27030			
MOUNT AIRY RESTORATION FOUNDATION 301 MOORE AVENUE MOUNT AIRY, NC 27030	PC	UNRESTRICTED	20,700

MOUNT AIRY, NC 27030

84,956 3a

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 NEW PHILADELPHIA MORAVIAN PC UNRESTRICTED 25 CHURCH 4440 COUNTRY CLUB ROAD WINSTONSALEM, NC 27104 NO GREATER LOVE FOUNDATION INC. PC 100 UNRESTRICTED PO BOX 688 CLEMMONS, NC 27012

OMF INTERNATIONAL 10 WEST DRY CREEK CIRCLE LITTLETON, CO 80120	PC	UNRESTRICTED	100
PILOT MOUNTAIN RESCUE SQUAD 301 E 52 BYPASS PILOT MOUNTAIN, NC 27041	PC	UNRESTRICTED	25

600 PC UNRESTRICTED

PRESERVATION NORTH CAROLINA PO BOX 27644

RALEIGH, NC 27611 84,956 Total . .

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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, 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 SECOND HARVEST FOOD BANK OF NW PC. UNRESTRICTED 25 NC 3655 REED STREET WINSTONSALEM, NC 27107 PC SECU FAMILY HOUSE UNRESTRICTED 250

1970 BALDWIN LANE WINSTONSALEM, NC 27103			
SENIOR SERVICES INC 2895 SHOREFAIR DRIVE WINSTONSALEM, NC 27105	PC	UNRESTRICTED	25
SHEPHERD'S CENTER OF WINSTON- SALEM 1700 EBERT STREET	PC	UNRESTRICTED	50

	WINSTONSALEM, NC 27105			
	SHEPHERD'S CENTER OF WINSTON- SALEM 1700 EBERT STREET WINSTONSALEM, NC 27103	PC	UNRESTRICTED	
П				

200

PC UNRESTRICTED

SHEPHERDS HOUSE 319 SOUTH MAIN STREET STE 101 MOUNT AIRY, NC 27030

84,956 Total . 3a

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

PC

UNRESTRICTED

100

100

200

84,956

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

- ·	1		
SUNRISE ROTARYPO BOX 781 MOUNT AIRY, NC 27030	PC	UNRESTRICTED	
SURRY COMMUNITY COLLEGE 630 SOUTH MAIN STREET	PC	UNRESTRICTED	

or substantial contributor

Name and address (home or business)

a Paid during the year

DOBSON, NC 27017 YMCA OF NORTHWEST NC

Total. 3a

301 NORTH MAIN ST STE 1900 WINSTONSALEM, NC 27101

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TY 2017 Accounting Fe	ees Sche	dule			
		4 D 4 4 T = C 1 1 1 1	D 4 TT 0 N TN 0		
I	Name:	ARMAT FOUN	DATION INC		
I	EIN:	56-2045002			
Accounting Fees Schedule					
Category	Amo	ount Ne	t Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

3,125

3,125

6,250

ACCOUNTING FEES

TY 2017 Investments Corporate Stock Schedule

Name: ARMAT FOUNDATION INC

EIN: 56-2045002

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBVIE INC	11,104	17,891
AMGEN INC	14,067	14,955
APPLE INC	13,141	21,492
AT&T INC	9,665	9,526
CHECK POINT SOFTWARE TECH	10,871	10,777
CITIGROUP INC	15,926	21,504
CITIGROUP INC, 6.875% PFD	4,660	5,136
CLEVELAND-CLIFFS INC	7,561	8,746
DELAWARE LIMITED TERM DIVERSIFIED INCOME FUND	32,316	32,230
EMERSON ELECTRIC CO	10,296	11,708
FIDUCIARY/CLAY MLP OPPTY FD	8,280	7,943
F.N.B. CORP	8,635	10,628
GOLDMAN SACHS GRP INC FIXED-FLOATING PFD	5,955	6,540
INTEL CORP	8,759	11,494
KAYNE ANDERSON MIDSTREAM ENERGY TRUST	35,382	19,361
KAYNE ANDERSON MLP	30,475	22,917
LOOMIS SAYLES SR FLOAT/FIXED INC FD CL I	25,213	23,679
LOOMIS SAYLES STRATEGIC INC FD CL Y	19,758	18,560
LORD ABBETT FLOATING RATE FD CL F	23,739	23,932
MARTIN MARIETTA MATERIALS	10,328	10,831
METROPOLITAN WEST TOTAL RETURN BD FD CL I	7,992	7,839
MORGAN STANLEY PFD SER F	4,731	5,119
NEW YORK COMMUNITY BANCORP	11,664	9,726
PFIZER INC	9,705	11,663
POWERSHARES KBW REGIONAL BANKING	15,488	16,184
PROSHARES TRUST	14,445	15,674
RAYTHEON CO	9,381	11,459
REGIONS FINANCIAL CORP	10,410	13,668
SURREY BANCORP	1,103,778	1,420,108
TETON WESTWOOD MIGHT MITES FD CL I	18,536	20,353

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TEXAS CAP BANCSHARES INC	10,511	11,468
UNITED TECHS CORP	9,944	11,736
VANGUARD S&P MID-CAP 400 VAKYE FD	25,011	27,761
VERIZON COMMUNICATIONS	15,350	16,302
WELLS FARGO COMPANY FIXED-TO-FLOATING 5.85%	2,501	2,700
WELLS FARGO COMPANY	17,662	19,000

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TY 2017 Other Liabilities Schedule						
Name:	ARMAT FOUND	DATION INC				
EIN:	56-2045002					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
CHECKS WRITTEN IN EXCESS OF CASH			79,154	20,250		

Category	Amount	Net Investment	Adjusted Net	Disbursements		
EIN: 56-2045002						
Name: ARMAT FOUNDATION INC						
TY 2017 Other Professional Fees Schedule						
efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491199006048		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

7,069

7,069

INVESTMENT FEES

efile GRAPHIC print - DO NOT PRO	CESS	As Filed Data	-	DLI	N: 93491199006048	
TY 2017 Taxes Schedule						
Name: ARMAT FOUNDATION INC						
EIN: 56-2045002						
Catogory		mount	Net Investment	Adjusted Net	Disbursements	
Category	A	illount	Income	Income	for Charitable Purposes	

704

2016 EXCISE TAX