Form 990-PF

## **Return of Private Foundation**

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

OMB No 1545-0052 *2*017

Dipartment of the Treasury Internal Revenue Service

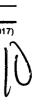
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection For calendar year 2017 or tax year beginning and ending Name of foundation A Employer identification number Margaret C Woodson Foundation, Inc. Number and street (or P O. box number if mail is not delivered to street address) Room/surte 56-6064938 220 North Tryon Street B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code Charlotte 28202 704-973-4500 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply. ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), X Other (specify) MODIFIED CASH under section 507(b)(1)(B), check here line 16) ▶ \$ 514,386 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily expenses per purposes income income books equal the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 895,984 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities . 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue 6a Gross sales price for all assets on line 6a U Capital gain net income (from Part IV, line 2) . . . (U 41 2018 8 Income modifications . . . . . . 10a Gross sales less returns and allowances Less Cost of goods sold . . . . Gross profit or (loss) (attach schedule) . . . . . 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 896,006 22 13 Compensation of officers, directors, trustees, etc. . 1.860 35,340 Operating and Administrative Expenses Other employee salaries and wages . . . . . . 14 Pension plans, employee benefits . . . . . . . 15 16a Legal fees (attach schedule) . . . . . . b Accounting fees (attach schedule) . . . . . . . C Other professional fees (attach schedule) . . . . 38,000 1.900 36,100 17 Taxes (attach schedule) (see instructions) . . . . 18 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings . . . . . . 6,425 321 6,104 22 Printing and publications . . . . . . 23 Other expenses (attach schedule) 1,579 79 1,500 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . 83,204 4.160 79.044 25 841,800 Contributions, gifts, grants paid . . . . . . . . 841,800 Total expenses and disbursements. Add lines 24 and 25. 26 0 925,004 4,160 920,844 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements . . . -28,998 Net investment income (if negative, enter -0-) . . 0

For Paperwork Reduction Act Notice, see instructions.

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

Form 990-PF (2017)



Ð	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	
<u> </u>		should be for entronyear amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	532,226	503,205	503,205
	2	Savings and temporary cash investments	11,159	11,181	11,181
	3	Accounts receivable	]		
	ļ	Less. allowance for doubtful accounts			
	4	Pledges receivable			
	ĺ	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			
Ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U.S. and state government obligations (attach schedule)			
	Ь	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less. accumulated depreciation (attach schedule)	1		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)	1 1		
	15	Other assets (describe )	·		
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	543,385	514,386	514,386
	17	Accounts payable and accrued expenses	1	074,000	<u> </u>
	18	Grants payable	<del>                                     </del>		
Liabilities	19	Deferred revenue	-		
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)	<del></del>		
I	22	· · · · · · · · · · · · · · · · · · ·			
	23	Other liabilities (describe  Total liabilities (add lines 17 through 22)	1		
_			<del>                                     </del>		
es		Foundations that follow SFAS 117, check here			
Š	24	Unrestricted			
<u>=</u>	25	Temporanly restricted			
ä	26	Permanently restricted			
und Balances	20				
	1	Foundations that do not follow SFAS 117, check here    and complete lines 27 through 31.	i i		
5	27	Capital stock, trust principal, or current funds		ļ	
Net Assets or F	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds	540 204	514,386	
As	30		543,384		
ë	31	Total liabilities and not page (fixed helegage (see	543,384	514,386	
Ž	31	Total liabilities and net assets/fund balances (see instructions)	540.005	544 300	
D٠	rt III		543,385	514,386	
		Analysis of Changes in Net Assets or Fund Balances		uth T	
'		net assets or fund balances at beginning of year—Part II, column (a			E 40 004
•					543,384
2	CHE	amount from Part I, line 27a		1 . 1	-28,998
		rincreases not included in line 2 (itemize)		3	54400
_	D	nes 1, 2, and 3		1 - 1	514,386
5	Decre	eases not included in line 2 (itemize)  net assets or fund balances at end of year (line 4 minus line 5)—Pa	All salama (b) has 00	5	
<u></u>	iotal	net assets of fund balances at end of year (line 4 minus line 5)—Pa	π II, column (b), line 30	6	514,386

Part V Capital Gains a	nd Losses for Tax on Investr	nent income			<del></del>
a) List and describe the kind(s) of property sold (for example, real estate,     2-story brick warehouse, or common stock, 200 shs. MLC Co )			(b) How acquired P—Purchase D—Donation	c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a					
с			<del> </del>	· · · · · · · · · · · · · · · · · · ·	
d				· · · · · · · · · · · · · · · · · · ·	
е			<u> </u>	<del> </del>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		in or (loss) (f) minus (g))
<u>a</u>					
<u>b</u>					
C		ļ	-		
d					
е	<u> </u>	<u> </u>	10.01.00		
Complete only for assets	showing gain in column (h) and owned	by the foundation	n on 12/31/69		l (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) (j), if any		ot less than -0-) or from col (h))
a					
b					
С					
d	<u> </u>				
е	<u> </u>	<u></u>			
2 Capital gain net income	nr (net canital loss)	also enter in Pa ), enter -0- in Pai	2 1		(
3 Net short-term capital ga	in or (loss) as defined in sections 1	222(5) and (6)			
	I, line 8, column (c) See instructio		er-0- in 1		
Part I, line 8			]   3		(
Part V Qualification Ur	der Section 4940(e) for Redu	uced Tax on N	let investment inc	ome	
	e section 4942 tax on the distributa			enod?	Yes X No
	ount in each column for each year		<del></del>	ny entries	
(a)		, see the mande		iny critico.	(d)
Base period years	(b) Adjusted qualifying distributions	s Net value	(c) of nonchantable-use assets		stribution ratio divided by col (c))
Calendar year (or tax year beginning 2016		1,361	514,07		1 83118
2015		0,829	542,92		2.027608
2014		6,791	600,75	<del></del>	1,62592
2013		0,348	524,25		1.33590
2012		8,150	294,24		1.93090
		9,100			
2 Total of line 1, column (d	)			2	8.75152
	for the 5-year base period—divide				
	foundation has been in existence if			3	1.75030
4 Enter the net value of no	nchantable-use assets for 2017 fro	m Part X, line 5		4	523,14
5 Multiply line 4 by line 3				5	915,66
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)			6	
7 Add lines 5 and 6 .				7	915,66
	ons from Part XII, line 4			8	920,844
	ater than line 7, check the box in P				

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions	5)				
. 1а						
`	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ 🗶 and enter 1% of Part I, line 27b					
C						
	Part I, line 12, col. (b).		l			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		의			
3	Add lines 1 and 2		의			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		의			
6	Credits/Payments			ļ		
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			Ì		
b	Exempt foreign organizations—tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c					
_d	Backup withholding erroneously withheld		آءَ	'		
7	Total credits and payments Add lines 6a through 6d		_의			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del>-</del>	9	—		
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 10 Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11		0			
	VII-A Statements Regarding Activities		U			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
ıa	participate or intervene in any political campaign?	1a	165	X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	10		<u> </u>		
b						
	Instructions for the definition					
	published or distributed by the foundation in connection with the activities.					
c	c Did the foundation file Form 1120-POL for this year?					
-	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
_	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		!		
	on foundation managers. >\$		}	1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			}		
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	~	X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X		
	If "Yes," attach the statement required by General Instruction T			1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1	j		
	By language in the governing instrument, or			,		
	A Division In contains that effect on a constaint and the account of the first of the containing of the first	) 1				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-				
7	conflict with the state law remain in the governing instrument?	6	Χ			
7	conflict with the state law remain in the governing instrument?  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	6 7	X			
, 8a	conflict with the state law remain in the governing instrument?  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  Enter the states to which the foundation reports or with which it is registered. See instructions.					
	conflict with the state law remain in the governing instrument?  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  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC					
	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
8a	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation					
8a	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	7	Х			
8a b	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  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	7	Х			
8a b	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  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.	7	Х	X		
8a b	conflict with the state law remain in the governing instrument?  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.  Enter the states to which the foundation reports or with which it is registered. See instructions.  NC  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.  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	7 8b	Х	x		

	SVII A Sharmanta Dagardina Achietta (continued)		<u>_</u>	age 🗸
	tVII-A Statements Regarding Activities (continued)		Yes	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11	Tes	No
	the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	<u> </u>		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		x
13	person had advisory privileges? If "Yes," attach statement. See instructions	13	$\frac{1}{x}$	<del>^</del>
13	Mahaita addraga N N/A			
14	T-1. 1 b 70.070	4500		
	Located at ▶ 220 North Tryon Street Charlotte NC ZIP+4 ▶ 28202	7000		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		 I	<b>\</b>
	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	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	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
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	]		
	(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? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(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			i
	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.)			j
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			]
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			1
C	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		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private 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			1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(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.			
3a	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
va	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			
	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 chantable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			]
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Form 95	0-PF (2017) Margaret C Woodson Foundation	on Inc						56-60	064938	Р	age 6
	VII-B Statements Regarding Activities		hich Form	4720 N	lav Be Re	quire	d (contin		00 1000		age C
<sub>.</sub> 5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it	y amou	nt to				Yes		,		l
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive		see section 4	, .	•	,	Yes	X No	,   *		
	(3) Provide a grant to an individual for travel, study	, or oth	er simılar pur	poses?			Yes	X No	•	*	1
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions		ble, etc., orga			ın .	Yes	X No	, .	,	Ì
	(5) Provide for any purpose other than religious, cr purposes, or for the prevention of cruelty to chil					nal	Yes	X No	,	-	
þ								5b	N/Ā		
С	Organizations relying on a current notice regarding disaster assistance, check here										
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes X No								-v		
b	Did the foundation, during the year, pay premiums, if "Yes" to 6b, file Form 8870.	directi:	y or indirectly	on a p	ersonal ber	nefit co	ntract?		6b		X
7a b	At any time during the tax year, was the foundation a partial "Yes," did the foundation receive any proceeds of						Yes		7b	N/A	
Part	VIII Information About Officers, Director and Contractors								nploye	es,	· · · ·
1	List all officers, directors, trustees, and foundat										
	(a) Name and address	hou	e, and average rs per week ed to position	(lf r	mpensation not paid, iter -0-)	empt	Contribution byee benefit erred compo	plans	(e) Expe	nse ac	
See A	ttached Statement		00		0						
			.00.		0		·				
			.00		0						
			00	l.	0						
2	Compensation of five highest-paid employees ( "NONE."	other t	han those in	cluded	on line 1—	see in	struction	s). If no	ne, ent	er	
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per v devoted to pe	eek	(c) Compen	sation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense ad allovvar	

(a) Name and address of each employee paid more than \$50,000

NONE

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(f) Compensation

(o) Compensation

(o) Contributions to employee benefit plans and deferred compensation

(o) Expense account, other allowances

(o) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(f) Contributions to employee benefit plans and deferred compensation

(e) Expense account, other allowances

(f) Contributions to employee benefit plans and deferred compensation

(f) Contributions to employee benefit plans and deferred compensation

(f) Contributions to employee benefit plans and deferred compensation

(g) Expense account, other allowances

(hours per week devoted to position)

Form 990-PF (2017)

Margaret C. Woodson Foundation, Inc.

Form 990-PF (2017)

Total. Add lines 1 through 3

56-6064938

Form 990-PF (2017)

Form 98	Margaret C Woodson Foundation, Inc	56-6064938	Page 8
Part		n foundations,	-
<del>.</del>	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	0
b	Average of monthly cash balances	1b	531,115
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	531,115
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	531,115
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	_7,967
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	523,148
6	Minimum investment return. Enter 5% of line 5	6	26,157
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundational desired and certain foreign organizations, check here and do not complete this part.)	ons	
1	Minimum investment return from Part X, line 6	11	26,157
2a	Tax on investment income for 2017 from Part VI, line 5		20,.01
b	Income tax for 2017. (This does not include the tax from Part VI.)	1 1	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	26,157
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	26,157
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	26,157
Part	XII Qualifying Distributions (see instructions)	<del>1 1</del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	1	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	920.844
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	920,844
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	920,844
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe	ther the foundation	
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (see instruction	ns)			
		(a)	(b)	(c)	(d)
<sup>:</sup> 1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
	line 7				26,157
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only			0	ì
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017				
а	From 2012	8			
b	From 2013 674,13	5		:	
C	From 2014 946,75	3			
d	From 2015 1,073,68	3			i
е	From 2016 915,65	7			
f	Total of lines 3a through e	4,163,666			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$ 920,844				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)				i
d	Applied to 2017 distributable amount				26,157
е	Remaining amount distributed out of corpus	894,687			
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				1
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,058,353			
b	Prior years' undistributed income Subtract		· <u>··</u>		
	line 4b from line 2b		0		
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				į
	amount—see instructions				
е	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				0
7	Amounts treated as distributions out of corpus				1
	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)	553,438			
9	Excess distributions carryover to 2018.	1			
4.0	Subtract lines 7 and 8 from line 6a	4,504,915			-
10_	Analysis of line 9	_			{
	Excess from 2013		-		
	Excess from 2014 946,75	_			i
q	Excess from 2015				}
d	Excess from 2016	_			
е	Excess from 2017	/ I		_1	

Form 9	90-PF (2017) Margaret C. Woodson	Foundation, Inc			56-606	54938 Page 10
Part	XIV Private Operating Foundat	ions (see instruc	tions and Part V	(II-A, question 9)		N/A
1a	If the foundation has received a ruling of	e operating				
•	foundation, and the ruling is effective fo				·	
	Check box to indicate whether the foundation	on is a private operati	ng foundation descr	ibed in section	4942(j)(	3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) 10tal
	each year listed					0
b	85% of line 2a		//			0
С	Qualifying distributions from Part XII,					
_	line 4 for each year listed	,				0
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					0
e	Qualifying distributions made directly				·	
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					<u>~</u>
•	alternative test relied upon					
	"Assets" alternative test—enter					
a	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3			1	<u> </u>	
	of minimum investment return shown in Part X, line 6 for each year listed	1				0
С	"Support" alternative test—enter					
·	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on		/			
	securities loans (section 512(a)(5)), or royalties)					0
	(2) Support from general public			· - · · · · · · · · · · · · · · · · ·		
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
	(4) Gross investment income	/				
Part		n (Complete this	nart only if the	e foundation ha	d \$5,000 or mor	e in assets at
	any time during the year—			o louridation na	40,000 01 11101	· aboot a
1	Information Regarding Foundation M		,,			
a	List any managers of the foundation wh		more than 2% of t	he total contributio	ns received by the	foundation
_	before the close of any tax year (but on					
	, , , , , , , , , , , , , , , , , , , ,	,,		, ,	, , , , ,	
	List any managers of the foundation wh	10% or more	of the stock of a	comoration (or an	equally large portion	n of the
-	ownership of a partnership or other enti					
	or a parameter parameter on one	,, 0,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o e. g. canar micros		
	Information Regarding Contribution,	Grant, Gift, Loan.	Scholarship, etc.	. Programs:		
_	Check here ▶ ☐ if the foundation or				ations and does no	ot accept
	unsolicited requests for funds. If the fou					
	conditions, complete items 2a, b, c, and	d d See instructions	3			
a	The name, address, and telephone nun	nber or email addre	ss of the person to	whom application	s should be addres	sed
	•		•			
FOUN	IDATION FOR THE CAROLINAS 220 N	ORTH TRYON STE	REET CHARLOTT	E, NC 28202 704-9	973-4500	
	The form in which applications should be					
	ARTICULAR FORM					
	Any submission deadlines:					
	Any restrictions or limitations on awards	s such as hy geogr	anhical areas cha	untable fields, kinds	of institutions or o	
_	factors	o, such as by geogr	apinoui uicas, oile		, o, modulations, of t	,
SOLE	Y FOCUSED ON DAVIE & ROWAN CO	UNTIES				
					F	Form <b>990-PF</b> (2017)

3 Grants and Contributions Paid During	the Year or Approve	ed for Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year			1	
.F. Hurley Family YMCA		PC	Annual Giving - Scholarship	7,50
28 Jake Alexander Blvd West			Assistance	
alisbury, NC 28147				
ragonfly House Children's Advocacy Center	i i	PC	Community Outreach & Education	17,50
61 E Lexington Road			[	
locksville, NC 27028				<b>5</b> 0
oung Life Ministries		PC	Camp scholarships for local high school students	5,0
O Box 520			School students	
Colorado Springs, CO 80901-0520		DC.	175th Annuary Scholembur	65.0
lary Baldwin College		PC	175th Anniversary Scholarship Awards	65,0
O. Box 1500 taunton, VA 24402-1500		1	Awarus	
atty of Salisbury		GOV	Art Music and Movement Camp	2,4
O Box 479		301	Art Music and Movement Camp	∠,-
alisbury, NC 28145-0479	-		[	
owan-Salisbury School System		GOV	Digital Learning Middle School	10,0
14 N. Ellis Street	İ		Science Techbooks	1 -
alisbury, NC 28144			1	
owan Museum, Inc	1	PC	Educational Programming Support	5,0
02 North Main Street				
alisbury, NC 28144		ļ	l l	
ig Brothers Big Sisters Services, Inc.		PC	Big Buddy Program	5,0
07 Westdale Avenue		İ		
/inston-Salem, NC 27101		1	1	
hildren's Hope Alliance		PC	Facility Upgrades Required for	65,0
.O Box 1			Joint Commission Accreditation	
anum Springs, NC 28010		}		
iedmont Players Theatre, Inc.		PC	Norvell Theater Project	5,0
.O Box 762		ļ		
alisbury, NC 28145			J	
/aterworks Visual Arts Center, Inc		PC	Waterworks Visual Arts Center -	4,5
23 East Liberty Street			5th Grade ARTstop	
alisbury, NC 28144	<del></del>	<u> </u>		041.9
b Approved for future payment	<del></del>	· · · · ·	▶ 3a	841,8
S Approved for future payment		ł	i	
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	oss amounts unless otherwise indicated.		siness income	Excluded by sect	on 512, 513, or 514	(0)
		(a) Business code	( <b>b)</b> Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
	ogram service revenue					
a			<u>-</u>		<del></del>	
b			<del></del>			
c d						
e						
f		<b>-</b>				
•	Fees and contracts from government agencies	<b></b>	<del></del>	<del></del>		
9 2 Me	embership dues and assessments			<del></del>		
	erest on savings and temporary cash investments			14	22	
	vidends and interest from securities .			<del>                                     </del>	- 22	
	et rental income or (loss) from real estate					
a						
	Not debt-financed property					
	et rental income or (loss) from personal property			•		
	her investment income .					
	in or (loss) from sales of assets other than inventory					
	t income or (loss) from special events					
	oss profit or (loss) from sales of inventory	-				
	her revenue a		-	-		
b				<u> </u>		
c				-		
d				-		
- A						
12 Su	btotal. Add columns (b), (d), and (e)		0		22	0
	blotal rida columno (b), (a), ana (c)			I		
		·····			13	22
13 To	tal. Add line 12, columns (b), (d), and (e)	i.)			13	22
13 To See wo	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations				13	22
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculations VI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which talk the talk t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e)  which tall the tall t	ccomplishm	ent of Exemp	t Purposes  XVI-A contributed	importantly to the	pns )

Part	ΧVI		n Regarding Trans ganizations	fers to and Tran	sactions and R	elationship	s With N	lonchari	table		
1	Did		directly or indirectly en	gage in any of the fo	ollowing with any o	ther organiza	tion descr	ibed		Yes	No
			er than section 501(c)(								
		anizations?	( ),	, ,	,	<b>J</b>			1		
а	_		porting foundation to a	nonchantable exen	npt organization of						!
		Cash						_	1a(1)		Χ
	(2)	Other assets							1a(2)		x
b	Oth	er transactions									
	(1)	Sales of assets to	a noncharitable exem	ot organization .					1b(1)		X
			ets from a noncharitab						1b(2)		X
			, equipment, or other a						1b(3)		X
			rrangements .						1b(4)		Х
		Loans or loan gua							1b(5)		X
			ervices or membership						1b(6)		X
С	Sha	anno of facilities, e	quipment, mailing lists	. other assets, or pa	ud employees				1c		X
d			the above is "Yes," com								
	valu	ie of the goods, othe	er assets, or services given or sharing arrangemen	en by the reporting f	oundation. If the four	ndation receiv	ed less tha	n fair marke	et ed.		
(a) Line	e no	(b) Amount involved	(c) Name of nonch	antable exempt organizat	on (d) De	scription of transi	fers, transacti	ons, and shar	nng arran	gernen	ts
			,,,,,								
				<u> </u>				•			
						-					
		_									
2a b	des	cribed in section 5	ctly or indirectly affiliate 01(c) (other than section following schedule	ed with, or related to on 501(c)(3)) or in s	, one or more tax- ection 527?	exempt organ			Yes [	X) N	0
			ization	(b) Type of or	ganization		(c) Descript	on of relation	ıshıp		
							<u> </u>				
									-		
									•		
	Und	er penalties of perjury, I dec	lare that I have examined this retui	n, including accompanying sc	hedules and statements, and	to the best of my k	nowledge and b	elief, it is true,			
Sign Here		Myssa	on of priparer (other than taxpayer		f which preparer has any kno VP & Directo		- FFTC	May the IRS with the pre See instruct	parer show		<u>17</u>
	Sig	nature of officer or trus		Date	Title			<u></u>	_	7 . 69	
Paid		Print/Type preparer:	s name	Preparer's signature	2018.05.08 08.27:12	Date	Che	ck 🗆 r F	PTIN		
r aiu Prepa	rar	Amanda Adams		Munde Henry	-04'00'	5/1/20			P00748	<u>8038</u>	
Use O		Firm's name	Cherry Bekaert LLP				Firm's EIN	<b>56-057</b>	4444		
JJC U	y	Firm's address	1111 Metropolitan Av	e , Ste. 1000, Charl	otte, NC 28204		Phone no	(704) 3	377-167	78	

Amount

10,000

Purpose of grant/contribution

Construction Truck Purchase

Family Support Advocate

8,000

25,000

Creation of a Downtown Salisbury park and "commons"

3,500

Family outdoor concert for the Salisbury Community

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Employer identification number** 

Margaret C. Woodson Foun	ation, Inc		56-6064938
Organization type (check of	ne)		
Ellam of	Sastian		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organizat	ion	
	4947(a)(1) nonexempt charitable trust no	t treated as a private found	ation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust tre	ated as a private foundation	า
	501(c)(3) taxable private foundation		
Check if your organization is	covered by the General Rule or a Special Rule.		
, ,	7), (8), or (10) organization can check boxes for bo	th the General Rule and a s	Special Rule. See
General Rule			
	iling Form 990, 990-EZ, or 990-PF that received, d property) from any one contributor. Complete Par ntributions.	-	
Special Rules			
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 99 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked that received from any one contributor, during the the amount on (i) Form 990, Part VIII, line 1h, or (ii	Schedule A (Form 990 or 9 year, total contributions of t	990-EZ), Part II, line the greater of (1)
contributor, during t	described in section 501(c)(7), (8), or (10) filing For e year, total contributions of more than \$1,000 exc al purposes, or for the prevention of cruelty to child	lusively for religious, charita	able, scientific,
For an organization contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing For e year, contributions exclusively for religious, charmore than \$1,000. If this box is checked, enter her exclusively religious, charitable, etc., purpose. Do s to this organization because it received nonexclusive during the year.	m 990 or 990-EZ that receitable, etc., purposes, but note the total contributions that on't complete any of the par	ived from any one o such at were received rts unless the
Caution: An organization th	t isn't covered by the General Rule and/or the Spe	cial Rules doesn't file Sche	dule B (Form 990.

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	rganization C. Woodson Foundation, Inc		Employer identification number 56-6064938
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Margaret C. Woodson Trust CO US Trust Company 114 West 47th Street  New York NY 10036  Foreign State or Province Foreign Country	\$ 895,984	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organizationEmployer identification numberMargaret C. Woodson Foundation, Inc56-6064938

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
••••		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received			
		\$				

Name of org	ganization . Woodson Foundation, Inc		Employer identification number 56-6064938								
Part III	Exclusively religious, charitable, etc., cont (10) that total more than \$1,000 for the year the following line entry. For organizations commonthibutions of \$1,000 or less for the year (EUse duplicate copies of Part III if additional sp	r from any one contributor. Com apleting Part III, enter the total of a Enter this information once. See in	ribed in section 501(c)(7), (8), or plete columns (a) through (e) and xclusively religious, chantable, etc.,								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
ſ	Transferee's name, address, and ZIP	nship of transferor to transferee									
(a) No. from Part I	For Prov Country  (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	Transferee's name, address, and ZIP	(e) Transfer of gift + 4 Relatio	nship of transferor to transferee								
	For Prov. Country										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
	(e) Transfer of gift										
:	Transferee's name, address, and ZIP	+ 4 Relatio	nship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
ļ	(e) Transfer of gift										
	Transferee's name, address, and ZIP	+ 4 Relatio	nship of transferor to transferee								
	For. Prov Country										

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

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

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

		1,579	79	0	0 1,500		
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Chantable Purposes		
1	INSURANCE	996	50		946		
2	OFFICE EXPENSE	334	17		317		
3	BANK FEES	249	12		237		

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

				_	_								_						
0	Expense	Moodil																	
	Ronofite	Concession																	
37,200	Companyanon	6,000		3,900		3,900		3,900		3,900		3,900		3,900		3,900		3,900	
	Avg Hrs Per Wheek	2 00		1.00		1 00	_	100		1.00		100		90		100		1 00	
	Title	Chair	_	Director		Director		Director		Director		Director		Director		Director		Director	
	Foreign Country																		
	Zio Code	_5		28202		28202		28202		28202		28202		28202		28202		28202	
	State	2		SC SC		NC		NC		) NC		ည		Ş		NC		NC	
	Ç.	Charlotte		Charlotte		Charlotte		Charlotte		Charlotte		Charlotte		Charlotte		Charlotte		Charlotte	
	Street	220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street		220 North Tryon Street	
	Check "X"									-									
	Mame	James W Davis		Dr Nilaus M Avery, II		John B. E. Cunningham		Patricia Hobson Johnson		William G Johnson, Jr.		Mary Holt Woodson Murphy		Donald D Sayers		Robert P Shay, Jr		Paul B Woodson, Jr	
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