

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation North Carolina GlaxoSmithKline Foundation Inc		A Employer identification number 58-1698610	
Number and street (or P O box number if mail is not delivered to street address) Five Moore Drive	Room/suite	B Telephone number (see instructions) (919) 483-2823	
City or town, state or province, country, and ZIP or foreign postal code Research Triangle Park, NC 27709		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 67,644,472		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	121,571			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	2,220,301	2,220,301	2,220,301	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	923,518			
	b Gross sales price for all assets on line 6a	4,258,636			
	7 Capital gain net income (from Part IV, line 2)		923,518		
	8 Net short-term capital gain			28,580	
	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)					
12 Total. Add lines 1 through 11	3,265,390	3,143,819	2,248,881		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	54,000			
	14 Other employee salaries and wages	663,165			663,165
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	17,000	17,000		
	c Other professional fees (attach schedule)	174,606	111,971		62,635
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	222,932			222,932
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	14,116			14,116
	22 Printing and publications	1,801			1,801
	23 Other expenses (attach schedule)	132,735			141,734
	24 Total operating and administrative expenses. Add lines 13 through 23	1,280,355	128,971		1,106,383
	25 Contributions, gifts, grants paid	663,210			490,990
26 Total expenses and disbursements. Add lines 24 and 25	1,943,565	128,971		1,597,373	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	1,321,825				
b Net investment income (if negative, enter -0-)		3,014,848			
c Adjusted net income (if negative, enter -0-)			2,248,881		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	1,533,399	178,359	178,359
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	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)	58,715,153	67,466,043	67,466,043
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	40,706	70	70	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	60,289,258	67,644,472	67,644,472	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable	4,514,057	2,270,459	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule).			
	22 Other liabilities (describe ▶ _____)	194,052	356,347	
	23 Total liabilities (add lines 17 through 22)	4,708,109	2,626,806	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	55,581,149	65,017,666	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	55,581,149	65,017,666		
31 Total liabilities and net assets/fund balances (see instructions) .	60,289,258	67,644,472		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	55,581,149
2 Enter amount from Part I, line 27a	2	1,321,825
3 Other increases not included in line 2 (itemize) ▶ _____	3	8,114,696
4 Add lines 1, 2, and 3	4	65,017,670
5 Decreases not included in line 2 (itemize) ▶ _____	5	4
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	65,017,666

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., 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 See Additional Data Table				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	923,518
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	28,580

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,951,173	58,250,004	0 03350
2015	4,172,268	62,475,979	0 06678
2014	3,520,501	64,051,501	0 05496
2013	3,765,278	60,775,777	0 06195
2012	3,713,163	57,705,748	0 06435

2 Total of line 1, column (d)	2	0 281544
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 056309
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	63,071,410
5 Multiply line 4 by line 3	5	3,551,488
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	30,148
7 Add lines 5 and 6	7	3,581,636
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	1,597,373

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total amount owed is 31,484.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at Five Moore Drive Research Triangle Park NC ZIP+4 277093398

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶		5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>		6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and 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	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. ▶

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

1	Expenses

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	Amount
All other program-related investments See instructions	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	63,677,859
b	Average of monthly cash balances.	1b	354,029
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	64,031,888
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	64,031,888
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	960,478
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	63,071,410
6	Minimum investment return. Enter 5% of line 5.	6	3,153,571

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,153,571
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	60,297
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	60,297
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,093,274
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	3,093,274
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	3,093,274

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,597,373
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		
a	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	1,597,373
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	1,597,373

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				3,093,274
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	912,264			
b From 2013.	778,365			
c From 2014.	380,688			
d From 2015.	1,105,777			
e From 2016.				
f Total of lines 3a through e.	3,177,094			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,597,373</u>				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				1,597,373
e 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))	1,495,901			1,495,901
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,681,193			
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—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,681,193			
10 Analysis of line 9				
a Excess from 2013.	194,728			
b Excess from 2014.	380,688			
c Excess from 2015.	1,105,777			
d Excess from 2016.				
e Excess from 2017.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

c "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)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a 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) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 NC GlaxoSmithKline Foundation
 Five Moore Drive PO Box 13398
 RTP, NC 27709
 (919) 483-2823

b The form in which applications should be submitted and information and materials they should include
<http://www.us-gsk.com/html/community/community-grants-foundation.html> Tax Exempt Documentation, Executive Summary, Narrative Section, Budget Section Instructional Information & Financial Data

c Any submission deadlines
 January 1, April 1, July 1, October 1

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 Foundation grants only to non-profit, charitable organizations & institutions exempt under section 501(c)(3)

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				490,990
b <i>Approved for future payment</i> Child Care Services 851 Case Street Hendersonville, NC 28792				
Digi Learn 514 Daniels Street PMB 345 Raleigh, NC 27605				
Triangle Global Health Consortium 65 TW Alexander Drive 12575 Durham, NC 27703				
Total ▶ 3b				172,220

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code...
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code... [] Yes [x] No

b If "Yes," complete the following schedule
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here [Signature] 2018-08-20 [Title]
May the IRS discuss this return with the preparer shown below (see instr)? [x] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: Kenneth D Gibbs
Preparer's Signature
Date
Check if self-employed []
PTIN: P00238164
Firm's name: THOMAS & GIBBS CPAS PLLC
Firm's EIN: 56-2271237
Firm's address: 6114 FAYETTEVILLE RD STE 101 DURHAM, NC 277136284
Phone no: (919) 544-0555

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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)
2213 EuroPacific Growth F3	P	2012-12-14	2017-01-03
2478 Dodge & Cox International	P	2008-01-22	2017-01-25
3423 Dodge & Cox International	P	2008-01-22	2017-05-30
2138 Dodge & Cox International	P	2008-01-22	2017-10-04
3866 Matthews Pacific Tiger Fund	P	2010-10-01	2017-04-11
5389 Matthews Pacific Tiger Fund	P	2010-10-01	2017-06-09
6868 Matthews Pacific Tiger Fund	P	2010-10-01	2017-10-04
3299 Matthews Pacific Tiger Fund	P	2010-10-01	2017-11-15
4015 T Rowe Price MC Equity	P	2000-01-01	2017-03-16
1789 T Rowe Price MC Equity	P	2000-01-01	2017-11-15

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
99,970		87,149	12,821
99,970		86,851	13,119
149,970		119,958	30,012
99,970		74,911	25,059
99,970		91,375	8,595
149,970		127,360	22,610
199,970		162,291	37,679
99,970		77,960	22,010
199,970		68,834	131,136
99,970		30,629	69,341

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			12,821
			13,119
			30,012
			25,059
			8,595
			22,610
			37,679
			22,010
			131,136
			69,341

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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)
7147 Aberdeen Emerging Markets	P	2012-12-14	2017-03-16
7092 Aberdeen Emerging Markets	P	2012-12-14	2017-04-11
10148 Aberdeen Emerging Markets	P	2012-12-14	2017-05-30
18987 Aberdeen Emerging Markets	P	2012-12-14	2017-10-04
7537 Vanguard Small Cap Index	P	2008-03-25	2017-03-16
2303 Vanguard Small Cap Index	P	2008-03-25	2017-11-15
300 Vanguard High Dividend Yield	P	2013-07-31	2017-01-04
1700 Vanguard High Dividend Yield	P	2013-07-31	2017-06-16
1000 Vanguard High Dividend Yield	P	2017-10-24	2017-11-15
3088 T Rowe Price Large Cap	P	2015-03-25	2017-04-11

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
99,970		106,339	-6,369
99,970		105,510	-5,540
150,983		151,997	-1,014
299,970		282,472	17,498
299,940		141,360	158,580
99,970		43,196	56,774
22,921		15,982	6,939
134,339		90,319	44,020
83,111		54,536	28,575
99,970		89,433	10,537

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-6,369
			-5,540
			-1,014
			17,498
			158,580
			56,774
			6,939
			44,020
			28,575
			10,537

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 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)
4299 T Rowe Price Large Cap	P	2015-03-25	2017-05-30
4283 T Rowe Price Large Cap	P	2015-03-25	2017-06-09
2668 T Rowe Price Large Cap	P	2015-03-25	2017-09-12
2637 T Rowe Price Large Cap	P	2015-03-25	2017-10-04
5697 T Rowe Price Large Cap	P	2015-03-25	2017-11-15
1000 Vanguard S&P 500 Growth Index	P	2015-03-25	2017-03-16
1000 Vanguard S&P 500 Growth Index	P	2015-03-30	2017-04-11
1200 Vanguard S&P 500 Growth Index	P	2015-03-30	2017-06-09
1000 Vanguard S&P 500 Growth Index	P	2015-04-07	2017-11-15
500 PIMCO Enhanced Short Maturity Strategy	P	2012-06-20	2017-05-30

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
149,970		124,498	25,472
149,970		124,036	25,934
99,970		77,284	22,686
99,970		76,367	23,603
224,940		165,006	59,934
118,776		102,469	16,307
117,201		102,469	14,732
149,490		122,963	26,527
133,202		102,469	30,733
50,841		50,483	358

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			25,472
			25,934
			22,686
			23,603
			59,934
			16,307
			14,732
			26,527
			30,733
			358

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
700 Barclays Ishares 1-3 Yr CD Bond Fund	P	2016-09-27	2017-01-25
17182 Vanguard Market Neutral	P	2015-11-06	2017-12-27

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
73,492		73,487	5
199,970		205,125	-5,155

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			5
			-5,155

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(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
Robert A Ingram Five Moore Drive Research Triangle Park, NC 27709	Chairman 0 46	4,000		
Mark Werner 5 Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Ann B Goodnight Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	3,000		
Margaret B Dardess Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Shirley T Frye Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	4,000		
Thomas R Haber Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Paul A Holcombe Jr Five Moore Drive Research Triangle Park, NC 27709	Director 0 58	5,000		
Phail Wynn Jr Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	3,000		
John FAV Cecil Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	4,000		
Janice M Whitaker Five Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Marilyn E Foote-Hudson Five Moore Drive Research Triangle Park, NC 27709	Executive Direc 40 00	0		
George B Abercrombie 5 Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Ran Coble 5 Moore Drive Research Triangle Park, NC 27709	Director 0 46	5,000		
Charles A Sanders 5 Moore Drive Research Triangle Park, NC 27709	Director 0 46	1,000		

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NC Public Health Association 3000 Industrial Drive Suite 140 Raleigh, NC 27609				
North Carolina AT State University 1601 E Market Street Greensboro, NC 27411				
NC Center for Non-Profits 1110 Navaho Drive Suite 200 Raleigh, NC 27609				
Total 3a				490,990

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Chatham Education Foundation 79 Horton Road Pittsboro, NC 27312			grant to fund the four-week Kindergarten Readiness Camp, targeting low-income rising kindergarteners who have not been in an early learning environment or in a quality, academic early learning environment	94,000
McRel4601 DTC Boulevard Suite 500 Denver, CO 80237			984 funding to continue providing assistance in the implementation and evaluation of the Ribbon of Hope Program, from April 2017 to March 2018	76,984
Alzheimer's North Carolina 1305 Navaho Drive Suite 101 Raleigh, NC 27609			To expand the Dementia Education and Training program through its Rural Caregiving Education Alliance (RCEA), by providing education and training for family caregivers in an additional 15 counties in rural North Carolina	25,000
Total ▶ 3a				490,990

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Beaufort County Arts Council 150 W Main Street Washington, NC 27889			To provide funding to build the Bright Minds Fresh Foods Pantry	25,000
Blue Ridge Literacy Council 625 College Drive Flat Rock, NC 28731			To support the launch, in partnership with Smart Start, of a Family Literacy Program	25,000
Communities in Schools of Robeson C 2006 N Pine St Lumberton, NC 28358			To implement Why Try Resilience Program, an evidence-based program designed to foster the social-emotional development of students in Robeson County	25,000
Total ▶ 3a				490,990

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Davidson County Community College F 297 DCC Road Thomasville, NC 27360			To support Females in Math and Science (FeMS), providing tutoring and other supports, scholarships for students, and stipends for student mentors	25,000
Family Resources of Cherokee County 5527 Hwy 64 W Murphy, NC 28906			To provide funding to support the Parent and Child Interaction Therapy program - parenting workshops serving families in rural Cherokee County	25,000
Washington-Beaufort Cty CofCom Comm 102 Stewart Parkway Washington, NC 27889			To provide funding to support the Summer S P L A S H STEM Enrichment Camp, serving approximately 100 students from a low-performing, rural elementary school in Beaufort County	25,000
Total ▶ 3a				490,990

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Beaufort County Community College 5337 US Highway 264 E Washington, NC 27889			To initiate the Beaufort County Community Paramedic Program Certification	25,000
Friends of the Ashe County Public L 148 Library Drive West Jefferson, NC 28694			To expand the Walk & Read Program, creating Story Walks in three counties	25,000
Total ▶ 3a				490,990

TY 2017 Accounting Fees Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	17,000	17,000	0	0

TY 2017 Investments - Other Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Dodge & Cox Intl Stock	FMV	4,080,129	4,080,129
Europacific Growth	FMV	4,006,259	4,006,259
T. Rowe Price MID CAP Equity Growth INST	FMV	7,008,684	7,008,684
Cohen & Steers International Realty	FMV	1,551,888	1,551,888
T. Rowe Price Real Estate	FMV	2,509,058	2,509,058
Vanguard Small Cap Index	FMV	7,218,476	7,218,476
Matthews Pacific Tiger Fund	FMV	4,289,871	4,289,871
PIMCO Enhanced Short Maturity FI Strateg	FMV	1,447,230	1,447,230
Barclays I-Shares 1-3 Year	FMV	1,421,744	1,421,744
Cohen & Steers Preferred Income	FMV	2,327,550	2,327,550
Aberdeen Emerging Markets	FMV	4,108,675	4,108,675
Lord Abbett Floating Rate Fund	FMV	3,053,573	3,053,573
Vanguard Whitehall FDS High Dividend Yld	FMV	7,295,676	7,295,676
Doubleline Core Fixed Income	FMV	1,901,730	1,901,730
Vanguard Admiral S&P 500	FMV	3,533,568	3,533,568
Goldman Sachs IB Fund Instl	FMV	3,109,422	3,109,422
T. Rowe Price LC Growth	FMV	3,322,247	3,322,247
Schwab Hedged Equity	FMV	3,096,824	3,096,824
Vanguard Market Nuetral HD	FMV	2,183,439	2,183,439

TY 2017 Other Assets Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
			70
Federal Excise Tax Rec	40,706	70	

TY 2017 Other Decreases Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Description	Amount
Rounding differences	4

TY 2017 Other Expenses Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Awards	1,194			1,194
Banquet	48,045			48,045
Computer services	1,001			10,000
Conferences	49			49
Contractor's	34,124			34,124
Courier Service	833			833
Dues and subscriptions	34,111			34,111
Other employee costs	204			204
Procurement costs	3,977			3,977
Service Charge	350			350

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Speakers	5,000			5,000
Supplies	3,847			3,847

TY 2017 Other Liabilities Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Description	Beginning of Year - Book Value	End of Year - Book Value
Deferred federal excise tax liabilities	194,052	356,347

TY 2017 Other Professional Fees Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Management Fees	111,971	111,971	0	0
Professional fees	62,635	0	0	62,635

TY 2017 Taxes Schedule

Name: North Carolina GlaxoSmithKline
Foundation Inc

EIN: 58-1698610

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	222,932			222,932

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
North Carolina GlaxoSmithKline
Foundation Inc

Employer identification number
58-1698610

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization North Carolina GlaxoSmithKline Foundation Inc	Employer identification number 58-1698610
---	---

Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GlaxoSmithKline Corporation <hr/> Five Moore Drive <hr/> Research Triangle PK, NC27709	\$ 130,570	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
.	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization North Carolina GlaxoSmithKline Foundation Inc	Employer identification number 58-1698610
---	---

Part II **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization North Carolina GlaxoSmithKline Foundation Inc	Employer identification number 58-1698610
---	---

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(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	Relationship of transferor to transferee

(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	Relationship of transferor to transferee

(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	Relationship of transferor to transferee

(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	Relationship of transferor to transferee