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

OMB No 1545-0052

Department of the Treasury

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

		Venue Service Control of Control		0 / 1 6		10	100000	
		dar year 2017 or tax year beginning $07/01/17$ ,	and ending 06/3	0/18			<del></del>	
		undation			A Empl	oyer identification number		
		INIA C. WARRINGTON MEMORIAL	58-1586d	674	1500	150000		
		T FUND	<del></del>			-1586624		
		d street (or PO box number if mail is not delivered to street address)  PALADIN DRIVE	Ro	oom/suite	•	i <del>none number (see instru</del> ction 2-752-8880	15)	
		n, state or province, country, and ZIP or foreign postal code	<u>_</u>					
G	REE	NVILLE NC 27834			C If exe	mption application is pending	, check here	▶ ∐
G	Check	all that apply Initial return Initial return	rn of a former public cl	harity	D 1 F	oreign organizations, check hi	ere	▶ □
		Final return Amended	return	_	2 Fc	oreign organizations meeting	the	_
		Address change Name cha	inge	•		5% test, check here and attack		<b>▶</b> □
нс	heck	type of organization X Section 501(c)(3) exempt private	foundation	71	E If priv	ate foundation status was ten	minated under	
			e private foundation	09		n 507(b)(1)(A), check here		▶ 🗌
		rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	ermination	
		rear (from Part II, col (c), Other (specify)	,			section 507(b)(1)(B), check t		▶ 🗌
	e 16)		be on cash basis )					
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	g			(d) Disburse	
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	for chanta purpose	
		the amounts in column (a) (see instructions) )					(cash basis	
2	1	Contributions, gifts, grants, etc., received (attach schedule)	8,392					
$^{\prime}$	2	Check ► X If the foundation is <b>not</b> required to attach Sch B	0.4				<b></b>	
$\prec$	3	Interest on savings and temporary cash investments	94		94			
$\mathcal{U}$	4	Dividends and interest from securities						
<i>,</i> ,	5a	Gross rents						
an	b	Net rental income or (loss)			,			
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a						
<b>€</b>	,	Capital gain net income (from Part IV, line 2)			O			
2 Revenue	7   8	Net short-term capital gain	***************************************			0		
೧೨	9	Income modifications 4				•		
Č	10a	Gross sales less returns and allowances						
כי כי	b	Less Cost of goods sold						
< :	С	Gross profit or (loss) (attach schedule)						
Ω	11	Other income (attach schedule)				-		
SCANNED enses	12	Total. Add lines 1 through 11	8,486		94	0		
≥ ຣ	13	Compensation of officers, directors, trustees, etc	0					
ses	14	Other employee salaries and wages						
j ë	15	Pension plans, employee benefits						
Exp	16a	Legal fees (attach schedule)						
e W	b	Accounting fees (attach schedule) Stmt 1	650			RECEIVE		
Ę	С	Other professional fees (attach schedule)			8076		7	
Administrative	17	Interest			18	MAR 1 2010		
is.	18	Taxes (attach schedule) (see instructions)			11	2019		
Ē	19	Depreciation (attach schedule) and depletion				OCHEA		
Ad	20	Occupancy				TU UT	<del></del>	
9	21	Travel, conferences, and meetings	F 006					
ā	22	Printing and publications	5,006					
пg	23	Other expenses (att sch ) Stmt 2	196					
Operating and	24	Total operating and administrative expenses.	5,852		0	o		0
per	25	Add lines 13 through 23	5,832			<u> </u>		0
ō	25	Contributions, gifts, grants paid  Total expenses and dishursements. Add lines 24 and 25	5,852		0	0	<del>                                     </del>	0
	26 27	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	3,632					<u>-</u>
	a a	Excess of revenue over expenses and disbursements	2,634					
	b	Net investment income (if negative, enter -0-)	2,004		94			······································
	C	Adjusted net income (if negative, enter -0-)				0		

<u>Fo</u>	rm 990	D-PF (2017) VIRGINIA C. WARRINGTON MEMORIAL	56-15866	24	Page <b>2</b>
	Diam'r i	Rajance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	19,138	21,678	
	2	Savings and temporary cash investments	56,344	56,438	
	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 (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			<del></del> -
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule)		<b>,</b>	
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶			
ŀ	16	Total assets (to be completed by all filers – see the	75 400	50 116	1 1/2
4		instructions Also, see page 1, item I)	75,482	78,116	<u>X</u> 0
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
읦	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
믿	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >	0	. 0	
$\dashv$	23	Total liabilities (add lines 17 through 22)	1		
s		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
Ö	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted	"		
8	26	Permanently restricted			
밈	20	Foundations that do not follow SFAS 117, check here			
리		and complete lines 27 through 31.	1		
Ö	27	Capital stock, trust principal, or current funds	52,670	- 63,770	
ets	28	Paid-in or capital surplus, or land, bidg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	22,812	14,346	
۲	30	Total net assets or fund balances (see instructions)	75,482	78,116	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	75,482	78,116	
	Part I	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 (m	nust agree with		
	end-d	of-year figure´reported on prior year's return)		1	75,482
2	Ente	amount from Part I, line 27a	-	2	2,634
3	Othe	r increases not included in line 2 (itemize) ▶		3	
4	Add I	ines 1, 2, and 3		4	78,116
5		eases not included in line 2 (itemize) ▶		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column	(b), line 30	6	78,116

10/11/ 3304 1 (2017) VIIICIII	. 11124121102011 12221011		<u> </u>	<u> </u>	i age
Part IV Capital Gains and Lo	sses for Tax on Investment	Income			
	s) of property sold (for example, real estate, or common stock, 200 shs MLC Co )		(b) How acquired P – Purchase D – Donation	(c) Date acc (mo , day,	
1a N/A		•	D Bondton		
b					
c					
d	<u>"</u>	, ,			
e			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale	(	(h) Gain or (loss) ((e) plus (f) minus (g))
_a					·
b		<u> </u>			
С					
d			<u> </u>		
e		1-1 10/21/6	20		
Complete only for assets showing gain i	(j) Adjusted basis as of 12/31/69	(k) Exces	os of col (i) (j), if any	col (k	Gains (Col (h) gain minus k), but not less than -0-) or Losses (from col (h))
a	-				
b					
С					
d					
е					
<ul> <li>2 Capital gain net income or (net capital lo</li> <li>3 Net short-term capital gain or (loss) as d</li> <li>If gain, also enter in Part I, line 8, column</li> </ul>	efined in sections 1222(5) and (6)	t I, line 7		2	
Part I, line 8	., (0, 000	<b>_</b>		3	
annum and an	Section 4940(e) for Reduced	Tax on Net	Investment Inco	me	
(For optional use by domestic private founda					
If section 4940(d)(2) applies, leave this part			,		
					(m)
Was the foundation liable for the section 494 If "Yes," the foundation does not qualify unde		• •	pase period?		Yes X No
1 Enter the appropriate amount in each co	lumn for each year, see the instruction	ons before makır	ng any entries		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) e of nonchantable-use asse		(d) Distribution ratio (col (b) divided by col (c))
2016	11,9		72,	583	0.164226
2015	12,4		66,		0.185867
2014	14,3		75,		0.189673
2013	10,0		79,		0.126019
2012	4,5	97	79,	344	0.057938
2 Total of line 1, column (d)				2	0.723723
3 Average distribution ratio for the 5-year I number of years the foundation has bee		2 by 5 0, or by th	ne	3	0.144745
4 Enter the net value of noncharitable-use	assets for 2017 from Part X, line 5			4	C
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income (1%	of Part I, line 27b)			6	1
7 Add lines 5 and 6				7	1
8 Enter qualifying distributions from Part X				8	
If line 8 is equal to or greater than line 7.  Part VI instructions	, check the box in Part VI, line 1b, an	d complete that	part using a 1% tax i	rate. See the	

777	990-PF (2017) VIRGINIA C. WARRINGTON MEMORIAL 56-1586624		F	Page 4	:
_Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			2	
	here ▶ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0	
3	Add lines 1 and 2			2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0 2 0 2	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			2	
6	Credits/Payments			***************************************	
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
b	Exempt foreign organizations – tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)  6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			• 2	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		ŀ		
	Instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1		
	published or distributed by the foundation in connection with the activities		1		
С	Did the foundation file Form 1120-POL for this year?	1c	<u> </u>	X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		1		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers  \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ	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		1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>	
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?		-	<del> </del>	
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				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
_	conflict with the state law remain in the governing instrument?	6	X	<del>                                     </del>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u>  ^ </u>	-	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NC				
b	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	8b	X	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1		1
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				1
	complete Part XIV	9	<del>                                     </del>	X	Ĺ
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	1	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	Form 9	90-PI	(2017)	

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Form **990-PF** (2017)

Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement. See instructions		12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► NONE				
14	The books are in care of ▶ CATHY ELLINGTON Telephone no	▶ 252-7	52-	888	0
•	511 PALADIN DRIVE		_		
	Located at ▶ GREENVILLE NC ZIP+4	▶ 27834	1		
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	_15			
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		<u> </u>		
Pa	art 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) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?				
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	(TE)			
	the benefit or use of a disqualified person)?	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after	₹			
	termination of government service, if terminating within 90 days )	X No			
b		3T / 7	4.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	N/A	1c		
_	were not corrected before the first day of the tax year beginning in 2017?	N/A	10		
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?	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	110			
b	7 1 4040/ VO				
D	(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 )	N/A	2b	l	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2.7			
	► 20 , 20 , 20 , 20				
3a					
-	at any time during the year?	X No			
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 )	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		X

	1 990-PF (2017) VIRGINIA C. WARRINGTON MEMORIAL		1586624	<del> </del>		Page	<u>∍ 6</u>
P	art VII-B Statements Regarding Activities for Which Form	<u>4720 May Be F</u>	Required (con	tinued)			
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))?		Yes X No			
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,				1	
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🗓 No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in		_			
	section 4945(d)(4)(A)? See instructions			Yes 🗓 No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, o	r educational					
	purposes, or for the prevention of cruelty to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	er the exceptions of					
	Regulations section 53 4945 or in a current notice regarding disaster assistance			N/A	5b	į	
	Organizations relying on a current notice regarding disaster assistance, check h			▶ 🛱			
_	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from						
С		on the tax	N/A 🗌	Vac			
	because it maintained expenditure responsibility for the grant?		N/A	Yes No			
_	If "Yes," attach the statement required by Regulations section 53 4945–5(d)						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to po	ay premiums		., <del>.</del>			
	on a personal benefit contract?		_	Yes X No		1.	
Ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	rsonal benefit conti	ract?		6b		<u>.                                    </u>
	If "Yes" to 6b, file Form 8870		<del></del> 1				
	At any time during the tax year, was the foundation a party to a prohibited tax sh		_	Yes X No	1	-	
	If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		_
P	Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employe	ees,		
	and Contractors						_
1 l	ist all officers, directors, trustees, and foundation managers and their com	pensation. See ins	structions.				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Eva	ense accou	nt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances	
		devoted to position	enter-o-y	compensation			_
N/	A						
				ļ	<u> </u>		
					L		
2	Compensation of five highest-paid employees (other than those included of	on line 1 – see ins	tructions). If non	e, enter			_
	"NONE."		•				
		(b) Title, and average		(d) Contributions to			_
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense accour allowances	
	•	devoted to position		compensation	Outer	allowances	
NO	NE						_
-110	•••						
		-	<del></del>				_
				<del> </del>			_
	,				$\vdash$		—
					<del></del>		—
	•			1			
		1	l		—		_
ota	number of other employees paid over \$50,000			<u></u>	1		<u>0</u>
				Fo	orm <b>99</b> 6	0-PF (20	17)

Form 990-PF (2017	VIRGINIA C. WARRINGTON MEMORIAL	56-1586624	Page
Part VIII I	nformation About Officers, Directors, Trustees, Foundaring Contractors (continued)	tion Managers, Highly Paid E	
	-paid independent contractors for professional services. See instruct	tions. 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 oth	ners receiving over \$50,000 for professional services		_ ▶ 0
Part IX-A	Summary of Direct Charitable Activities		
	or largest direct chantable activities during the tax year. Include relevant statistical information such	h as the number of	Expenses
1 See Sta	atement 3		
2	a a		
3		,	
4			
Dual IV 6	Common of Draway Deleted Investments (see instruct	uana)	
Part IX-B Describe the two larges	Summary of Program-Related Investments (see instruct program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
	-		
2			
· •	d investments. See instructions		
3			
Total. Add lines 1 th	nrough 3	<b>&gt;</b>	•

Form 990-PF (2017)

Forr	n 990-PF (2017) VIRGINIA C. WARRINGTON MEMORIAL 56-1586624		Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	ł	
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c_	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	ndations
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	2
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	0
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	0
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	0
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2017)

Form	990-PF (2017) VIRGINIA C.	WARRINGTON	MEMORIAL	56-15866	24	Page 9
Pa	rt X間 Undistributed Income	(see instructions)	<u> </u>			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part	XI,	Corpus	Years prior to 2016	2016	2017
	line 7		. <u></u>			0
2	Undistributed income, if any, as of the er	nd of 2017				
	Enter amount for 2016 only				· · · · · · · · · · · · · · · · · · ·	
b	Total for prior years 20 , 20					
3	Excess distributions carryover, if any, to					
а	From 2012	630				
b	From 2013	6,069				
С	From 2014	10,558				
d	From 2015	9,075				
е	From 2016	8,291	24 602			
	Total of lines 3a through e		34,623			
4	Qualifying distributions for 2017 from Par	rt XII,				
	line 4 <b>&gt;</b> \$					
	Applied to 2016, but not more than line 2				<del></del>	
D	Applied to undistributed income of prior y	/ears			-	
_	(Election required – see instructions)					
С	Treated as distributions out of corpus (El	ection				
	required – see instructions)					
	Applied to 2017 distributable amount Remaining amount distributed out of corp	0116				
5	Excess distributions carryover applied to					
,	(If an amount appears in column (d), the	ſ	-			
	amount must be shown in column (a) )	Same				
6	Enter the net total of each column as					
Ŭ	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	ct line 5	34,623			
	Prior years' undistributed income Subtra	i i	,			
_	line 4b from line 2b	,				
С	Enter the amount of prior years' undistrib	outed				
	income for which a notice of deficiency h					
	been issued, or on which the section 494	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					
е	Undistributed income for 2016 Subtract	line				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2017 Subtract	lines				
	4d and 5 from line 1 This amount must be	pe				_
	distributed in 2018					0
7	Amounts treated as distributions out of c	•				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may	be		1		
_	required—see instructions)				······	·····
8	Excess distributions carryover from 2012		630			
_	applied on line 5 or line 7 (see instruction	ſ	630			
9	Excess distributions carryover to 2018	o.	33,993			
40	Subtract lines 7 and 8 from line 6a	}	33,393			
10	Analysis of line 9	6,069				
a	Excess from 2013 Excess from 2014	10,558				
b	Excess from 2014 Excess from 2015	9,075				
c d	Excess from 2016	8,291				
u	EA0000 HOM &0 10		į	1		•

Excess from 2017

10111 330-11 (2017) 1221-23 - 1			-	, ago :
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	ontinued)			
3 Grants and Contributions Paid During the	Year or Approved for F	uture 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	Contribution	
a Paid during the year				
N/A				
N/A				
				'
•	•			
		,		
	:			
	1			
	j			
-				
Total			<b>▶</b> 3a	
b Approved for future payment				
N/A				
<b>,</b>				
,				
				i
		\		
Total			<b>▶</b> 3h	

Part XVI-A	Analysis of Income-Producing Ac	tivities				, , , , , , , , , , , , , , , , , , , ,
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
J	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	ervice revenue	<u> </u>		ļ		(See instructions )
				<u> </u>		
				<del> </del>		
				<del> </del>		
		-		+		
e		-		<del>                                     </del>		
T	nd contracts from government agencies			<del> </del>		
•	p dues and assessments	<b>-</b>				
	savings and temporary cash investments			<del> </del>		94
	and interest from securities					
	ncome or (loss) from real estate					
	nanced property					
	ot-financed property				· · ·	
6 Net rental ii	ncome or (loss) from personal property					
7 Other inves						
8 Gain or (los	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
	or (loss) from sales of inventory					
11 Other rever	nue a				-	
b						
	··-					
d		-			_	
e	dd columns (b), (d), and (e)	· ·	0		0	94
	line 12, columns (b), (d), and (e)			1 :	13	94
	in line 13 instructions to verify calculations )					
Part XVI-B		ccomplishm	ent of Exempt P	urpose	es	
Line No.	Explain below how each activity for which income					!
▼	accomplishment of the foundation's exempt purp		• •			
3	INTEREST EARNED ON TRUST					
	MEDICAL ASSISTANCE FOR I			S AN	D RELATIVES	
	OF PATIENTS WITH END-STA	AGE RENA	L DISEASE.	-		
			<u></u>		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·			-
			·		·	
					·	_
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		<del> </del>				
		-				

Form 99	0-PF (201	7) VIRGINIA	C. WAF	RINGTON	MEMORIAL	56-3	1586624		Pag	ge <b>13</b>
Part )	XVII	Information Reg	arding Tra				ionships With Noncha	aritable		
		Exempt Organization					<del></del>	<del></del>		
	•	anization directly or ind		·					Yes	No
ın :	section 50	01(c) (other than sect	ion 501(c)(3)	organizations) or	n section 527, r	elating to political				
org	ganızatıor	15?							-	
a Tra	ansfers fro	om the reporting found	lation to a no	ncharitable exem	ipt organization o	f				
(1)	Cash							1a(1)		X
(2)	Other as	ssets						1a(2)		X
<b>b</b> Otl	her transa	actions								
(1)	Sales of	f assets to a noncharit	able exempt	organization				1b(1)		X
(2)	Purchas	ses of assets from a no	oncharitable (	exempt organizat	tion			1b(2)		X
(3)	Rental o	of facilities, equipment	, or other ass	ets				1b(3)		X
(4)	Reimbu	rsement arrangements	\$					1b(4)		X
(5)	Loans o	r loan guarantees						1b(5)		X
(6)	Perform	ance of services or me	embership or	fundraising solid	itations			1b(6)		X
c Sh	aring of fa	acılıtıes, equipment, m	ailing lists, of	ther assets, or pa	nd employees			1c		<u> </u>
d If t	he answe	er to any of the above i	s "Yes," com	plete the followin	g schedule Colu	mn (b) should alv	ays show the fair market			
val	lue of the	goods, other assets, o	or services gi	ven by the report	ing foundation If	the foundation re	ceived less than fair market			
val	lue in any	transaction or sharing	arrangemer	nt, show in colum	n (d) the value of	the goods, other	assets, or services received			
(a) Li	ne no	(b) Amount involved	(c) Name	of nonchantable exer	npt organization	(d) Desc	uption of transfers, transactions, and s	hanng arrangeme	nts	
N/A										
						_				
				<u> </u>				_		
							-			
					<u> </u>					
2a Ist	the found	ation directly or indirec	tly affiliated v	with, or related to	, one or more tax	-exempt organiza	tions			_
des	scribed in	section 501(c) (other	than section	501(c)(3)) or in s	ection 527?			Y(	es X	No
b If "	Yes," con	nplete the following sc	hedule							
	(a	a) Name of organization		(b) Type of	organization		(c) Description of relationsh	ıp		
N/2	A									
	Under per	nalties of perjury, I declare the nd complete Declaration of p	at I have examin	ned this return, including	ng accompanying scho	edules and statements	, and to the best of my knowledge a	nd belief, it is true	<b>)</b> ,	
	correct, ar	to complete Deciaration of p	oreparer (ourier ti	iaii taxpayer) is base	on all illionnation of	willon preparer has ar	May the	RS discuss this re		
Sign							<b>■</b>	preparer shown be tructions	Yes	□ No
Here			<u></u>	1 ~1			366 113	additions 2	163	
		Acos A	Land	luk	6	3/05/2019	PRESIDENT			
	Signa	ature of officer or trustee			Date		Title			
	Print/Ty	pe preparer's name	-		Preparer's signatu	re ()		Date	Check	
	1	•		-	+	11 1			self-em	" ب ployed
Paid -	Danny	y W. Aycock			上し	YW 2		02/28/19		
Preparer	Firm's n		lina Pr	ofession	al eonsu	lants I	PTIN_	P01081	298	}
Use Only	v			lvd., Su			Fırm's EIN ▶	45-458	499	6
			on, NC	•			Phone no	252-52	2-1	220

VCWTR VIRGINIA C. WARRINGTON MEMORIAL 56-1586624 FYE: 6/30/2018		Federal Statements		2/28/2019 1:35 PM
571	Statement 1 - Form 990-PF, P	-PF, Part I, Line 16b - Accounting Fees	unting Fees	•
Description INDIRECT ACCOUNTING FEES Total	Total	Net Investment	Adjusted Net	Charitable Purpose
	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line 23 - Other	Expenses	
Description Expenses BANK FEES ADVERTISING Total	\$   46   150   5   196	Investment \$	Net	Purpose \$
				. 1-2

VCWTR VIRGINIA C. WARRINGTON MEMORIAL

**Federal Statements** 

56-1586624 FYF: 6/30/2018

2/28/2019 1:35 PM

# Statement 3 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

#### Description

MEDICAL EXPENSES OF VARIOUS INDIVIDUALS WITH END-STAGE RENAL DISEASE WERE PAID BY THE FOUNDATION. SEE PART XV FOR A LIST OF RECIPIENTS AND THE SPECIFIC AMOUNTS PAID ON THEIR BEHALF.

# Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

### Description

DEPARTMENT OF SOCIAL SERVICES CERTIFICATE OF NEED

#### Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

# Statement 4 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

#### Description

REGION IV OF THE NC HEALTH SYSTEMS AGENCY DOMICILE 'END-STAGE RENAL DISEASE PATIENTS