

Return of Private Foundation

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

2949125702608 9

OMB No 1545-0052

2018

1907
Open to Public Inspection

For calendar year 2018 or tax year beginning

Aug 1, 2018, and ending

Jul 31, 2019

Name of foundation

THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

P.O. BOX 234

City or town, state or province, country, and ZIP or foreign postal code

RANDLEMAN NC 27317

G Check all that apply. Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 2,060,161. J Accounting method. Cash Accrual
 Other (specify) _____ (Part I, column (d) must be on cash basis)

A Employer identification number

20-2007162

B Telephone number (see instructions)

(336) 495-7865

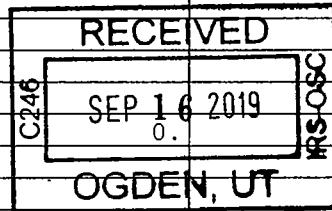
C If exemption application is pending, check here ► D 1. Foreign organizations, check here ►

2. Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	108,068.			
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	45,074.			
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less. Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	153,142.	0.	0.	
13	Compensation of officers, directors, trustees, etc.	25,902.	25,902.		
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) I-16b Stmt	2,390.	2,390.		
c	Other professional fees (attach schedule)				
17	Interest	26.	26.		
18	Taxes (attach schedule) (see instructions) See Stmt	5,188.	5,188.		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings	304.	304.		
22	Printing and publications				
23	Other expenses (attach schedule) See Stmt	27,663.	27,663.		
24	Total operating and administrative expenses.	61,473.	61,473.		
	Add lines 13 through 23	100,500.		100,500.	
25	Contributions, gifts, grants paid	161,973.	61,473.		100,500.
26	Total expenses and disbursements. Add lines 24 and 25				
27	Subtract line 26 from line 12:	-8,831.			
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			0.	

SCANNED OCT 09 2019
Operating and Administrative Expenses

G 31

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	40,075.	106,975.	106,975.
	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) I-10b Stmt	1,776,413.	1,692,909.	1,953,186.
	c	Investments—corporate bonds (attach schedule)			
Liabilities	11	Investments—land, buildings, and equipment, basis ►			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment, basis ►			
		Less accumulated depreciation (attach schedule) ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,816,488.	1,799,884.	2,060,161.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	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 ►)			
	23	Total liabilities (add lines 17 through 22)			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	1,816,488.	1,799,884.	
	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)	1,816,488.	1,799,884.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,816,488.	1,799,884.	

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	1,816,488.
2	Enter amount from Part I, line 27a	2	-8,831.
3	Other increases not included in line 2 (itemize) ► CAPITAL GAINS AND RETURN OF PRINCIPLE/CAPITAL	3	5,067.
4	Add lines 1, 2, and 3	4	1,812,724.
5	Decreases not included in line 2 (itemize) ► CAPITAL LOSS	5	12,840.
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,799,884.

Part IV Capital Gains and Losses for Tax on Investment Income

(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 MORGAN STANLEY INVESTMENT ACCOUNT - SHORT TERM		P	Various	Various	
b MORGAN STANLEY INVESTMENT ACCOUNT - SHORT TERM		P	Various	Various	
c MORGAN STANLEY INVESTMENT ACCOUNT - LONG TERM		P	Various	Various	
d MORGAN STANLEY INVESTMENT ACCOUNT - LONG TERM		P	Various	Various	
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 320,154.			310,733.	9,421.	
b 848,434.			891,092.	-42,658.	
c 8,186.			6,690.	1,496.	
d 392,428.			373,527.	18,901.	
e			0.	0.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a 0.		0.	0.	9,421.	
b				-42,658.	
c 0.		0.	0.	1,496.	
d 0.		0.	0.	18,901.	
e				0.	
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	-12,840.
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	-12,840.
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.					
1 Enter the appropriate amount in each column for each year, see the 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))		
2017	97,418.	1,956,131.	0.049801		
2016	99,040.	1,811,971.	0.054659		
2015	111,400.	1,765,502.	0.063098		
2014	92,810.	1,938,848.	0.047869		
2013	90,050.	1,674,952.	0.053763		
2 Total of line 1, column (d)			2	0.269190	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3	0.053838	
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4	1,966,421.	
5 Multiply line 4 by line 3			5	105,868.	
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	0.	
7 Add lines 5 and 6			7	105,868.	
8 Enter qualifying distributions from Part XII, line 4			8	100,500.	
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 instructions for Part VI.					

Part VI. 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 ► <input type="checkbox"/> and enter "N/A" on line 1.	(attach copy of letter if necessary—see instructions)	1	0.
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		3	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.	
3	Add lines 1 and 2	5	0.	
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-			
6 Credits/Payments:				
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1, 640.	
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7	1, 640.	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1, 640.	
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax ► 1, 640.	Refunded	► 11	

Part 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 participate or intervene in any political campaign?	Yes	No
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a	x
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
1c	Did the foundation file Form 1120-POL for this year?	1b	x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1c	
(1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____	d		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____	2	x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2	
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	x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5	x
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	6	x
<ul style="list-style-type: none"> • 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? 			
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	x
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► NC	8a	
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 <i>General Instruction G</i> ? If "No," attach explanation	8b	x
9	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	x

2

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11		X
12		X
13	X	
14	The books are in care of ► TAMMY L. WEBSTER Located at ► P.O. BOX 234 RANDLEMAN NC	Telephone no. ► (336) 495-7865 ZIP+4 ► 27317
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 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	Yes No 16 X

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

	Yes	No
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	
(1)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 Organizations relying on a current notice regarding disaster assistance, check here ►	
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 2018?	
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)):	
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20 , 20 , 20 , 20	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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.)	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2018 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 2018.)	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	
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 2018?	

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

		Yes	No
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	► <input type="checkbox"/>	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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?		
	If "Yes" to 6b, file Form 8870.		
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?		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KEVIN KESLER 4375 HAPPY HOLLOW ROAD ASHEBORO NC 27205	PRESIDENT 1.00	0.	0.	0.
LINDA MCNEILL PO BOX 246 SEAGROVE NC 27341	VICE PRESIDENT 1.00	0.	0.	0.
ROXANNE KESLER 4375 HAPPY HOLLOW ROAD ASHEBORO NC 27205	DIRECTOR 1.00	0.	0.	0.
See Statement	11.00	25,902.	0.	0.

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	(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
NONE				
Total number of other employees paid over \$50,000				

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

©2013-2018 BBC

Form 990-PF (2018)

BAA

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
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 ► 0		

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	NONE
	0.
2	
3	
4	

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	NONE
	0.
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ► 0.	

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 1,923,580.
b	Average of monthly cash balances	1b 72,787.
c	Fair market value of all other assets (see instructions)	1c
d	Total (add lines 1a, b, and c)	1d 1,996,367.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3 1,996,367.
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4 29,946.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 1,966,421.
6	Minimum investment return. Enter 5% of line 5	6 98,321.

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 98,321.
2a	Tax on investment income for 2018 from Part VI, line 5	2a 0.
b	Income tax for 2018. (This does not include the tax from Part VI)	2b
c	Add lines 2a and 2b	2c 0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 98,321.
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5 98,321.
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 98,321.

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 100,500.
b	Program-related investments—total from Part IX-B	1b 0.
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	4 100,500.
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	6 100,500.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				98,321.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			11,434.	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013	0.			
b From 2014	0.			
c From 2015	0.			
d From 2016	0.			
e From 2017	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ ____ 100,500.				
a Applied to 2017, but not more than line 2a			11,434.	
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2018 distributable amount				89,066.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (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:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income Subtract 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 amount—see instructions		0.		
e Undistributed income for 2017 Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				9,255.
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 2013 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014	0.			
b Excess from 2015	0.			
c Excess from 2016	0.			
d Excess from 2017	0.			
e Excess from 2018	0.			

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

N/A

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ► <input type="text"/>			
b	Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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			
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 $\frac{2}{3}$ 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)(ii)			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

Part XV Supplementary Information (Complete this part only if the foundation 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).)

NONE

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.

NONE

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed.

See Supplementary Information Statement

b The form in which applications should be submitted and information and materials they should include.

c Any submission deadlines.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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 Paid during the year				
FAITH AND VISION PO BOX 116 ETHER NC 27247	NA	NON- PROFIT	GENERAL OPERATING SUPPORT	6,000.
CHRISTIANS UNITED, INC. PO BOX 366 SEAGROVE NC 27341	NA	NON- PROFIT	GENERAL OPERATING SUPPORT	3,000.
SOUTHWESTERN RANDOLPH HIGH SCHOOL 1641 HOPEWELL FRIENDS ROAD ASHEBORO NC 27205	NA	NON- PROFIT	PROJECT	5,000.
RANDOLPH ARTS GUILD 123 SUNSET AVE. ASHEBORO NC 27203	NA	NON PROFIT	PROJECT	6,500.
OPERATION RED SLEIGH 7158 CANAAN CHURCH ROAD DENTON NC 27239	NA	NON PROFIT	GENERAL OPERATING SUPPORT	5,000.
MIDWAY WESLEYAN CHURCH 331 WORTHVILLE ROAD RANDLEMAN NC 27317	NA	NON PROFIT	PROJECT	5,000.
SEW BUSY LADIES GROUP, INC. 904 COUNTRY PLACE ROAD ASHEBORO NC 27203	NA	NON PROFIT	GENERAL OPERATING SUPPORT	1,500.
EMILY'S KIDS FOUNDATION PO BOX 59 CLIMAX NC 27233	NA	NON PROFIT	GENERAL OPERATING SUPPORT	6,000.
VICTORY JUNCTION CAMP 4500 ADAMS WAY RANDLEMAN NC 27317	NA	NON PROFIT	PROJECT	30,000.
See Statement				32,500.
Total				► 3a 100,500.
b Approved for future payment				
Total				► 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue.					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				45,074 .	
13 Total. Add line 12, columns (b), (d), and (e)					13 45,074 .

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII **Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)	X	
b	(2) Other assets	1a(2)	X	
	Other transactions:			
(1)	Sales of assets to a noncharitable exempt organization	1b(1)	X	
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X	
	(3) Rental of facilities, equipment, or other assets	1b(3)	X	
	(4) Reimbursement arrangements	1b(4)	X	
	(5) Loans or loan guarantees	1b(5)	X	
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X	
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X	
	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes 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.

May the IRS discuss this return
with the preparer shown below?
See instructions Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	William R. Huneycutt, CPA	<i>William R. Huneycutt</i>	AUG 26 2019		P01563932
	Firm's name ►	William R. Huneycutt CPA PLLC	Firm's EIN ► 82-5186611		
	Firm's address ►	379 S Cox St	Phone no (336) 626-9970		

BAA Asheboro NC 27203 Form 990-PF (2018)

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

OMB No 1545-0047

2018

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.

Employer identification number

20-2007162

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 foundationCheck 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 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 33½% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 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).

Name of organization

THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.

Employer identification number

20-2007162

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	WAVIE M. PRESNELL REVOCABLE TRUST PO BOX 250 SEAGROVE NC 27341	\$ 100,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	WAVIE M. PRESNELL REVOCABLE TRUST PO BOX 250 FRANKLIN NC 287341	\$ 7,169.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.

Employer identification number

20-2007162

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
1	STOCK - LORD ABBETT ULTRA SHORT BD A ----- ----- -----	\$ 100,899.	09/13/2018
(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 organization

Employer identification number

THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.

20-2007162

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	

Form 990-PF: Return of Private Foundation**Part XY, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.** **Continuation Statement**

Name and Address Information	Form Information	Submission Information	Restrictions
TAMMY WEBSTER P.O. BOX 234 RANDLEMAN, NC 27317 336-495-7865	SEE ATTACHMENT	SEE ATTACHMENT	FOCUS ON RECREATIONAL, EDUCATIONAL, HEALTHCARE AND GOVERNMENTAL SERVICES IN RANDOLPH COUNTY.

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	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
<i>a Paid during the year</i>				
TREES NC PO BOX 1567 ASHEBORO, NC 27204	NA	NON PROFIT	PROJECT	8,000.
TOWN OF SEAGROVE 122 E. MAIN STREET SEAGROVE, NC 27341	NA	NON PROFIT	PROJECT	12,500.
UWHARRIE CHARTER ACADEMY 5154 US HWY 220 BUSINESS SOUTN ASHEBORO, NC 27205	NA	NON PROFIT	PROJECT	5,000.
THE ANIMAL AWARENESS SOCIETY 613 E. BROWN STREET RANDLEMAN, NC 27317	NA	NON PROFIT	PROJECT	1,000.
BOYS AND GIRLS CLUB OF HP (ASHEBORO) PO BOX 2834 HIGH POINT, NC 27261	NA	NON PROFIT	GENERAL OPERATING SUPPORT	6,000.
				32,500.

Form 990-PF: Return of Private Foundation**Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****Continuation Statement**

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
TAMMY WEBSTER PO BOX 234 RANDLEMAN, NC 27317	SECRETARY-TREASURER 10.00	25,902.	0.	0.
BOB MASON 842 S. COX STREET ASHEBORO, NC 27203	DIRECTOR 1.00	0.	0.	0.
		25,902.	0.	0.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
TAXES	1,640.	1,640.		
FOREIGN TAXES	1,064.	1,064.		
PAYROLL TAXES	2,484.	2,484.		
Total	5,188.	5,188.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
INVESTMENT FEES	27,381.	27,381.		
OFFICE	17.	17.		
DUES	204.	204.		
FEES	11.	11.		
WEBSITE	50.	50.		
Total	27,663.	27,663.		

Name <u>THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.</u>	Employer Identification No <u>20-2007162</u>
---	---

Line 16a - Legal Fees

Line 16b - Accounting Fees

Line 16c - Other Professional Fees

Name THE H CLAY AND WAVIE M PRESNELL FOUNDATION, INC.	Employer Identification No 20-2007162
--	--

Line 10a - Investments - US and State Government Obligations:	End of Year		End of Year	
	State and Local Obligations Book Value	State and Local Obligations FMV	US Government Obligations Book Value	US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				

Line 10b - Investments - Corporate Stock:	End of Year	
	Book Value	Fair Market Value
MORGAN STANLEY INVESTMENT ACCOUNT	1,171,514.	1,417,513.
MORGAN STANLEY INVESTMENT ACCOUNT	405,234.	416,226.
MORGAN STANLEY INVESTMENT ACCOUNT	114,899.	118,185.
MORGAN STANLEY INVESTMENT ACCOUNT - UNSETTLED SALE/PURCHASE	1,262.	1,262.
Totals to Form 990-PF, Part II, Line 10b	1,692,909.	1,953,186.

Line 10c - Investments - Corporate Bonds:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 10c		

Line 12 - Investments - Mortgage loans:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 12		

Line 13 - Investments - Other:	End of Year	
	Book Value	Fair Market Value
Totals to Form 990-PF, Part II, Line 13		

The H. Clay and Wavie M. Presnell Foundation, Inc.

Grant Application Form

Revised March 2013

IMPORTANT NOTE TO ALL APPLICANTS: The H. Clay and Wavie M. Presnell Foundation, Inc. operates on an annual grant approval and disbursement cycle. Grant applications are due by 5:00PM November 15 (or the next following business day if that day falls on a weekend). Notifications of grant funding decisions will be furnished to all applicants by December 15 (or the next following business day if that day falls on a weekend). Additional application forms may be downloaded at www.presnellfoundation.org.

Dear _____,

{LETTER HERE TO OUTLINE DETAILS OF A PARTICULAR AREA OF INTEREST TO THE FOUNDATION FOR A GRANT APPLICATION CYCLE, APPLICABLE DEADLINES, AND ANY SPECIAL INSTRUCTIONS}

The H. Clay and Wavie M. Presnell Foundation, Inc.
Grant Application Form
Grant Application Cover Sheet

Date of application: _____ Application submitted to: _____

Organization Information

Name of organization _____ *Legal name, if different* _____

Address _____ *City, State, Zip* _____ *Employer Identification Number (EIN)* _____

Phone _____ *Fax* _____ *Web site* _____

Name of top paid staff _____ *Title* _____ *Phone* _____ *E-mail* _____

Name of contact person regarding this application _____ *Title* _____ *Phone* _____ *E-mail* _____

Is your organization an IRS 501(c)(3) not-for-profit? _____ Yes _____ No _____

If no, is your organization a public agency/unit of government? _____ Yes _____ No _____

Proposal Information

Please give a 2-3 sentence summary of request:

Population served: _____ *Geographic area served:* _____

Funds are being requested for (check one)

General operating support _____ Start-up costs _____ Capital _____
 Project/program support _____ Technical assistance _____ Other (list) _____

Project dates (if applicable): _____ Fiscal year end: _____

Amount Requested (\$): _____

Authorization

Name and title of top paid staff or board chair: _____

Signature: _____

The H. Clay and Wavie M. Presnell Foundation, Inc.

Grant Application Form

PROPOSAL NARRATIVE

Please use the following outline as a guide to your proposal narrative. Please limit your narrative to no more than five (5) pages (8 1/2 x 11 paper, double-spaced). Please be succinct.

I. ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Your organization's relationship with other organizations working with similar missions. What is your organization's role relative to these organizations?
- E. Number of board members, full-time paid staff, part-time paid staff and volunteers.
- F. Additional organization information required by each individual funder.

II. PURPOSE OF GRANT

General operating proposals: Complete Section A below and move to Part III - Evaluation.

All other proposal types: Complete Section B below and move to Part III - Evaluation.

A. General Operating Proposals

1. The opportunity, challenges, issues or need currently facing your organization.
2. Overall goal(s) of the organization for the funding period.
3. Objectives or ways in which you will meet the goal(s).
4. Activities and who will carry out these activities.
5. Time frame in which this will take place.
6. Long-term funding strategies.
7. Additional information regarding general operating proposals required by each individual funder.

B. All Other Proposal Types

1. Situation
 - a. The opportunity, challenges, issues or need and the community that your proposal addresses.
 - b. How that focus was determined and who was involved in that decision-making process.
2. Activities
 - a. Overall goal(s) regarding the situation described above.
 - b. Objectives or ways in which you will meet the goal(s).
 - c. Specific activities for which you seek funding.
 - d. Who will carry out those activities.
 - e. Time frame in which this will take place.
 - f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
 - g. Long-term funding strategies (if applicable) for sustaining this effort.

The H. Clay and Wavie M. Presnell Foundation, Inc.
Grant Application Form

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

The following attachments are required (if applicable to your organization):

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses. If you are required to file a Form 990 tax return, please enclose a copy of your most recent return with this Application.
- Organization budget for current year, including income and expenses.
- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations.

3. Brief description of key staff, including qualifications relevant to the specific request.
4. A copy of your current IRS determination letter indicating tax-exempt 501(c)(3) status.

PROPOSAL CHECKLIST

<input type="checkbox"/> Cover letter.	<input type="checkbox"/> IRS determination letter.
<input type="checkbox"/> Cover sheet.	<input type="checkbox"/> Confirmation letter of fiscal agent (if required).
<input type="checkbox"/> Proposal narrative.	<input type="checkbox"/> Additional information required by each individual funder.
<input type="checkbox"/> Organization budget.	
<input type="checkbox"/> Project budget (if not general operating grant).	
<input type="checkbox"/> Financial statements, preferably audited, showing actual expenses including:	
<input type="checkbox"/> Balance sheet.	
<input type="checkbox"/> Statement of activities (income and expenses).	
<input type="checkbox"/> Statement of functional expenses.	
<input type="checkbox"/> List of additional funders.	
<input type="checkbox"/> List of board members and their affiliations.	
<input type="checkbox"/> Brief description of key staff.	

The H. Clay and Wavie M. Presnell Foundation, Inc.

Grant Application Form

ORGANIZATION BUDGET

This format is optional and can serve as a guide to budgeting. If you already prepare an organization budget that contains this information, please feel free to submit it in its original form. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

<u>Source</u>	<u>Amount</u>
<i>Support</i>	\$
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
 <i>Revenue</i>	
Government contracts	\$
Earned income	\$
Other (specify)	\$
 Total Income	\$

EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and wages	\$
Insurance, benefits and other related taxes	\$
Consultants and professional fees	\$
Travel	\$
Equipment	\$
Supplies	\$
Printing and copying	\$
Telephone and fax	\$
Postage and delivery	\$
Rent and utilities	\$
In-kind expenses	\$
Depreciation	\$
Other (specify)	\$
 Total Expense	\$
Difference (Income less Expense)	\$

The H. Clay and Wavie M. Presnell Foundation, Inc.

Grant Application Form

PROJECT BUDGET

**DO NOT COMPLETE THIS SECTION IF YOUR GRANT REQUEST IS FOR
GENERAL OPERATING SUPPORT**

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, please feel free to submit them in their original forms. Feel free to attach a budget narrative explaining your numbers if necessary.

INCOME

Source

Support

Government grants

Amount

\$

Foundations

\$

Corporations

\$

United Way or other federated campaigns

\$

Individual contributions

\$

Fundraising events and products

\$

Membership income

\$

In-kind support

\$

Investment income

\$

Revenue

Government contracts

\$

Earned income

\$

Other (specify)

\$

Total Income

\$

EXPENSES

Item

Salaries and wages (breakdown by individual position and indicate full- or part-time.)

Amount

%FT/PT

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

SUBTOTAL

Insurance, benefits and other related taxes

Consultants and professional fees

Travel

Equipment

Supplies

Printing and copying

Telephone and fax

Postage and delivery

Rent and utilities

In-kind expenses

Depreciation

Other (specify)

Total Expense

Difference (Income less Expense)