

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

2018

Open to Public Inspection

▶ 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.

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

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 ☐

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

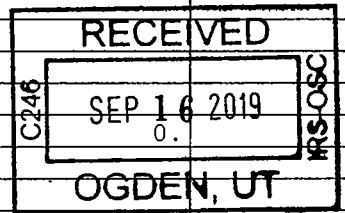
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

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)

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| 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) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| Revenue | 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 | | | | |
| Operating and Administrative Expenses | 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) L-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. Add lines 13 through 23 | 61,473. | 61,473. | | |
| | 25 Contributions, gifts, grants paid | 100,500. | | | 100,500. |
| | 26 Total expenses and disbursements. Add lines 24 and 25 | 161,973. | 61,473. | | 100,500. |
| | 27 Subtract line 26 from line 12: | | | | |
| | a Excess of revenue over expenses and disbursements | -8,831. | | | |
| | b Net investment income (if negative, enter -0-) | | 0. | | |
| | c Adjusted net income (if negative, enter -0-) | | | 0. | |



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| 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 (a) Book Value | End of year (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) L-10b Stmt | 1,776,413. | 1,692,909. | 1,953,186. |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment, basis ▶ Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 Investments—mortgage loans | | | |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment, basis ▶ Less: accumulated depreciation (attach schedule) ▶ | | | |
| 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. | |
| Liabilities | 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) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
|------------------------|--------------------------------------|---|---|
| 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? ☐ Yes ☒ 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 Part VI instructions.

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. | | | |
| | 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 0. | |
| c | 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-) | 2 | 0. | |
| 3 | Add lines 1 and 2 | 3 | 0. | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 0. | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 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

| | Yes | No |
|---|----------|----------|
| 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? | | x |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | 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. | | |
| c Did the foundation file Form 1120-POL for this year? | | x |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____ | | |
| e 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? If "Yes," attach a detailed description of the activities. | | x |
| 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. | | x |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | x |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | 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> . | | x |
| 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? | x | |
| 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 | x | |
| 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 <i>General Instruction G</i> ? If "No," attach explanation | 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 | | x |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. | x | |

Part 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 | | 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 | | x |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.presnellfoundation.org</u> | x | |
| 14 The books are in care of ► <u>TAMMY L. WEBSTER</u> Telephone no. ► <u>(336) 495-7865</u> Located at ► <u>P.O. BOX 234 RANDLEMAN NC</u> ZIP+4 ► <u>27317</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/> 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? | | x |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► | | |

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

| | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <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 | 1b | x |
| Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/> | | |
| 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? | 1c | x |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| 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.) | 2b | x |
| 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.) | 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 2018? | 4b | x |

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 | 5b | X |
| | 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? | 6b | X |
| | 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? | 7b | |
| 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 **0**

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.

| | Expenses |
|---------------|----------|
| 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

| | Amount |
|--|--------|
| 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

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

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

| Tax year | Prior 3 years | | | (e) Total |
|--|---------------|----------|----------|-----------|
| (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 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)(iii) | | | | |
| (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 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 |
|--|--|--------------------------------------|-------------------------------------|----------|
| 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 | |

Enter gross amounts unless otherwise indicated.

| 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 | 611110 | 45,074. | | | | |
| 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. |

(See worksheet in line 13 instructions to verify calculations)

[illegible]

| | | Yes | No |
|----------|--|-----|----|
| 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? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | | X |
| | (2) Other assets | | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | | X |
| | (3) Rental of facilities, equipment, or other assets | | X |
| | (4) Reimbursement arrangements | | X |
| | (5) Loans or loan guarantees | | X |
| | (6) Performance of services or membership or fundraising solicitations | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d | 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. | | |

[illegible]

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 |
|--------------------------|--------------------------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

**Sign
Here**

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.

Sammy L. Roberts
Signature of officer or trustee

9/3/2019
Date

TREASURER
Title

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

**Paid
Preparer
Use Only**

Print/Type preparer's name

William R. Huneycutt, CPA

Preparer's signature

Meycutt CPA PLLC

Date
AUG 26 2019

Check ☒ if self-employed

PTIN

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

OMB No 1545-0047

2018

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 foundation

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

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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.) |

Employer identification number

20-2007162

Part II

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

Line 16a - Legal Fees

[illegible]**Line 16b - Accounting Fees**

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| WILLIAM HUNEYCUTT, CPA | TAX PREPARATION | 2,390. | 2,390. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| Total to Form 990-PF, Part I, Line 16b | | 2,390. | 2,390. | | |

Line 16c - Other Professional Fees

| Name of Provider | Type of Service Provided | Amount Paid Per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|---|--------------------------|-----------------------|-----------------------|---------------------|---------------------------------------|
| | | | | | |
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| Total to Form 990-PF, Part I, Line 16c | | | | | |

**Form 990-PF
Part II**

Investments

2018

| | |
|--|--|
| 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 ½ 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 |
|---------------------------|

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Cover letter.<input type="checkbox"/> Cover sheet.<input type="checkbox"/> Proposal narrative.<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:<ul style="list-style-type: none"><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. | <ul style="list-style-type: none"><input type="checkbox"/> IRS determination letter.<input type="checkbox"/> Confirmation letter of fiscal agent (if required).<input type="checkbox"/> Additional information required by each individual funder. |
|--|--|

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

| <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> | <u>%FT/PT</u> |
|--|----------------------|----------------------|
| Salaries and wages (breakdown by individual position and indicate full- or part-time.) | \$ | |
| | \$ | |
| | \$ | |
| 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) | \$ | |