

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation MARGARET C WOODSON FOUNDATION INC		A Employer identification number 56-6064938	
Number and street (or P.O. box number if mail is not delivered to street address) 220 NORTH TRYON STREET		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28202		B Telephone number (see instructions) (704) 973-4500	
G Check all that apply: ☐ Initial return☐ Initial return of a former public charity ☐ Final return☐ Amended return ☐ Address change☐ Name change		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 ... ☐	
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 1,089,291	J Accounting method: ☐ Cash ☐ Accrual ☒ Other (specify) <u>Modified Cash</u> (Part I, column (d) must be on cash basis.)		
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

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)	1,170,022			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	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	1,170,022	0	0	
	13 Compensation of officers, directors, trustees, etc.	34,200	0	0	34,200
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	38,000	0	0	38,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	89	0	0	89
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,319	210	0	1,109
	24 Total operating and administrative expenses. Add lines 13 through 23	73,608	210	0	73,398
	25 Contributions, gifts, grants paid	942,900			942,900
	26 Total expenses and disbursements. Add lines 24 and 25	1,016,508	210	0	1,016,298
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	153,514			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

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	576,531	1,089,291	1,089,291
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	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)	576,531	1,089,291	1,089,291	
Liabilities	17 Accounts payable and accrued expenses		359,246	
	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)	0	359,246	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	576,531	730,045	
	29 Total net assets or fund balances (see instructions)	576,531	730,045	
30 Total liabilities and net assets/fund balances (see instructions) .	576,531	1,089,291		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	576,531
2 Enter amount from Part I, line 27a	2	153,514
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	730,045
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	730,045

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(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			
b			
c			
d			
e			

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

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	
	3	
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		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved			2
3 Reserved.			3
4 Reserved			4
5 Reserved			5
6 Reserved			6
7 Reserved			7
8 Reserved ,			8

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 ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	0
c	All other domestic foundations enter 1.39% 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	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax ☐ 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?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?.	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0</u> (2) On foundation managers. \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?.	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) 		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ ALYSSA FEDERICO Telephone no. ▶ (704) 973-4500			

Located at **▶** 220 NORTH TRYON STREET CHARLOTTE NCZIP+4 **▶** 28202

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 2020, 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?	16	Yes	No
	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.**

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ 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.) ☐ Yes ☒ 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		No
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 2020? ☐	1c		No
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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? ☐ Yes ☒ 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		
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? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2020 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 2020.) ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2020?	4b		No

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ 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	
	Organizations relying on a current notice regarding disaster assistance check here. 	☐		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	☐ Yes ☐ No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	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?	☐ Yes ☒ No	7b	
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 during the year?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(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
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(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	
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	
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	0
b	Average of monthly cash balances.	1b	574,339
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	574,339
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	574,339
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,615
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	565,724
6	Minimum investment return. Enter 5% of line 5.	6	28,286

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	28,286
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (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	28,286
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	28,286
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	28,286

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,016,298
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	1,016,298
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	1,016,298

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				28,286
2 Undistributed income, if any, as of the end of the 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	1,073,683			
b From 2016.	915,657			
c From 2017.	894,687			
d From 2018.	953,395			
e From 2019.	1,019,886			
f Total of lines 3a through e.	4,857,308			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 1,016,298				
a Applied to 2019, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2020 distributable amount.				28,286
e Remaining amount distributed out of corpus	988,012			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,845,320			
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.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions).	1,073,683			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	4,771,637			
10 Analysis of line 9:				
a Excess from 2016.	915,657			
b Excess from 2017.	894,687			
c Excess from 2018.	953,395			
d Excess from 2019.	1,019,886			
e Excess from 2020.	988,012			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
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 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).)

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

FOUNDATION FOR THE CAROLINAS
220 NORTH TRYON STREET
CHARLOTTE, NC 28202
(704) 973-4500

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

NO PARTICULAR FORM

c Any submission deadlines:

FEBRUARY 2ND

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

SOLELY FOCUSED ON DAVIE & ROWAN COUNTIES

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	942,900
b <i>Approved for future payment</i>				
Total			3b	0

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). . .		0		0	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		0

[illegible]

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

[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.		
	*****	2021-10-12	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN P00748038
	AMANDA ADAMS				
	Firm's name ▶ CHERRY BEKAERT LLP				Firm's EIN ▶ 56-0574444
	Firm's address ▶ 1111 METROPOLITAN AVE STE 900 CHARLOTTE, NC 28204				Phone no. (704) 377-1678

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES W DAVIS	CHAIR 2.00	0	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
DR NILOUS M AVERY II	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
JOHN BE CUNNINGHAM	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
PATRICIA HOBSON JOHNSON	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
WILLIAM G JOHNSON JR	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
MARY HOLT WOODSON MURPHY	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
DONALD D SAYERS	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
ROBERT P SHAY JR	DIRECTOR 1.00	4,000	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				
PAUL B WOODSON JR	DIRECTOR 1.00	6,200	0	0
220 NORTH TRYON STREET CHARLOTTE, NC 28202				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ABUNDANT LIVING ADULT DAY SERVICES INC PO BOX 947 SALISBURY, NC 28145	N/A	PC	TRIPS TO TLC PROJECT	3,500
ADVOCACY CENTER OF DAVIE COUNTY INC 261 SOUTH MAIN STREET MOCKSVILLE, NC 27028	N/A	PC	PREVENTING HOMELESSNESS THROUGH RENT, UTILITIES AND REPAIR ASSISTANCE	8,000
APPLESEED EARLY CHILDHOOD EDUCATION INC 118-B S MAIN STREET SALISBURY, NC 28144	N/A	PC	APSEED PROJECT	15,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ARC OF NORTH CAROLINA INC 343 E SIX FORKS ROAD 300 HEADQUARTERS RALEIGH, NC 27609	N/A	PC	THE ARC SUMMER DAY PROGRAM	7,500
BELL TOWER GREEN INCPO BOX 4242 SALISBURY, NC 28145	N/A	PC	FINISH CONSTRUCTION OF BELL TOWER GREEN PARK	50,000
CAPSTONE RECOVERY CENTER INC 418 WEST INNES STREET SALISBURY, NC 28144	N/A	PC	UTILITIES AND HEALTHY FOOD.	10,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CATAWBA COLLEGE 2300 W INNES STREET SALISBURY, NC 281442488	N/A	PC	SCHOLARSHIP SUPPORT- ROWAN AND DAVIE COUNTY STUDENTS	75,000
CHILDREN'S HOPE ALLIANCE PO BOX 1 BARIUM SPRINGS CAMPUS PO BARIUM SPRINGS, NC 28010	N/A	PC	TOOLS FOR SUCCESS: NEW ADMINISTRATION OFFICE FURNISHINGS	25,000
CITY OF SALISBURYPO BOX 479 SALISBURY, NC 281450479	N/A	GOV	BLOCKWORK NEIGHBORHOOD IMPROVEMENT PROJECT	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CITY OF SALISBURYPO BOX 479 SALISBURY, NC 281450479	N/A	GOV	PARKS & REC. FOUNDATION, ART MUSIC AND MOVEMENT CAMP	2,000
COMMUNITIES IN SCHOOLS OF ROWAN COUNTY 204 E INNES STREET 240 SALISBURY, NC 28144	N/A	PC	VOLUNTEER TRAINER AND COORDINATOR	10,000
COMMUNITY CARE CLINIC OF ROWAN COUNTY INC 315-G MOCKSVILLE AVENUE SALISBURY, NC 28144	N/A	PC	GENERAL OPERATING EXPENSES	40,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY FOUNDATION OF DAVIE COUNTY INC PO BOX 546 MOCKSVILLE, NC 27028	N/A	PC	IGNITE DAVIE	15,000
DAVIDSON ATHLETIC FOUNDATION PO BOX 7172 DAVIDSON, NC 280357172	N/A	PC	2020-21 MARGARET C. WOODSON SCHOLARSHIP	75,000
DAVIDSON COUNTY COMMUNITY COLLEGE FOUNDATION INC PO BOX 1287 LEXINGTON, NC 272931287	N/A	PC	DCCC'S WOODSON SCHOLARSHIPS	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVIE COUNTY ARTS COUNCIL 622 N MAIN STREET MOCKSVILLE, NC 27028	N/A	PC	ARTS IN EDUCATION FOR DAVIE COUNTY SCHOOLS	8,000
DAVIE COUNTY NORTH CAROLINA 172 S CLEMENT STREET 2 MOCKSVILLE, NC 27028	N/A	GOV	AGENCY OPERATION FUNDING	17,500
DAVIE COUNTY PUBLIC LIBRARY 371 N MAIN STREET MOCKSVILLE BRANCH MOCKSVLILE, NC 27028	N/A	GOV	READ TO ME	3,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DAVIE COUNTY SENIOR SERVICES 278 MERONEY STREET MOCKSVILLE, NC 27028	N/A	GOV	CAREGIVER SUPPORT PROGRAM	7,000
DAVIE FAMILY YMCA 215 CEMETERY STREET MOCKSVILLE, NC 27028	N/A	PC	ANNUAL GIVING CAMPAIGN ASSISTANCE	8,500
DRAGONFLY HOUSE CHILDREN'S ADVOCACY CENTER 387 VALLEY ROAD MOCKSVILLE, NC 27028	N/A	PC	COMMUNITY OUTREACH AND EDUCATION	17,500
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESSIE MAE KISER FOXX CHARTER SCHOOL PO BOX 400 EAST SPENCER, NC 28039	N/A	PC	STUDENT GOVERNMENT DEVELOPMENT	10,000
FAITHFUL FRIENDS ANIMAL SANCTUARY INC PO BOX 1762 SALISBURY, NC 28145	N/A	PC	VETERINARY CARE MANDATORY SPAY AND NEUTER PROGRAM	10,000
FAMILIES FIRST-NC INC 135 MOCKSVILLE AVENUE 2 SALISBURY, NC 28144	N/A	PC	COURT CHILD CARE CENTER; OUR FRAGILE LITTLE ONES	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FAMILY CRISIS COUNCIL OF ROWAN INC PO BOX 50 SPENCER, NC 28159	N/A	PC	BATTERED WOMEN'S SHELTER OPERATING SUPPORT	34,000
FAMILY PROMISE OF DAVIE COUNTY P O BOX 1536 MOCKSVILLE, NC 27028	N/A	PC	HELP US MOVE IN (HUMI)	5,000
FOOTPRINTS IN THE COMMUNITY 1175 WALTON PLACE SALISBURY, NC 28146	N/A	PC	FOOTPRINTS IN THE COMMUNITY SUMMER THERAPY CAMP	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	N/A	PC	LIVINGSTONE COLLEGE #2541 - ANNUAL SCHOLARSHIP ASSISTANCE	20,000
HABITAT FOR HUMANITY OF ROWAN COUNTY P O BOX 3356 SALISBURY, NC 281453356	N/A	PC	BUILDING LOTS PURCHASE	10,000
HAPPY'S FARM INC985 PARKS ROAD SALISBURY, NC 28146	N/A	PC	"EDUCATION STATIONS: NATURE CENTER AND VOYAGER SPACE STATION"	3,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HARDISON UNITED METHODIST CHURCH 1630 JERICHO CHURCH ROAD MOCKSVILLE, NC 27028	N/A	PC	SUMMER FOOD BAGS	8,000
HISTORIC SALISBURY FOUNDATION INC PO BOX 4221 SALISBURY, NC 281454221	N/A	PC	NAPOLEON BONAPARTE MCCANLESS HOUSE STABILIZATION	3,500
HOOD THEOLOGICAL SEMINARY 1810 LUTHERAN SYNOD DRIVE SALISBURY, NC 28144	N/A	PC	WOODSON ENDOWED SCHOLARSHIP AND ANNUAL FUND DRIVE	16,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUMANE SOCIETY OF DAVIE COUNTY 291 EATON ROAD MOCKSVILLE, NC 27028	N/A	PC	COMMUNITY PET PROJECT 2020	10,000
HUMANE SOCIETY OF ROWAN COUNTY INC PO BOX 295 SALISBURY, NC 281450295	N/A	PC	MARGARET C. WOODSON SPAY/NEUTER/VACCINE/FOSTER PROGRAM	10,000
LEE STREET THEATRE 329 NORTH LEE STREET SALISBURY, NC 28144	N/A	PC	LEE STREET PRESENTS AUGUST WILSON'S FENCES	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAIN STREET MISSION OF CHINA GROVE INC 306 S MAIN STREET CHINA GROVE, NC 28023	N/A	PC	ENTREPRENEURSHIP PROGRAM EXPANSION	5,000
MARY BALDWIN UNIVERSITY PO BOX 1500 C/O DEVELOPMENT OFFICE STAUNTON, VA 244021500	N/A	PC	WOODSON EXPERIENTIAL LEARNING GRANTS	75,000
MEALS ON WHEELS OF ROWAN INC PO BOX 1914 SALISBURY, NC 281451914	N/A	PC	MEETING THE DEMAND	25,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NAZARETH CHILDREN'S HOME INC PO BOX 1438 ROCKWELL, NC 28138	N/A	PC	LEONARD HOME REMODEL PROJECT - FOCUS PROGRAM	6,000
PARTNERS IN LEARNING CHILD DEVELOPMENT CENTER 2386 ROBIN ROAD SALISBURY, NC 28144	N/A	PC	FAMILY SUPPORT ADVOCATE	8,000
PEDAL FACTORY INCPO BOX 2353 SALISBURY, NC 28145	N/A	PC	YOUTH BIKE CAMP PROGRAM	3,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PIEDMONT PLAYERS THEATRE INC PO BOX 762 SALISBURY, NC 28145	N/A	PC	NORVELL YOUTH EDUCATION PROJECT	6,000
PREVENT CHILD ABUSE ROWAN INC 130 WOODSON STREET SALISBURY, NC 28144	N/A	PC	BEHAVIORAL HEALTH PROGRAM	25,000
ROTARY CLUB OF SALISBURY CHARITIES PO BOX 4092 SALISBURY, NC 28145	N/A	PC	SALISBURY ROWAN KOREAN WAR MEMORIAL	4,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 225 NORTH MAIN STREET 102 SALISBURY, NC 28144	N/A	PC	2020 ROWAN CROSBY SCHOLARS	13,000
ROWAN COUNTY DEPARTMENT OF SOCIAL SERVICES 1813 E INNES STREET SALISBURY, NC 28146	N/A	GOV	PREVENTING UNSAFE SLEEPING-NEW BEDS FOR NEGLECTED KIDS	12,000
ROWAN COUNTY LITERACY COUNCIL INC PO BOX 95 SALISBURY, NC 281450095	N/A	PC	YOUTH LITERACY	5,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROWAN COUNTY PREGNANCY COUNSELING CENTER INC 847 S MAIN STREET SALISBURY, NC 28144	N/A	PC	2020 CAPACITY BUILDING SUPPORT	7,500
ROWAN HELPING MINISTRIES 226 N LONG STREET SALISBURY, NC 28145	N/A	PC	CRISIS ASSISTANCE NETWORK - FINANCIAL ASSISTANCE	50,000
ROWAN MUSEUM INC 202 NORTH MAIN STREET SALISBURY, NC 28144	N/A	PC	DIGITIZING HISTORY	2,500
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROWAN VOCATIONAL OPPORTUNITIES INC 2728 OLD CONCORD ROAD SALISBURY, NC 281461338	N/A	PC	PASSENGER & CARGO CARRIER	25,000
ROWAN-CABARRUS COMMUNITY COLLEGE FOUNDATION PO BOX 1595 SALISBURY, NC 281451595	N/A	PC	REMOVING EDUCATIONAL BARRIERS: SCHOLARSHIPS AND EMERGENCY FUNDING	40,000
ROWAN-CABARRUS YMCA PO BOX 1575 CORPORATE OFFICE PO BOX SALISBURY, NC 28145	N/A	PC	A BETTER US - FINANCIAL ASSISTANCE PROGRAM	7,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROWAN-SALISBURY SCHOOL SYSTEM PO BOX 2349 SALISBURY, NC 281452349	N/A	PC	HORIZONS UNLIMITED,PLANETARIUM MAINTENANCE AGREEMENT	3,900
SALISBURY SYMPHONY INC 204 EAST INNES STREET 260 SALISBURY, NC 28144	N/A	PC	NC SYMPHONY "EDUCATION CONCERT" 2020-2021 SEASON	3,000
SAVING GRACE FARM INC 725 JACKSON ROAD SALISBURY, NC 28146	N/A	PC	THERAPEUTIC HORSEMANSHIP & EQUINE ASSISTED ACTIVITIES	2,000
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SMART START OF DAVIE COUNTY INC 1278 YADKINVILLE ROAD MOCKSVILLE, NC 27028	N/A	PC	EARLY EDUCATION SUPPORT	4,000
STOREHOUSE FOR JESUS 675 E LEXINGTON ROAD MOCKSVILLE, NC 27028	N/A	PC	PROVIDING FREE FOOD TO THE POOR	25,000
WATERWORKS VISUAL ARTS CENTER INC 123 E LIBERTY STREET SALISBURY, NC 28144	N/A	PC	ENGAGING CREATIVITY AND IMAGINATION: 5TH GRADE ARTSTOPS	4,500
Total ▶ 3a				942,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WESTSIDE COMMUNITY FOUNDATION INC 719 S CALDWELL STREET SALISBURY, NC 28144	N/A	PC	SUMMER STEPPING UP YOUTH EDUCATION AND ENRICHMENT CENTER	15,000
YOUNG LIFE MINISTRIESPO BOX 4465 SALISBURY, NC 28145	N/A	PC	YOUNG LIFE ROWAN COUNTY- SUMMER CAMP SCHOLARSHIP	4,500
Total ▶ 3a				942,900

TY 2020 Other Expenses Schedule**Name:** MARGARET C WOODSON FOUNDATION INC**EIN:** 56-6064938**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	996	0	0	996
BANK FEES	210	210	0	0
POSTAGE	113	0	0	113

TY 2020 Other Professional Fees Schedule**Name:** MARGARET C WOODSON FOUNDATION INC**EIN:** 56-6064938

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	38,000	0	0	38,000

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
Name of the organization MARGARET C WOODSON FOUNDATION INC		Employer identification number 56-6064938

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MARGARET C WOODSON FOUNDATION INC

Employer identification number
56-6064938

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	MARGARET C WOODSON TRUST C/O US TRUST CO 114 WEST 47TH STREE NEW YORK, NY 10036	\$ 1,170,022	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization MARGARET C WOODSON FOUNDATION INC	Employer identification number 56-6064938
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization MARGARET C WOODSON FOUNDATION INC	Employer identification number 56-6064938
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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