

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-PF

Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2008

For calendar year 2008, or tax year beginning , and ending Initial return X Amended return G Check all that apply Final return Address change Name change Name of foundation A Employer identification number Use the IRS THE EDWARD M. ARMFIELD SR. FOUNDATION, label. Otherwise. 56-2156876 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type O. BOX 9436 (336) 273-7519 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. GREENSBORO . NC 27429 D 1. Foreign organizations, check here 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 Uther taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: under section 507(b)(1)(A), check here X Other (specify) CASH - REV/EXP (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 51, 152, 001. (Part I, column (d) must be on cash basis) ▶\$ 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)) (b) Net investment (d) Disbursements (a) Revenue and (c) Adjusted net for charitable purposes expenses per books ıncome income (cash basis only) N/A Contributions, gifts, grants, etc., received 2 Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 27,390 27,390 STATEMENT 1,289,509 1,289,509 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) STATEMENT <2,109,526.b 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 64,052. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) ti Other income STATEMENT <658,007.b 11.474. Total. Add lines 1 through 11 ,450,634**.**> 328,373. E1-118 12 Total, Aud lines 1 houses.

13 Comagnification of officers directors, trustees, etc.

14 Other employee salaries and wages 30,761 153<u>,807</u>. 123,046. 55,905 11,181 44,724. 18,493 14,794. 15 - Pension plans, employee benefits 3,699 16a Legal fees\_ 23,518. Exper STMT 5 29,396 5.878 b Accounting fees c Other professional fees 17 Interest STMT 6 <5,419. 9,568. 0. 18 Taxes 856 856. 19 Depreciation and depletion 16,477. 4,119 20,596 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 7 1,143,450. 1,131,263 12,187. Operating 23 Other expenses 24 Total operating and administrative ,197,325 234,746. 417,084 expenses. Add lines 13 through 23 2,741,272 2,741,272. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 158,356 1,197,325 2,976,018. Add lines 24 and 25 27 Subtract line 26 from line 12: <5,6<u>08,990.</u> 2 Excess of revenue over expenses and disbursements 131,048 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form **990-PF** (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

49,776,122.

10120 2

THE EDWARD M. ARMFIELD SR. FOUNDATION,

Form	990-PF (2008) INC.	56-	21568	76		Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4					
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			2,6	21.
	of Part I, line 27b					
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			2,6	21.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u> </u>
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			<u>2,6</u>	21.
6	Credits/Payments:					
a	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 110,000.					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)	,				
	Backup withholding erroneously withheld					
	Total credits and payments. Add lines 6a through 6d PAID ON 12-23-11 1,311.	7		11	<u>1,3</u>	<u>11.</u>
	Enter any penalty for underpayment of estimated tax. Check here 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_		10	<u>8,6</u>	<u>90.</u>
	Enter the amount of line 10 to be: Credited to 2009 estimated tax   108,690. Refunded	11	<u> </u>			<u>0.</u>
	rt VII-A Statements Regarding Activities		<del></del>		Vaa	No
1 <b>a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	-		res	<del></del>
	any political campaign?		<b>⊢</b>	la		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		<u> </u>	ib		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
_	distributed by the foundation in connection with the activities.			.		
	Did the foundation file Form 1120-POL for this year?		-	1c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		}	1		
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.			İ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.					
2	managers. > \$			2		x
2	If "Yes," attach a detailed description of the activities.		-	-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	ır				]
ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		з		x
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	Х	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		<b> </b>	4b	X	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	If "Yes," attach the statement required by General Instruction T		Г			
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				l
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)   NC					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1		
•	of each state as required by General Instruction G? If "No," attach explanation			ВЬ	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 cale	ndar		-		
•	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses_			10		X
			Form	990	-PF	(2008)

b If "Yes," did it have excess business holdings in 2008 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2008)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2008)

Х

3b

4a

N/A

• THE EDWARD M. ARMFIELD S	R. FOUNDATION			
Form 990-PF (2008) INC.	4700 May D - F	<b>3</b>	<u>56-21568</u>	76 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be I	requirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:	10.15(-)\0		<b>₽</b>	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		<b>.</b>	
any voter registration drive?	n		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	S LAL NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		- T	
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No	
the prevention of cruelty to children or animals?			s L& NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	NT / 73   .	_
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5 <b>b</b>
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?		I/A	s L No	
If "Yes," attach the statement required by Regulations section 53 4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	r, ,,		
a personal benefit contract?		Ye	s X No	.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	Sb X
If you answered "Yes" to 6b, also file Form 8870.			s X No	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	·	
b If yes, did the foundation receive any proceeds or have any net income attribute		nogoro Highli		7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation wa	magers, migniy	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
SEE STATEMENT 16		153,807.	3,092.	_466.
		<u>                                     </u>		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(0)	compensation	allowances
SUE SILVERS	OFFICE MGR			
324 W WENDOVER ST., GREENSBORO, NC 27	40.00	55,905.	4,458.	
		<b></b>		
		1		
		<del> </del>		
10-1		ļ		
Total number of other analysis and a 000 000	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000				0

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, 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	25,066,693.
ь	Average of monthly cash balances	1b	5,852,410.
C	Fair market value of all other assets	1c	38,379,963.
ď	Total (add lines 1a, b, and c)	1d	69,299,066.
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	69,299,066.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,039,486.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	68,259,580.
6	Minimum investment return. Enter 5% of line 5	6	3,412,979.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certai	
1	Minimum investment return from Part X, line 6	1_	3,412,979.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,621.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,410,358.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	<u>3,410,358.</u>
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	3,410,358.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		<del></del>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,976,018.
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:		
а	Suitability test (prior IRS approval required)	3a	
Ь	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	2,976,018.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,976,018.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies	for the section

56-2156876

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				3,410,358.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only	<del></del>		3,399,187.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2008:			li	
a From 2003				
b From 2004				
c From 2005			]	
d From 2006				
e From 2007	0			
f Total of lines 3a through e	0.	<del></del>	<del></del>	
4 Qualifying distributions for 2008 from				
Part XII, line 4: ►\$ 2,976,018.			2 076 010	
a Applied to 2007, but not more than line 2a			2,976,018.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )	0.			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				1
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.		<u> </u>
e Undistributed income for 2007. Subtract line				1
4a from line 2a. Taxable amount - see instr.			423,169.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must		,		
be distributed in 2009				3,410,358.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_		-	
section 170(b)(1)(F) or 4942(g)(3)	<u>0.</u>	<del></del>		<del> </del>
8 Excess distributions carryover from 2003	_			
not applied on line 5 or line 7	<u> </u>			<del></del>
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.	<u> </u>	<u> </u>	<del></del>
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				1
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				Form 990-PF (2008)

- the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.
- a The name, address, and telephone number of the person to whom applications should be addressed;
- 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:

10120 2

56-2156876 Page 11

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
		İ		
			1	
			ļ	
			1	
				}
SEE STATEMENT 17				0.544.050
Total	<del></del>	<del></del>	<u>▶ 3a</u>	2,741,272
b Approved for future payment				1
GUILFORD COLLEGE, 5800		PUBLIC		
WEST FRIENDLY AVENUE,		CHARITY		
GREENSBORO, NC 27410	NONE		CAPITAL FUND	1,000,000
RANDOLPH HOSPITAL, PO BOX		PUBLIC	GENERAL	
1048, ASHEBORO, NC		CHARITY	OPERATING	
27204-1048	NONE	İ	EXPENSES	250,000
SUMMERFIELD PARK, PO BOX		PUBLIC		
970, SUMMERFIELD, NC 2735	8NONE	CHARITY	CAPITAL FUND	150,000
Total				1,400,000
323811 01-02-09	<del></del>	<del></del>	·	Form <b>990-PF</b> (200

INC.

Part XVI-A	Analysis of	Income-Pro	oducina	Activities

ter gross amounts unless otherwise indicated.		business income		ed by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	333				
b					
c					
d	1		<u>                                     </u>		
e	_   _				
f	_				
g Fees and contracts from government agencies			<u> </u>		
Membership dues and assessments			<del>                                     </del>		
Interest on savings and temporary cash			امما	07 200	
nvestments			14	27,390.	
Dividends and interest from securities			14	1,289,509.	
Net rental income or (loss) from real estate:			<del>                                     </del>		<u> </u>
a Debt-financed property					
b Not debt-financed property Net rental income or (loss) from personal			<del>       </del>		
property Other investment income			14	11,474.	
Gain or (loss) from sales of assets other	-	.,	1 1	11,11.	
than inventory			18	<2,109,526.	>
Net income or (loss) from special events		- **-	-	12/20/1020	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a PASSIVE INVESTMENTS	900099	<669,481.			
b					
c					
	l'				
d			1		i
d			+		
eSubtotal. Add columns (b), (d), and (e)		<669,481.		<781,153.	
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)		<669,481	<b>&gt;</b>	<781,153.	<1,450,63
e Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)		<669,481.	. >		
e	s.)			13	
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation  art XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  ne No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations  art XVI-B Relationship of Activitie  ne No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  The No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activities  The No. Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations  art XVI-B  Relationship of Activitie  ne No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63
Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  ew worksheet in line 13 instructions to verify calculations  eart XVI-B  Relationship of Activities  ine No.  Explain below how each activity for which	s.) es to the Accol	mplishment of E	xempt	13 _ t Purposes	<1,450,63

823621 01-02-09

Part X			and Transactions ar	nd Relationships With N	oncharitabl		age 13
1 Did t	· <del></del>	rectly engage in any of the followir	ig with any other organization	n described in section 501(c) of		Yes	No
the C	ode (other than section 501(c	)(3) organizations) or in section 52	27, relating to political organiz	rations?			
a Trans	sfers from the reporting found	ation to a noncharitable exempt or	ganization of:			-	
(1)	Cash				1a(1)	<u>\</u>	X
(2)	Other assets				1a(2)	<u> </u>	X
	r transactions:						
(1)	Sales of assets to a noncharita	ible exempt organization			1b(1)	4	X
(2)	Purchases of assets from a no	incharitable exempt organization			1b(2)	<b>4</b>	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	<u> </u>	X
• •	Reimbursement arrangements				1b(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solicitation			1b(6)	4	X
		ailing lists, other assets, or paid em			1c_		X
				ays show the fair market value of th		sets,	
	_			in any transaction or sharing arran	gement, show in		
		other assets, or services received.		1 (4)	_		
(a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(0) Description of transfers, transaction	ctions, and sharing a	италдет	ents
		N/A	······································	<u> </u>			
				<u> </u>			
					·		
			<u></u>	<del>                                     </del>			
	<del> </del>	<del></del>					
		<del> </del>		<del> </del>			
	<del>                                     </del>	<del></del>					
	<del>                                     </del>	<del> </del>	<del></del>				
	<del>                                     </del>	<del> </del>					
	†	<del> </del>					
22 Is th	e foundation directly or indirec	ctly affiliated with, or related to, one	or more tax-exempt organiz	ations described			
		er than section 501(c)(3)) or in sec			Yes	. TX	No 🖸
	es," complete the following sch						
	(a) Name of or		(b) Type of organization	(c) Description o	f relationship		
	N/A						
				ents, and to the best of my knowledge and	belief, it is true, cor	rect,	
andico	implete Declaration of Breparer (oth	er than taxpayer or fiduciary) is based or	all information of which preparer i	nas any knowledge			
	Simo i	X oryan	112/20/11	EXECUTIVE DIR	ECTOR		
ž S	Signature of officer or trustee	(/ ()	Date	Title		-	
Sign Here Paid Preparer's	Preparer's signature	and Bee (m		Check if self-employed	Preparer's ident	tifying nui	mber
a sign	Firm's name (or yours DAVE	ENPORT, MARVIN,	JOYCE & CO.,				
	if self-employed), 703	GREEN VALLEY RO					
	address, and ZIP code GREE	ENSBORO, NC 2740		Phone no.	336-275	<u> 988</u>	36
					Form <b>99</b>		

ORM 990	-PF G	AIN OR (LOSS) F	ROM SALE	OF A	SSETS		STA	TEMENT	1
DESCRIPT	(A) ION OF PROPERTY				ANNER QUIRED	DA?		DATE SO	)LD
VET LOSS	ON 2008 SECURI	TY SALES		PUR	CHASED	01/01	1/07	12/31/	08
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		CATN	(F)	
_	0.	2,173,578.		0.		0.		2,173,57	
DESCRIPT	(A) ION OF PROPERTY				ANNER QUIRED	DA' ACQU		DATE SO	)LD
ADJUSTME	NT OF P/Y GAIN	ON METRON SALE		DC	NATED	01/0	1/01	12/31/	08
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE SALE	OF	(E) DEPRE		CATM	(F) OR LOSS	,
-	64,052.	O.		0.		0.		64,05	
CAPITAL	GAINS DIVIDENDS	FROM PART IV							0.
FOTAL TO	FORM 990-PF, P	PART I, LINE 6A				=	<	2,109,52	6.3
FORM 990	-PF INTEREST C	ON SAVINGS AND T	EMPORARY	CASH	I INVEST	MENTS	STA	TEMENT	2
SOURCE								AMOUNT	_
BANK CHE	CKING AND MM AC	CCOUNT						27,39	0.
	FORM 990-PF, P								90.

ORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	JRITIES	STATEMENT	3
SOURCE		GROSS	TRUUOMA		PITAL GAINS DIVIDENDS	COLUMN (A)	)
\CME-MCCRARY	_		1,657.		0.	1,65	 57.
AQUEDUCT			8,853.		0.	8,85	53.
BARCLAYS			65,695.		0.	65,69	
BEAR STEARNS			83,744.		0.	83,74	
DIVIDENDS FROM VARIOUS K-1S			52,951.		0.	52,95	
ERRIE, FRANZMANN & CARTER, LI	'C		280,000.		0.	280,00	
OLDMAN SACHS			72,206.		0.	72,20	
HOLDERNESS INVESTMENTS			35,632.		0.	35,63	
INTEREST FROM VARIOIUS K-1S			14,622.		0.	14,62	
CEANE CAPITAL MGT			15,302.		0.	15,30	
MERLIN/MEYERS		_	77,366.		0.	77,36	
1ORGAN STANLEY			100,044.		0.	100,04	
NEW CITY ASIA PARTNERSHIP			2,658.		0.	2,65	
SAPONA			5,232.		0.	5,23	
JBS	_		473,547. ———	<u> </u>	0.	473,54	4 / . 
COTAL TO FM 990-PF, PART I, I	N 4	1,	289,509.	,	0.	1,289,50	09.
FORM 990-PF	0,	THER II	VICOME.			STATEMENT	4
DESCRIPTION			(A) REVENUI		(B) NET INVEST- MENT INCOME	(C) ADJUSTEI	
			(A) REVENUI PER BOOK		NET INVEST-	(C) ADJUSTEI NET INCOI	
VET INCOME FROM PTP K-1S REFUND OF LEGAL FEES			(A) REVENUE PER BOOK	195. ,279.	MENT INCOME  8,195 3,279	(C) ADJUSTEI NET INCOI	
DESCRIPTION  VET INCOME FROM PTP K-1S REFUND OF LEGAL FEES PASSIVE INVESTMENTS			(A) REVENUE PER BOOK  8 3 <669	195. , 279. , 481.	NET INVEST- MENT INCOME 8,195 3,279	(C) ADJUSTEI NET INCOM	
NET INCOME FROM PTP K-1S REFUND OF LEGAL FEES PASSIVE INVESTMENTS			(A) REVENUE PER BOOK  8 3 <669	195. ,279.	NET INVEST- MENT INCOME 8,195 3,279	(C) ADJUSTEI NET INCOM	
NET INCOME FROM PTP K-1S REFUND OF LEGAL FEES PASSIVE INVESTMENTS FOTAL TO FORM 990-PF, PART I,	LINE	11	(A) REVENUE PER BOOK  8 3 <669	195. , 279. , 481.	NET INVEST- MENT INCOME 8,195 3,279	(C) ADJUSTEI NET INCOM	
NET INCOME FROM PTP K-1S REFUND OF LEGAL FEES PASSIVE INVESTMENTS FOTAL TO FORM 990-PF, PART I,	AC (.	11	(A) REVENUE PER BOOK  8 3 <669	(S ,195. ,279. ,481. ,007.	NET INVEST- MENT INCOME 8,195 3,279	(C) ADJUSTEI NET INCOM  STATEMENT  (D) CHARITA	ME
NET INCOME FROM PTP K-1S REFUND OF LEGAL FEES PASSIVE INVESTMENTS FOTAL TO FORM 990-PF, PART I, FORM 990-PF	LINE AC ( EXPE PER	COUNTI	(A) REVENUE PER BOOK  8 3 <669 <658  NG FEES  (B) NET INV MENT IN	(S ,195. ,279. ,481. ,007.	NET INVEST- MENT INCOME  8,195 3,279 0 11,474  (C) ADJUSTED NET INCOME	(C) ADJUSTEI NET INCOM  STATEMENT  (D) CHARITAL E PURPOSI	ME S BLI
VET INCOME FROM PTP K-1S REFUND OF LEGAL FEES	LINE AC (EXPE PER	COUNTI	(A) REVENUE PER BOOK  8 3 <669 <658  NG FEES  NET INV MENT IN	(S ,195. ,279. ,481. ,007.	NET INVEST- MENT INCOME  8,195 3,279 0 11,474  (C) ADJUSTED NET INCOME	(C) ADJUSTEI NET INCOM  STATEMENT  (D) CHARITA	BLI ES

ORM 990-PF	TAXI	ES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES WITHHELD STATE FRANCHISE TAXES	9,568. <14,987.	9,568.		0.	
TO FORM 990-PF, PG 1, LN 18	<5,419.	9,568.		0.	
ORM 990-PF	OTHER EX	XPENSES	S'	ratement 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DFFICE SUPPLIES FIDUCIARY FEES INSURANCE POSTAGE & DELIVERY BANK FEES FELEPHONE MISCELLANEOUS	4,127. 578,713. 2,738. 1,877. 505. 4,822.	825. 578,713. 548. 375. 100. 964.		3,302. 0. 2,190. 1,502. 405. 3,858.	
SCHOLARSHIP SUPPLIES & WATERIALS SANTA BARBARA ENVIRONMENTAL EXPENSE	1,156. 73,754.	231. 73,754.		925. 0.	
INVESTMENT PARTNERSHIP K-1 DEDUCTIONS NET OPERATING LOSS FROM	32,749.	32,749.		0.	
PARTNERSHIP K-1S	443,003.	443,003.		0.	
TO FORM 990-PF, PG 1, LN 23	1,143,450.	1,131,263.		12,187.	

ORM 9'90-PF OTHER DECREASES	S IN NET ASSETS OR FO	UND BALANCES	STATEMENT 9
DESCRIPTION			AMOUNT
JNREALIZED LOSS ON INVESTMENTS REVENUE / DISBURSEMENTS ACCRUA BAAP TO K-1 TAX REPORTING		r	20,809,936. 235,623. 2,742,812.
JBTI 2008 DISALLOWED DONATIONS	S PER 990-T		40.
COTAL TO FORM 990-PF, PART II	I, LINE 5		23,788,411.
FORM 990-PF	CORPORATE STOCK		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
HOLDERNESS INVESTMENTS KEEN VISION FUND II LP PRIVATE ADVISORS, LLC AQUEDUCT CAPITAL GROUP BEAR STERNS	•	1,193,245. 616,856. 4,523,208. 1,259,035.	1,193,245. 616,856. 4,523,208. 1,259,035.
HARBINGER DISTRESSED DEBT FUNING CLARION GLOBAL SECURITES NEON LIBERTY EMERGING MKTS NEW CITY ASIA	DS	4,253,680. 1,850,947. 2,404,387. 1,277,446.	4,253,680. 1,850,947. 2,404,387. 1,277,446.
SAGECREST LDT SECURITIES USB SECURITIES MORGAN-STANLEY		0. 10,317,837. 889,168.	0. 10,317,837. 889,168.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	28,585,809.	28,585,809.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MERLIN LIMITED PARTNERSHIP LEHMAN BROTHERS	FMV FMV	3,409,110.	3,409,110.
GOLDMAN-SACHS BARCLAYS MAVERICK STABLE	FMV FMV FMV	2,035,220. 2,719,609. 2,000,000.	2,035,220. 2,719,609. 2,000,000.
TOTAL TO FORM 990-PF, PART II	, LINE 13	10,163,939.	10,163,939.

ORM 990-PF DEPRECIATION OF ASSE	ETS NOT HELD FOR	INVESTMENT	STATEMENT 12
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TELEPHONE SYSTEM	2,907.	2,125.	782.
DELL COMPUTER	1,556.	1,556.	0.
DELL DESKTOP COMPUTER COMPUTER & ASSESSORIES	1,099. 1,321.	1,088. 687.	11. 634.
COTAL TO FM 990-PF, PART II, LN 14	6,883.	5,456.	1,427.
FORM 990-PF	OTHER ASSETS		STATEMENT 13
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACME MCCRARY SAPONA MFG CO	122,756. 144,263.	125,533. 134,739.	125,533. 134,739.
INVESTMENT SALE PROCEEDS IN FRANSIT DYNEGY	51,814. 698.	3,183,877. 698.	3,183,877. 698.
TO FORM 990-PF, PART II, LINE 15	319,531.	3,444,847.	3,444,847.
FORM 990-PF OTI	HER LIABILITIES		STATEMENT 14
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
OVERPAID PAYROLL W/H		0.	<1,866.
TOTAL TO FORM 990-PF, PART II, LII	NE 22	0.	<1,866.
FORM 990-PF STATEMENT REGARD	DING PART VII-B,	LINE 2B	STATEMENT 15

#### STATEMENT

SET-ASIDE PLEDGES CLAIMED AS QUALIFYING DISTRIBUTIONS IN PART XII FOR 2007 AND 2008 WERE DETERMINED IN 2011 TO NOT HAVE MET THE CASH DISTRIBUTION TEST. AS A RESULT, AMENDED 2007 THROUGH 2010 RETURNS ARE BEING FILED IN 2011. ADDITIONAL NET INVESTMENT EXCISE TAXES DUE AND UNDISTRIBURED INCOME FROM PRIOR YEARS WAS PAID IN FULL IN DECEMBER 2011.

	ST OF OFFICERS, D D FOUNDATION MANA		STATI	EMENT 16
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ADAIR P. ARMFIELD L504 EDGEDALE ROAD REENSBORO, NC 27408	DIRECTOR 2.00	6,000.	0.	0.
V.J. ARMFIELD 300 N GREEN ST #2190 3REENSBORO, NC 27408	DIRECTOR 2.00	6,000.	0.	0.
3EDFORD CANNON L40 EAST WATER STREET 3TATESVILLE, NC 28677	DIRECTOR 2.00	6,000.	0.	0.
STEVE JOYCE 324 WEST WENDOVER AVENUE SREENSBORO, NC 27408	DIRECTOR 40.00	129,807.	3,092.	466.
PHIFER CRUTE 1327 TORREY PINE ROAD LAJOLLA, CA 92037	DIRECTOR 2.00	6,000.	0.	0.
FOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	153,807.	3,092.	466.
	AND CONTRIBUTION DURING THE YEAR	is	STAT	EMENT 17
RECIPIENT NAME AND ADDRESS	RECIPIENT RELA		ECIPIENT STATUS	AMOUNT
DAVIDSON COLLEGE, PO BOX 7168, DAVIDSON, NC 28035-7168	NONE ENDOWMENT FOR T	СН	BLIC ARITY	710,128.
DELANCEY STREET NC, 811 N ELM STREET, GREENSBORO, NC 27401	NONE GENERAL OPERATI EXPENSES	CH	BLIC ARITY	280.

THE EDWARD M. ARMFIELD SR. FOUN	DATION, I		56-2156876
ELKIN CITY SCHOOLS, 202 WEST SPRING STREET, ELKIN, NC 28621	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	23,000.
FREENSBORO, NC 27415	NONE CAPITAL FUND	PUBLIC CHARITY	200,000.
FREENSBORO BICENTENNIAL COMMITTEE, CITY HALL, GREENSBORO, VC 27401	NONE BICENTENNIAL CELEBRATION EXPENSES	PUBLIC CHARITY	5,000.
GUILFORD DAY SCHOOL, 3310 HORSE PEN CREEK ROAD, GREENSBORO, NC 27410	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	200,000.
HOLY TRINITY EPISCOPAL CHURCH, 507 N GREEN STREET, GREENSBORO, NC 27401	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	280.
INDIVIDUAL SCHOLARSHIPS FOR EDUCATION - SCHEDULE ATTACHED 324 W WENDOVER, GREENSBORO, NC 27408	NONE EDUCATIONAL SCHOLARSHIPS	N/A	648,200.
MT AIRY SALVATION ARMY, PO BOX 443, MT. AIRY, NC 27030	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	10,000.
RANDOLPH HOSPITAL, PO BOX 1048, ASHEBORO, NC 27204-1048	NONE	PUBLIC CHARITY	250,000.

CAPITAL FUND

ENDOWMENT FOR SCHOLARSHIPS

NONE

PUBLIC

CHARITY

500,000.

SALEM COLLEGE, PO BOX 10548, WINSTON-SALEM, NC 27108-0548

THE	EDWARD	М.	ARMFIELD	SR.	FOUNDATION,	I
			III III III	D11.	1 OULDITIE OIL,	_

rc	1	1		_	O	7	C
DО	-2	T	J	О	О	1	O

THE EDWARD II. ARMFIELD SK. FOUND	————		
30X 5310, GREENSBORO, NC 27435	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	32,000.
SUMMERFIELD, NC 27358	NONE CAPITAL FUND	PUBLIC CHARITY	50,000.
	NONE GENERAL OPERATING EXPENSES	PUBLIC CHARITY	50,000.
AVENUE, CHATTANOOGA, TN 37404	NONE CAPITAL FUND	PUBLIC CHARITY	62,384.
FOTAL TO FORM 990-PF, PART XV, LIN	NE 3A		2,741,272.

eprec	lation and A	mortizat	tion De	tall F(	ORM 990-PF PA	GE 1		990-PF
Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	TELEPHON			<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	021105			17	2,907.		1,812.	313
2	DELL COM	PUTER	F 00	10	1 556		1 555	
	061102 DELL DES			17	1,556.		1,555.	1
•	012204	200DB	5.00	17	1,099.		969.	119
4	1COMPUTER	& AS	SESSO	RIES	S			
	081407			17	1,321.		264.	423
	* TOTAL	990-P	F PG		EPR 6,883.	0.	4,600.	856
			L		0,883.	<u> </u>	4,000	830
_				, ,				
				<u> </u>				· · · · · · · · · · · · · · · · · · ·
				1 1				
	<del></del>			.11		L. ,	<u> </u>	
				T" " T		r- <del></del>	· · · · · · · · · · · · · · · · · · ·	
		l	l		<del> </del>			
			F					
		Τ .		1 1			T	
		<u> </u>	<u> </u>	<u> i</u>				
		,						
		<u> </u>		1				
		Τ	T	1 1		<u> </u>	<del>                                     </del>	
		<u></u>	1	1 1			L h	· <del></del> ·
				T .		T		
		<u> </u>	<u> </u>			l	<u> </u>	
		T		$\Gamma$		T		
		<u> </u>		<del></del>		<u> </u>	<u> </u>	
		T-		1 1			<del></del>	
		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u></u>	
		-		T· I	· · · · · · · · · · · · · · · · · · ·			
			<b></b>	1				
				<u> </u>				
		T	<del></del>	[ ]		r		
		<u> </u>	<u> </u>			<u> </u>		
			Γ	Т				
		1	<del></del>	1 1			<del>                                     </del>	
	<u></u>	<u> </u>	1	1	- Current year section 179	9 (D) - Asset dispo	L	

## Form **8868**

(Rev April 2009)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service	File a separate application for each return.		<u> </u>
If you are filing for an A	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this unless you have already been granted an automatic 3-month extension on a previously file		<b>▶</b> X
<del></del>	atic 3-Month Extension of Time. Only submit original (no copies needed)		
<del></del>	o file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	▶ □
All other corporations (in to file income tax returns	cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extens	sion of time
noted below (6 months f (not automatic) 3-month you must submit the full	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cory completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file on e-file for Charities & Nonprofits.	cally if isolida	(1) you want the additional ted Form 990·T. Instead,
· · · · · · · · · · · · · · · · · · ·	mpt Organization	Empl	oyer identification number
	WARD M. ARMFIELD SR. FOUNDATION,	_	
File by the		5	6-2156876
due date for Number, stre	eet, and room or suite no. If a P O box, see instructions.  BOX 9436		
instructions City, town o	post office, state, and ZIP code. For a foreign address, see instructions.  BORO, NC 27429		
Check type of return to Form 990 Form 990-BL Form 990-EZ	be filed (file a separate application for each return):  Form 990-T (corporation)  Form 990-T (sec 401(a) or 408(a) trust)  Form 990-T (trust other than above)  Form 60	27	
X Form 990-PF	STEVE JOYCE		
	care of ► 324 WEST WENDOVER AVENUE - GREENSBORO,	NC	27408
	336) 273-7519 FAX No. ►		
	es not have an office or place of business in the United States, check this box Return, enter the organization's four digit Group Exemption Number (GEN) If thi	ıs ıs foı	the whole group, check this
	part of the group, check this box   and attach a list with the names and ElNs of all		
1 I request an auton  AUGUST  Is for the organiza  X calendar y	tion's return for: lear <u>2008</u> or		The extension
tax year b	eginning, and ending		<u> </u>
2 If this tax year is fo	or less than 12 months, check reason Initial return Final return		Change in accounting period
3a If this application	s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	dits. See instructions.	3a	\$ 80,000.
	s for Form 990-PF or 990-T, enter any refundable credits and estimated	ا ا	110 000
	de. Include any prior year overpayment allowed as a credit otract line 3b from line 3a. Include your payment with this form, or, if required,	3b	<u>\$ 110,000.</u>
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		
See instructions		Зс	\$ 0.
	g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions
LHA For Privacy Act	and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev. 4-2009)

Form 88	368 (Rev. 4-2009)			Page 2	
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			$\triangleright [X]$	
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed F	Form 8	8868		
Part	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)  II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	DIOC 0	andad)		
rait		•		1:6: Ai	
Type o	Name of Exempt Organization  THE EDWARD M. ARMFIELD SR. FOUNDATION, INC.	·	Employer identification number $56-2156876$		
File by the extended due date filing the	Number, street, and room or suite no. If a P O. box, see instructions.	For IF	RS use on	ly	
return Se					
	type of return to be filed (File a separate application for each return).  Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A  Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	== ` `	rm 5227 rm 6069	Form 8870	
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ly file	d Form 8	868.	
• The	STEVE JOYCE  books are in the care of   324 WEST WENDOVER AVENUE - GREENSBORO,	NC_	27408	,	
Tele	ephone No. ► <u>(336) 273-7519</u> FAX No. ►				
	e organization does not have an office or place of business in the United States, check this box			<b>&gt;</b>	
• If th	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this				
box 🕨		memb	ers the ex	tension is for.	
	request an additional 3-month extension of time until NOVEMBER 15, 2009.				
5 I	For calendar year $2008$ , or other tax year beginning $\_$ , and ending $\_$	_		····································	
	f this tax year is for less than 12 months, check reason Initial return Final return		Change II	n accounting period	
	State in detail why you need the extensionSEE STATEMENT 20				
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	8a	\$	10,000.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
1	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868.	8b	\$	110,000.	
	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			_	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.	
	Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the e, correct, and complete, and that I am authorized to prepare this form.	best o	f my know	ledge and belief,	

Signature 
Title

Form 8868 (Rev. 4-2009)