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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 requirement.

OMB No 1545-0052

For cateriary year 2009, or taxyear beginning and ending Checked II that apply: Instal return Instal return of a former public charry Andreas change Armended return Address change Armended return Armended re	Department of Internal Reve	of the Treasury enue Service Note . The foundation may	be able to use a copy of this		orting requirement	2009
Use the IRS Name of foundation					<u> </u>	
Use the IRS Name of foundation Andrews change A Employer identification number Abdress change A Employer identification number 20 - 5217323 20 - 5217323 A			Initial return of a fo	ormer public charity	Final return	
THE PROMISE FOUNDATION INC 1508 MILITRARY CUTOFF ROAD, SUITE 302				· - · -	Name change	
Discrete to the control of the contr	ilse the IF	Name of foundation			A Employer identification	number
Service and started per O be one number of marks and delivered to three address of type.	label.					•
15.08 MILITARY CUTOFF ROAD, SUITE 30.2 910-799-6901	Otherwise					
See Specific City or town, state, and ZiP code Cit resemble (City or town, state, and ZiP code Check type of organization: XI Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other tabble private foundation Section 4947(a)(1) nonexempt charitable trust Other tabble private foundation Section 4947(a)(1) nonexempt charitable trust Other (specify) Section 4947(a)(1) nonexempt charitable private charitable trust Other (specify) Section 4947(a)(1) nonexempt charitable private charitable trust Other (specify) Section 4947(a)(1) nonexempt charitable trust Other (specify) Section 4947(a)(1) nonexempt charitable trust Other (specify) Section 4947(a)(1	•	,			•	
Section 49/4(9) Incorporation status was before the texable private foundation Section 49/4(9) Incorporation status was terminate Incorporation status		EL TOU MILLITHET COTOLI	ROAD, SUITE	302	+:·	
Check type of organization: Section 507(c)(3) example private foundation		ne City of towif, State, and Zir code				
Section 4947(a)(1) moneampt charable trust		WILMINGTON, NC 2804:				
Far market value of all assets at end of year					check here and attach co	mputation
### Compared II, col. (c), line 16)						
S Sil 1, 188 (Part I, column (c) must be on cash basis.) Index section 507(b)(1)(8), check here continued in the column (c) C		· —	=	Accruai	1	• •
Part				haere)		
Che total of amounts in columns (b), (c), and (c) may not noncome visual the amounts required to a column (b).						4.45
1 Contributions, grifts, grants, etc., received 2 Chook X X X X X X X X X	raiti	(The total of amounts in columns (b) (c) and (d) may not	expenses per books			for charitable purposes
2 Crock	1 4					(Gasii Dasis Ulliy)
Interest on savings and temporary	1		-1,011•		 	
## Dividends and interest from securities ## Sa Gross rents Net rental income or (loss) <12,540.> 132,945. 132,945. 132,945. STATEMEN		Interest on savings and temporary	70.	70.	70.	STATEMENT
Sa Gross rents 132,945. 132,945. 132,945. STATEMEN	1 .		7,01		,	
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Second content of the content of t	1					STATEMENT
Substantial components of components of the substantial componen	62					
9 Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1,526. 1,526. 1,526. c Other professional fees STMT 5 36,000. 36,000. 36,000. 9 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 19 Travel, conferences, and meetings 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 3,212. 3,212. 3,212. 24 Printing and publications 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of reverue over expenses and disbursements 31,747.	a b	Gross sales price for all				
Net Stitute His Capital and State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Stat	§ 7	Capital gain net income (from Part IV, line 2)		0.	,	
b Less Cost of goods sold c Gross profit for (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 15 Accounting fees 15 STMT 4 1,526. 1,	ا 8 تم	Net short-term capital gain RECEIVEL			0.	
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C Gross profit of (loss) Total. Add lines 1 through 11 180,032. 133,015. 133,015.	b i	Less Cost of goods sold	S S			
12 Total. Add lines 1 through 11	C (Gross profit or (loss)				
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1 526 1	11 (Other income OGDEN, U		100 010	100 015	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees STMT 4 1,526	12	Total. Add lines 1 through 11				,
15 Pension plans, employee benefits 16a Legal fees 15 Accounting fees 15 Accounting fees 16a Legal fees 17 Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 1 1,526			0.	0,	. 0.	
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23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 2,800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.		• • • •				
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23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	型 17	-				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 2,800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	18 18		40,020.	10/0201	10,0200	
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	19 19		4.579.	5.034.	5.034.	
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 2,800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	E 20	•		8.796.	8,796.	
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 2,800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	Q 21		3,212.	3,212,	3,212.	· · · · · · · · · · · · · · · · · · ·
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 2,800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 37,946. 37,946. 37,946. 37,946. 37,946. 31,946.	2 22					
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 31,747.	ලි 23		37,946.	37,946.	37,946.	
25 Contributions, girs, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 31,747.	装 24					
25 Contributions, girs, grants paid 2, 800. 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 31,747.	ğ	expenses. Add lines 13 through 23	145,485.	145,940.	145,940.	
Add lines 24 and 25	0 25	•				2,80
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 31,747.	26	Total expenses and disbursements.				
a Excess of revenue over expenses and disbursements 31,747.		Add lines 24 and 25	148,285.	145,940	145,940.	2,80
	27	Subtract line 26 from line 12:				
b Net investment income (if negative, enter -0-)	a	Excess of revenue over expenses and disbursements	31,747.			
	b	Net investment income (if negative, enter -0-)		0,		
c Adjusted net income (if negative, enter -0-) 223501 122-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-P	C ,				0.	Form 990-PF (20

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	1	10,112.
2 Enter amount from Part I, line 27a	2	31,747.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	41,859.
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 30	6	41,859.

(a) List and des 2-story brick w	cribe the ki varehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		I, b	- Purc - Don	equired hase ation	(c) (n	Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
la										
	ONE				-			ļ <u>.</u>		· · · · · · · · · · · · · · · · · · ·
d d			·		 		_			
e					†					
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				(е	(h) Gain or (loss) plus (f) minus) (g)
<u>a</u>	ļ		-							
<u>b</u>	 									
d d	 			_						
e										
Complete only for assets show	ıng gain in	column (h) and owned by t	the foundation	on 12/31/69				(1) Ga	ıns (Col. (h) gaır	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			С	ol. (k), Lo	but not less that sses (from col.	п -0-) or (h))
a										
b	ļ					·				
<u>c</u>	 									
d e	-									
<u> </u>	<u> </u>	C If gain, also enter	un Dart I line	7	7					
? Capital gain net income or (net o	capital loss	$ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0-} \end{cases} $	- ın Part I, line	7)	2				
Net short-term capital gain or (In	3, column (d (6):		}	2				
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent In	ncon	ne	
For optional use by domestic priva	ite foundati	ons subject to the section 4	1940(a) tax on	net investment ii	ncome	e.)				
			, ,			•				
f section 4940(d)(2) applies, leave	this part bi	diik.								
Was the foundation liable for the se				-	rıod?					Yes X No
f 'Yes," the foundation does not qu Enter the appropriate amount in					100					
(a)	reacti colu		uctions before	making any chu	(c)		 -	Т		(d)
Base period years Calendar year (or tax year begini	uina iu)	(b) Adjusted qualifying dis	tributions	Net value of no			use asse	ts		oùtion ratio vided by col. (c))
2008	g,	· -	3,578.					0.		.00000
2007										
2006										
2005										
2004			—							
2 Total of line 1, column (d)									2	.00000
3 Average distribution ratio for the	e 5-vear ha	se period - divide the total (on line 2 by 5.	or by the number	r of ve	ars		r		•00000
the foundation has been in exist			511 mile 2 by 0,	or by the number	. 0. ,0				3	.00000
			lina E						4	34,174
Enter the net value of noncharit	avie-use as	sets for 2009 from Part A,	iiile 5					-	4	34,1/4
Multiply line 4 by line 3								-	5	0
6 Enter 1% of net investment inco	ome (1% of	Part I, line 27b)						-	6	0
7 Add lines 5 and 6								_	7	0
B Enter qualifying distributions fro	om Part XII.	, line 4							8	2,800
If line 8 is equal to or greater the See the Part VI instructions.			1b, and comp	olete that part usi	ng a 1	% tax	rate.	_		

$\overline{}$		-5217			Page 4
		- <u>See II</u>	1511 C	Cuo	115)
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)				^
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	 			0.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				^
_	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			0.
3	Add lines 1 and 2	+			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	 			0.
6	Credits/Payments:				
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld	-			^
7	Total credits and payments. Add lines 6a through 6d	+			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8	 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	 			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	 			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax	<u> </u>			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-		res	No
	any political campaign?		1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	}	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ł			}
	distributed by the foundation in connection with the activities.	ŀ			
	Did the foundation file Form 1120-POL for this year?	1	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ▶ \$ O . (2) On foundation managers. ▶ \$ O .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0 .	Í	-		_
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.	i			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				1
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		_6_		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		_7	<u>X</u>	<u> </u>
	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				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	}			
	of each state as required by General Instruction G? If "No," attach explanation	1	8b	<u> </u>	<u> </u>
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	ļ			_
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		Form	990	-PF	(2009)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

b If "Yes," did it have excess business holdings in 2009 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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Form **990-PF** (2009)

Х

3b

4a

Yes X No

N/A

during the year?

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: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,	1
	İ
any voter registration drive?	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section	
509(a)(1), (2), or (3), or section 4940(d)(2)?	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for	
the prevention of cruelty to children or animals?	
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)? N/A 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? N/A Yes No	
If "Yes," attach the statement required by Regulations section 53 4945-5(d).	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on	
a personal benefit contract?	
	₩.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>
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 X No	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	
Faid Employees, and Contractors	<u>_</u>
1 List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average (c) Compensation (d) Contributions to (e)	\ Fynansa
hours per week devoted (If not paid. emipting to paid. emipt) Expense ount, other
to position enter-u-) compensation a	lowances
DENISE M. VINCENT PRESIDENT	
1508 MILITARY CUTOFF ROAD, SUITE 302	
WILMINGTON, OTHER COUNTRY 1.00 0. 0.	<u> </u>
BENJAMIN VINCENT VICE PRESIDENT	
1508 MILITARY CUTOFF ROAD, SUITE 302	
WILMINGTON, OTHER COUNTRY 1.00 0. 0.	0.
KATHERINE L. VINCENT SECRETARY	
1508 MILITARY CUTOFF ROAD, SUITE 302	
WILMINGTON, OTHER COUNTRY 1.00 0. 0.	0.
JON T. VINCENT TREASURER	
1508 MILITARY CUTOFF ROAD, SUITE 302	
WILMINGTON, OTHER COUNTRY 1.00 0. 0.	0.
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."	
(b) Title, and average (d) Contributions to (e	Expense ount, other lowances
devoted to position compensation a	lowances
NONE	
Total number of other employees paid over \$50,000	0

Form 990-PF (2009) THE PROMISE FOUNDATION INC	20-5	217323 Page 7
Part VIII Information About Officers, Directors, Trustees, Foun Paid Employees, and Contractors (continued)	dation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, er	iter "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 Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
4		
Dow IV D. O. C. D. L.		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 N/A		, and and
2		
2		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	504,023.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	0.
d	Total (add lines 1a, b, and c)	1d	504,023.
е	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	469,329.
3	Subtract line 2 from line 1d	3	34,694.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	52 0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	34,174.
6	Minimum investment return Enter 5% of line 5	6	1,709.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	····
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,800. 0.
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	
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	2,800.
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	2,800.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for tl	ne section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,		•		
line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
S to an incompanies years.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
-	0.			
(Election required - see instructions)				0.
d Applied to 2009 distributable amount	0.			<u>0.</u>
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	U•			
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.	•			
Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9: a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				5 000 DE (000)

0.

0.

0.

0.

0.

0.

0.

6,378.

6,378.

512,024.

512,024.

42,139.

(e) Total

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

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. (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:

3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year INFORMATION AVAILABLE UPON REQUEST 1508 OLD MILITARY CUTOFF WILMINGTON, NC 28403	or substantial contributor	recipient	TO IMPROVE THE HEALTH, EDUCATION AND WELFARE OF DISABLED CHILDREN	2,800.
T-A-1		<u> </u>	▶ 3a	2 900
total b Approved for future payment			54	2,800.
NONE				
Total			▶ 3b	0.

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE		
a b					
	1				
<u> </u>	i		<u> </u>	<u> </u>	
0					
e			├──		<u> </u>
g Fees and contracts from government agencies			 		
g Fees and contracts from government agencies Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash			<u> </u>		
investments					70
4 Dividends and interest from securities			 		
Net rental income or (loss) from real estate:					
a Debt-financed property					<12,540
b Not debt-financed property					(12,540
6 Net rental income or (loss) from personal			<u> </u>		
property					
7 Other investment income			 		
B Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events	-		i		
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
b					
ď					
0					
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	<12,470
3 Total. Add line 12, columns (b), (d), and (e)				·	<12,470
See worksheet in line 13 instructions to verify calculation	ns.)				
Part XVI-B Relationship of Activities		omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which			contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other					
INTEREST EARNED ON C					
A RENTAL ACTIVITY IS A			'I'HA	T WAS PURCHAS	ED TO GENERA
SA FUTURE FUNDING FOR E	XEMPT ACT	IVITIES.			
	···				
				 	
		 			
-					
		<u>-</u>			
			<u>-</u>		

Form 990-PF (2009) THE PROMISE FOUNDATION INC 20-5217323 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of		Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:	.		
	(1) Cash	1a(1)		_X_
	(2) Other assets	1a(2)		<u> </u>
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		<u>X</u>
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		<u>X</u>
	(3) Rental of facilities, equipment, or other assets	1b(3)		<u>X</u>
	(4) Reimbursement arrangements	1b(4)		X X X
	(5) Loans or loan guarantees	1b(5)		<u> </u>
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		<u> </u>
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other		ets,	
	or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, shi	III WC		
/- \	column (d) the value of the goods, other assets, or services received.			
(a)	Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sh	aring arr	angeme	nts
	N/A			
2a	Is the foundation directly, or indirectly affiliated with, or related to, one or more tax-exempt organizations described			
	in section 501(c) of the Gode (other than section 501(c)(3)) or in section 527?	Yes	X] No
b	If "Yes," complete the following schedule.	•		
	(a) Name of organization / (b) Type of organization (c) Description of relationship)		
	N/A			
-	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 and complete. Declaration of reparer (other than tax payer or fiduciary) is based on all information of which preparer has any knowledge	e, correc	ot,	
-				
اہ	REGISTERED AGENT			
Sign Here	Signature of differ the tractite Date Title	udo-4-4		
딞	Preharer's Date Check if Self-	identity	ıng num	per
ळॅ	The signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
- J	Firm's name (or yours HORNE LLP			
	11259 OLD 63 SOUTH address, and ZIP code LIICEDALE MS 39452	A 17	405	0
L	Vauures, and Zir Code / LUCEDALE, MS 39452 Phone no. 601-9			
	Form	1 990 -	-PF (;	2009)
	\mathcal{I}			

FORM 990-PF INTEREST ON SAV	INGS AND TEMP	ORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
INTEREST INCOME - MM					70.
TOTAL TO FORM 990-PF, PART I	, LINE 3, COL	UMN A			70.
FORM 990-PF	RENTAL INC	OME		STATEMENT	2
KIND AND LOCATION OF PROPERT	ΥΥ		ACTIVITY NUMBER	GROSS RENTAL INC	OMF
	_		1	132,9	<u>4</u> 5.
TOTAL TO FORM 990-PF, PART I	, LINE 5A			132,9	45.
FORM 990-PF	RENTAL EXPE	NSES		STATEMENT	3
DESCRIPTION		TIVITY UMBER	AMOUNT	TOTAL	
DEPRECIATION FIRE, SECURITY & SAFETY INSURANCE - PROPERTY & LIABI	LITY		4,579. 355. 10,776.		
INTEREST EXPENSE - LOANS FURNITURE & FIXTURES UTILITIES MAINTENANCE & REPAIRS ACCOUNTING FEES OFFICE EXPENSES MANAGEMENT FEES EVENT SET-UP AND DISMANTLE BANK FEES, SVC CHARGES EVENT SUPPLIES POSTAGE, MAILING SERVICE TELEPHONE MILEAGE REIMBURSEMENT ADVERTISING	SIIBTOTAL -	1	48,620. 265. 5,609. 19,157. 1,526. 913. 36,000. 8,650. 31. 659. 181. 146. 3,212. 4,806.	145 A	R 5
FURNITURE & FIXTURES UTILITIES MAINTENANCE & REPAIRS ACCOUNTING FEES OFFICE EXPENSES MANAGEMENT FEES EVENT SET-UP AND DISMANTLE BANK FEES, SVC CHARGES EVENT SUPPLIES POSTAGE, MAILING SERVICE TELEPHONE MILEAGE REIMBURSEMENT ADVERTISING	SUBTOTAL -	1	265. 5,609. 19,157. 1,526. 913. 36,000. 8,650. 31. 659. 181. 146. 3,212.	145,4	

FORM 990-PF	ACCOUNTI	NG FEES	នា	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
ACCOUNTING FEES	1,526.	1,526.	1,526.	0.
TO FORM 990-PF, PG 1, LN 16B	1,526.	1,526.	1,526.	0.
FORM 990-PF (OTHER PROFES	SIONAL FEES	Si	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
MANAGEMENT FEES	36,000.	36,000.	36,000.	0.
TO FORM 990-PF, PG 1, LN 16C	36,000.	36,000.	36,000.	0.
FORM 990-PF	OTHER E	XPENSES	SI	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS			
FIRE, SECURITY & SAFETY INSURANCE - PROPERTY & LIABILITY FURNITURE & FIXTURES UTILITIES MAINTENANCE & REPAIRS OFFICE EXPENSES BANK FEES, SVC CHARGES EVENT SUPPLIES POSTAGE, MAILING SERVICE	355. 10,776. 265. 5,609. 19,157. 913. 31. 659. 181.		355. 10,776. 265. 5,609. 19,157. 913. 31. 659. 181.	0. 0. 0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	37,946.	37,946.	37,946.	0.

FORM 990-PF DEPRECIATION OF ASSE	TS HELD FOR INV	ESTMENT	STATEMENT 7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND BUILDING FURNITURE & EQUIPMENT	338,643. 160,830. 4,550.	0. 4,983. 455.	338,643. 155,847. 4,095.
TOTAL TO FM 990-PF, PART II, LN 11	504,023.	5,438.	498,585.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization RENT (Including Information on Listed Property)

➤ See separate instructions.
➤ Attach to your tax return.

2009

Attachment Sequence No 67

OMB No 1545-0172

Business or activity to which this form relates

Identifying number

THE PROMISE FOUNDATION	INC						20-5217323
Part I Election To Expense Certain Property	Under Section 1	79 Note: If you	have any list	ed property,	complete Part	V before y	ou complete Part I.
1 Maximum amount See the instructions f	or a higher limit	for certain bus	sinesses			1	250,000.
2 Total cost of section 179 property placed	l ın service (see	instructions)				2	
3 Threshold cost of section 179 property b	efore reduction	in limitation				3	800,000.
4 Reduction in limitation Subtract line 3 fro	om line 2. If zero	or less, enter	-0-	• • •		4	
5 Dollar limitation for tax year Subtract line 4 from line 1		•	• •	instructions	•	5	
6 (a) Description of prop			(b) Cost (busine		(c) Elected	d cost	
				_			
7 Later de la Catalante de la	00			- - 	·		
7 Listed property. Enter the amount from li				. [7]			
8 Total elected cost of section 179 propert	•	s in column (c),	lines 6 and	/		8	· · · · · · · · · · · · · · · · · · ·
9 Tentative deduction Enter the smaller o						9_	
10 Carryover of disallowed deduction from I	•		•			10	
11 Business income limitation. Enter the sm		•		•		11	
12 Section 179 expense deduction. Add line	es 9 and 10, but	t do not enter r	more than lin	e 11		12	
13 Carryover of disallowed deduction to 201				▶ 13			<u> </u>
Note: Do not use Part II or Part III below for I	sted property. I	nstead, use Pa	art V.				
Part II Special Depreciation Allowand	ce and Other D	epreciation (D	Do not includ	e listed prop	perty)		p=====================================
14 Special depreciation allowance for qualifi	ed property (oth	her than listed	property) pla	iced in servi	ce during		
the tax year						14	
15 Property subject to section 168(f)(1) elec	tion					15	
16 Other depreciation (including ACRS)		-				16	
Part III MACRS Depreciation (Do not	ınclude listed pi	roperty) (See ı	nstructions)				
		Sec	tion A				
17 MACRS deductions for assets placed in	service in tax ye	ears beginning	before 2009			17	4,124.
18 If you are electing to group any assets placed in service	e during the tax year	into one or more ge	eneral asset acco	unts, check here	. ▶ 🗆		
Section B - Assets P						ation Syst	em
(-) Cl	(b) Month and	(c) Basis for d		(d) Recovery	(a) Convention	(f) Method	(a) Depression deduction
(a) Classification of property	year placed in service	only - see in		period	(e) Convention	(i) Metriod	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
OF waar property				25 yrs		S/L	
g 25-year property				27 5 yrs	ММ	S/L	
h Residential rental property				27 5 yrs	MM	S/L	
					- +	S/L	
i Nonresidential real property		-		39 yrs	MM		
Continuo O Annata Di	/	D 2000	T V II-	: 4b - Ala-	<u> MM</u>	S/L	
Section C - Assets Pla	icea in Service		1				
20a Class life			4,550.	VARIES	S HY	S/L	455.
b 12-year				12 yrs.	1	S/L	
c 40-year	/	<u> </u>		40 yrs	MM	S/L	
Part IV Summary (See Instructions)						· ·	
21 Listed property. Enter amount from line 2						21	
22 Total. Add amounts from line 12, lines 14	l through 17, lin	ies 19 and 20 i	n column (g)	, and line 21			_
Enter here and on the appropriate lines of	f your return. Pa	artnerships and	d S corporat	ons see ins	str	22	4,579.
		_		1			i
23 For assets shown above and placed in se	ervice during the	e current year,	enter the				

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainmen recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)	Form 456	2 (2009)	ਆ ਸਵ	рр∩мт	ਹਜ਼ ਜ਼ੜ	מ כדותדו ו	יתיד∩וּי	TNC					20-	5217	1223	Page :
Screenistic, or anisusment 1 Notes for any vehicle for which 1/ou are using the standard misage rate or deducting lease expense, completeently 24a, 24b, columns (a) through (c) of colors or any colors of the Association and Other Information (Cauthon-See the netructions for limits for passager automobiles) 24a Do you have evidence to support the business/whestherit use claimed?		_```_								s, certain	comput	ers, and				
Section A. Depreciation and Other Information (Caution: See the instructions for kinsts for passenger automobiles) 24a Day to have enderic to support the business/investment user claime? Yes No. 24b is 1"yes, is the evidence written? Other last of the control of the business/investment user claime? Other bases are serviced in the control of the business with t	_ Garage	recreation, or a	imusement)						-							
Section A. Depreciation and Other Information (Caution: See the matructions for Interfer See passenger automotions) 426 Deputs where denice is support the biparessiment was claimed? 426 Deputs where denice is support the biparessiment was claimed? 427 Deputs (its wholes lists) 428 Deputs where the passenger automotion (its bipares) 429 Deputs (its wholes lists) 429 Deputs (its wholes lists) 420 Deputs (its wholes lists) 421 Deputs (its wholes lists) 422 Deputs (its wholes lists) 423 Deputs (its wholes lists) 424 Deputs (its wholes lists) 425 Deputs (its wholes lists) 426 Deputs (its wholes lists) 426 Deputs (its wholes lists) 427 Property used 50% or less in a qualified business use 428 Property used 50% or less in a qualified business use 429 Property used 50% or less in a qualified business use 420 Deputs (its lists) 421 Deputs (its lists) 422 Property used 50% or less in a qualified business use 423 Deputs (its lists) 424 Add amounts in column (it), lines 25 through 27. Erfet ners and on line 21, page 1 425 Deputs (its lists) 426 Deputs (its lists) 427 Property used 50% or less in a qualified business use 428 Property used 50% or less in a qualified business use 429 Add amounts in column (it), lines 25 through 27. Erfet ners and on line 21, page 1 429 Add amounts in column (it), lines 25 through 27. Erfet ners and on line 21, page 1 429 Add amounts in column (it), lines 25 through 27. Erfet ners and on line 21, page 1 429 Add amounts in column (it), lines 25 through 28 Deputs (its lists) 420 Add amounts in column (it), lines 25 through 28 Deputs (its lists) 421 Deputs (its lists) 422 Add amounts in column (it), lines 25 through 28 Deputs (its lists) 423 Add amounts in column (it), lines 25 through 28 Deputs (its lists) 424 Add amounts in column (it), lines 25 through 28 Deputs (its lists) 4									r dedu	cting leas	e expen	se, comp	eteonly	24a, 24	lb, colu	mns (a)
(a) (b) (c) (d) (e) (f) (e) (d) (e) (f) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f									ınstruc	tions for l	imits for	passeng	er autor	mobiles)		
Special depreciation allowance for qualified isset side property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 28 Property used more than 50% in a qualified business use 29 Property used more than 50% in a qualified business use 20 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (i), lines 25 through 27 Forter here and on the 21, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 21, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (ii), line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 29 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 20 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 20 Add amounts in column (iii) line 26. Einter here and on the 27, page 1 20 O (iii) line 26. Einter here and on the 27, page 1 20 O (iii) line 27, page 1 20 O (iii) line	24a Do yo							$\overline{}$	_						_	No
Property		(a)				(d)		(e)		(f)		(g)	((h)		
25 Special deprecation allowance for qualified based property placed in service during the tax year and used more than 50% in a qualified business use 25 Property used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use 27 Property used more than 50% in a qualified business use 36 Property used more than 50% in a qualified business use 36 Property used more than 50% in a qualified business use 36 Property used 50% or less in a qualified business use 36 Property in a qualified business use 37 Property used 50% or in a qualified business use 37 Property used 50% or in a qualified business use 37 Property used 50% or in a qualified business used		e of property			t	Cost or	l (bus	siness/inve	stment							
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Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If vo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		•	
y .	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi	s form)		
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Fo	rm 8868.	
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
A corr	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	molete		
Part I	· · · · · · · · · · · · · · · · · · ·		. •	
All oth	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	ın exten	sion of time	
	income tax returns.			
noted (not al you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic tomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or calcust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic ters.gov/efile and click on e-file for Charities & Nonprofits.	nically if onsolida	f (1) you want the a ated Form 990-T I	dditional
Type o	or Name of Exempt Organization	Emp	loyer identificatio	n number
print	THE PROMISE FOUNDATION INC	2	0-5217323	
File by t due date	Number, street, and room or suite no. If a P.O box, see instructions.			
filing you return S	See 1500 HIBITAKI COTOTI ROAD, BOTTH 502			
instructi	City, town or post office, state, and ZIP code For a foreign address, see instructions WILMINGTON, NC 28043			
Check	k type of return to be filed (file a separate application for each return)			
	Form 990 Form 990-T (corporation) Form 4	1720		
$\overline{}$	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5	5227		
=	Form 990-EZ Form 990-T (trust other than above) Form 6			
	Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	6069		
The Tell	Form 990-EZ Form 990-PF BARRY B. BERNSTEIN be books are in the care of P.O. BOX 15762 - WILMINGTON, NC 28408 - 10 perhone No P10-799-6901 be organization does not have an office or place of business in the United States, check this box in this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) I form 6 Form 6 Form 6 Form 8	5069 3870 5762 5	r the whole group,	
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.