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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Open to Public

Department of the Treasury Internal Revenue Service Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
 The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2009 calendar year, or tax year beginning and ending Check if applicable Please Name of organization Employer identification number use IRS Address change label or MARTIN TRUEX, JR. FOUNDATION, 26-0654126 Name change print or Initial return type Number and street (or P O box, if mail is not delivered to street address) Telephone number See 704-664-1113 156 Cayuga Drive Termination Specific City or town, state or country, and ZIP + 4 Group Exemption Amended return Instruc-Mooresville NC 28117 Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach X Accrual G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) WWW.MARTINTRUEXJRFOUNDATION.ORG If the organization is not Website: Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Check Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 276,998 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 36,634 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 1,824 Investment income 4 () 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5b SCARAGE JE Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here Gross revenue (not including — of contributions Gross revenue (not including of contributions 182,455 reported on line 1)→ 6a Less. direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 182,455 C 6c Gross sales of inventory less returns and allowances 36,116 7a Less. cost of goods sold-7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 36,116 Other revenue (describe See Statement 1 19,969 8 8 276,998 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Stmt 2 84,809 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Expenses 28,217 13 Professional fees and other payments to independent contractors 13 3,250 14 Occupancy, rent, utilities, and maintenance 14 2,704 15 Printing, publications, postage, and shipping 15 217,48216 Other expenses (describe See Statement 3 16 Total expenses. Add lines 10 through 16 Þ 17 336,462 17 -59,464 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 355,582 end-of-year figure reported on prior year's return) 19 See Statement 4 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 296,118 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 255,720 315,476 22 Cash, savings, and investments 22 23 Land and buildings 23 See Statement 5 24 Other assets (describe 99,862 19,879 24 355,582 335,355 25 Total assets 25 See Statement 6 39,237 Total liabilities (describe 26 355,582 296,118 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Form 990-EZ (2009)

		R. FOUNDATION,		-0654126				Pa	age 2
Pa	art III Statement of Program Service	e Accomplishments (Se	ee the instructi	ons for Part II	l.) _	4	•	enses	
	t is the organization's primary exempt purpose?					1 '	•	or section	
	ANT MAKING TO PROMOTE WELFARE OF CHILDS					7		nd 501(c)(4)	_
	cribe what was achieved in carrying out the organization describe the converse provided the number of r					1	•	ns and section rusts, option	
	ner, describe the services provided, the number of p	persons benefited, or other relev	ant information for			1	r others)	iusis, opiion	ai
28	program title GRANTS MADE TO ORGANIZATIONS PROMOTING	C THE WELFARE OF				1 10	Culeis /		
	CHILDREN	o ma wadanca or							
							Į		
(Grants \$ 84,809) If this amou	int includes foreign grants, chec	k here	<u> </u>		28a		131,0)41
29									
						1			
-	Grants \$) If this amou	int includes foreign grants, chec	k here	<u></u>	<u> </u>	29a	-		
30							1		
	(Grants \$) If this amou	unt includes foreign grants, chec	k here	•		30a			
•	Other program services (attach schedule)	ant molados foreign grants, onec	NK HOLO			1			
		unt includes foreign grants, chec	k here	•		31a			
32	Total program service expenses (add lines 28a th				<u> </u>	32		131,0	<u> </u>
Pi	art IV List of Officers, Directors, Trustees,	and Key Employees. List each							
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,		l) Contrit doyee ber	outions to lefit plans &	(e) Expens account an	
	(a) Name and address		devoted to position	`enter -0)	det	erred corr	pensation	other allowar	
MAR	TIN TRUEX, JR.		PRESIDENT & C				_		_
					4		- 0	_	0
STO	KE CALDWELL		DIRECTOR		اه		٥		0
HOT.	N HONDROS		TREASURER		╙				
0011	N NONDROD		TAMISONIA.	ļ	٥		o		0
MIC	HELLE HUNT		EXECUTIVE DIR	ECTOR	Ť				
					٥		0		0
SHE	RRY POLLEX	- ·	SECRETARY/DIF	ECTOR					
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TOD	D MOORE		DIRECTOR						
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	990-EZ (2009) MARTIN TRUEX, JR. FOUNDATION, INC. 26-0654126		F	age 3
_ <u>Pa</u>	art V . Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed	[
24	description of each activity	33	+-	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	1 2	. [x
35	the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	34	` +	-
55	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	}		'
_	6033(e) notice, reporting, and proxy tax requirements?	35a	a	x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	351	\dashv	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	;]	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	371	ь	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38:	a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			1
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			ì
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1 !
	section 4911 ▶			1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	-		1
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	40		x
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	140	-	1
С	organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		1	
_	reimbursed by the organization			1
е			ļ	i
_	transaction? If "Yes," complete Form 8886-T	40	e	X
41	List the states with which a copy of this return is filed. See Statement 7			
42a	The organization's books are in care of MICHELLE HUNT Telephone no	▶ 704-6	64-	1113
	156 CAYUGA DRIVE			
	Located at ► MOORESVILLE, NC ZIP + 4	▶ 28117	7	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	
	account)?	42	b	X
	If "Yes," enter the name of the foreign country.			İ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	}	1	}
	and Financial Accounts.	1.		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42	c	<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	1 40 1		
	and enter the amount of tax-exempt interest received or accrued during the tax year	43		
			Yes	B1
AA	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	<u> </u>	1 65	No
44	Form 990-EZ	1	 4	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	-	+	+==
70	"Yes," Form 990 must be completed instead of Form 990-EZ	4	5	X
	. or		990-E	

·orm 990-EZ (INC. 26	-0654126		F	Page 4
Part VI .	Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable trus	ts only. All sec	tion	
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitable	e trusts must a	nswer question	s 46-49b	
•	and complete the tables for lines 50 and 51.	•				
6 Did the c	organization engage in direct or indirect political campaign activities on l	behalf of or in oppos	ition to		Yes	No
	tes for public office? If "Yes," complete Schedule C, Part I	••			46	X
	organization engage in lobbying activities? If "Yes," complete Schedule	C. Part II			47	X
	ganization operating a school as described in section 170(b)(1)(A)(ii)? I		hedule F		48	X
	organization make any transfers to an exempt non-charitable related organization	•	**************************************		49a	X
	was the related organization a section 527 organization?	gamzauom:			49b	
		lather than effects	d		430	
•	te this table for the organization's five highest compensated employees	•		-		
employe	ees) who each received more than \$100,000 of compensation from the c	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Exper	
	(a) Name and address of each employee paid more than \$100,000	hours per week	(c) Compensation	employee benefit plans &	account a	
		devoted to position		deferred compensation	other allowa	inces
None						
-]		
						
			[
f Total nu	mber of other employees paid over \$100,000	•			-	
				-		
1 Complet	te this table for the organization's five highest compensated independen	nt contractors who es	och received more	than		
	0 of compensation from the organization. If there is none, enter "None"		ich received more	uigii		
\$ 100,00	o or compensation from the organization in there is none, enter mone					
(a) 1	Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) (compensation	
None			1,700 01 0011100	(0)	ompensation	
иопе						
				-		
				1		
d Total nu	imber of other independent contractors each receiving over \$100,000	•				
	Under penalties of perjury, I declare that I have examined this return, including	accompanying schedule	es and statements, and	d to the best of my kno	wledge	
	and belief ut is true, correct, and complete Declaration of preparer (other than o	officer) is based on all in		eparer has any knowle	dge	
Sign	N Pl. 2.00. KI-		1 11/9/	10		
Here	Signature of officer		Date			
	MICHELLE HUNT	EXE	CUTIVE DI	RECTOR		
	Type or print name and title	·				
	Brown A A C A A	Date	Check if	Preparer's Iden	trfying Number (S	See instr)
Paid	Preparer's signature	11/0	self-			,
Preparer's	- Alma C Dimisa	11/0	B/10 employed ▶			
•	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	LLP		EIN ▶ 2	0-0427	<u> 1530</u>
Jse Only	if self-employed), 1023 W MOREHEAD ST, S			Phone		
	address, and ZIP + 4 CHARLOTTE, NC 28208 -	-5324			<u>-372-0</u>	<u> 1960</u>
May the IRS d	discuss this return with the preparer shown above? See instructions			<u> </u>	Yes	No
				F	om 990-E2	Z (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MARTIN TRUEX, JR. FOUNDATION, INC.

Employer identification number 26 - 0654126

Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
he d	orgar	nization is not a	private foundation because	it is. (For lines 1 through 11, che	ck only on	e box.)		-					
1		A church, con	evention of churches, or associ	ciation of churches described in s	section 17	70(b)(1)(<i>A</i>	\)(i).						
2	\prod		cribed in section 170(b)(1)(A)										
3	\prod	A hospital or a	a cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii).							
4	П	A medical res	earch organization operated i	n conjunction with a hospital des	cribed in	section 1	70(b)(1)	(A)(iii). I	Enter th	e hospit	tal's name.		
		city, and state		,				. ,, ,		•			
5		•		a college or university owned or	operated	by a gove	rnmenta	Lunit de	scribed	ın			
			b)(1)(A)(iv). (Complete Part II			-, - 3							
6				ernmental unit described in sect	tion 170(t)(1)(A)(v	١.						
7	X			ibstantial part of its support from	•			the ger	eral nu	hlic			
-		_	section 170(b)(1)(A)(vi). (Co		a governi	nontal an	01 11011	i ale gei	iciai pu	DiiQ			
8	\Box			0(b)(1)(A)(vi). (Complete Part II	١								
9				more than 33 1/3 % of its support		ntributions	memb	ershin fo	es and	aross			
•	ш			t functions—subject to certain ex				•		•			
			•	unrelated business taxable inco	•					11.5			
							1 102) 111	Jili basii	103303				
10	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	H			clusively for the benefit of, to per				carn/ ou	t the				
• •	ш	-	•	d organizations described in sect			•	•		tion			
				e type of supporting organization									
		a Type I b Type II c Type III—Functionally integrated d Type III—Other											
е			··	nization is not controlled directly			- ι			ici			
Ĭ	Ш			nd other than one or more public				•		tion			
			ection 509(a)(2)	na saisi alan siis si more pasiis	ny ouppon	ou organi		20001100	u III 000				
f			` ` ` `	nination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	a				
•		=	check this box		, , po ., . ,	po, o. .) po 111 o	оррогии	9				
g				on accepted any gift or contribution	on from ar	ny of the							
9		following per	-	are described any girt of contained	on nom a	., 0,0							
				trols, either alone or together wit	h nereone	describe	d in (ii)					Yes	No
			pelow, the governing body of t	-	ar persone	COOLIDO	u ()				11g(i)	1.05	 ''''
		, ,	member of a person describe	• • •							11g(ii)	 	\dagger
		• •	ontrolled entity of a person de	**							11g(iii		
h			ollowing information about the	** **							119/11	и	.L
	Name	e of supported	(II) EIN	(III) Type of organization	(iv) Is the o	manization	(v) Did y	ou notify	(vi)	s the	(vii) An	ount of	
.,		anization	.,,	(described on lines 1–9	in col (i) lis	-	the organ	ization in	organizat	ion in col		port	
				above or IRC section	governing	document?	∞l (i) supp		(i) organi U :				
				(see instructions))	Yes	No	Yes	No	Yes	No			
				·									
											-		
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									-		-		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 MARTIN TRUEX, JR. FOUNDATION, INC. 26-0654126 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 321,109 163,691 36,634 521,434 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 163,691 321,109 36,634 521,434 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 473,649 Public support. Subtract line 5 from line 4 47,785 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 163,691 321,109 36,634 521,434 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 36,116 36,116 11 Total support. Add lines 7 through 10 557,550 12 Gross receipts from related activities, etc. (see instructions) 12 204,248 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► X Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 MARTIN TRUEX, JR. FOUNDATION, INC. Part III . Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

26-0654126

Schedule A (Form 990 or 990-EZ) 2009 MARTIN TRUEX, JR. FOUNDATION, INC. 26-0654126

Part IV . Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open To Public Inspection

MARTIN TRUEX, JR.	FOUNDATIO	N, II	NC	•	26-06541	
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	if the organizati	ion ansv	wer			
1 Indicate whether the organization raised funds through	any of the following	activities	Che	ck all that apply.		
a Mail solicitations	e Solicitation	n of non-g	over	nment grants		
b Internet and email solicitations	f Solicitation	n of gover	nme	nt grants		
c Phone solicitations	g Special fu	ndraising	ever	nts		
d In-person solicitations						
2a Did the organization have a written or oral agreement workey employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization		nt to agree	mer	nts under which the fun	draiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(rii) Did fur raiser har custody control of contributio	or of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes N	10			
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		+	\dashv			
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			寸		= .:	
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Total	•		▶			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

	edule art I	G (Form 990 or 990-EZ) 2	vents. Complete if the organ							18 or re	20-4		ge 2
_	art i	~	,000 on Form 990-EZ, line 6								port	e u	
	•		(a) Event #1 FAN APPRECIATIO (event type)		(b) Event #2		<u>N</u> c	(c) Other events one (total number)		(d) Tota (add col		rough	1
ЭŬ			(event type)		(event type)			(total number)			. (0,)		
Revenue	1 2	Gross receipts Less: Charitable contributions	182,455								182	.,4	<u>55</u>
	3	Gross revenue (line 1 minus line 2)	182,455								182	. , 4	55
	4	Cash prizes											
	5	Noncash prizes							+		_		
sesue	6	Rent/facility costs											
Direct Expenses	7	Food and beverages						· .					
	8	Entertainment		_									
	9	Other direct expenses		_	_					_			
P	10 11 art l	Net income summary Co	Add lines 4 through 9 in column (d) ombine line 3, column (d), and line 10 plete if the organization ans	0	"Yes" to Form	m 990. l	Part	IV, line 19, o	r repor		182	2,4	55
	_		on Form 990-EZ, line 6a.					· · · · · ·	<u>_</u>	_			
Revenue			(a) Bingo	b	(b) Pull tabs/instaningo/progressive bin			(c) Other gaming		(d) Total (
<u>~</u>	1	Gross revenue				_							···
penses	2	Cash prizes						_ -		· <u></u>			
t Expen	3	Noncash prizes				_				_			
Direct Ex	4	Rent/facility costs											
	5	Other direct expenses	N				 		- 01				
	6	Volunteer labor	Yes %	==	Yes No	%	X	Yes No	%				
	7	Direct expense summary	/ Add lines 2 through 5 in column (d))					▶ (, 			
	8	Net gaming income sum	mary Combine line 1, column d, and	line 7			 .		•			1	<u> </u>
9 a b	Is		e organization operates gaming activ o operate gaming activities in each o		states?					9:	-	es	No X
10a b		ere any of the organization Yes," Explain	's gaming licenses revoked, suspend	ded or te	erminated during	the tax ye	ar?			10	a		X
11 12	ls		te gaming activities with nonmember beneficiary or trustee of a trust or a		r of a partnership	or other e	entity			1	1		X

Sche	dule G (Form 990 or 990-EZ) 2009	MARTIN TR	UEX, JR.	FOUNDATION,	INC.	26-065	4126	5	Pa	age 3
	•								Yes	No
3	Indicate the percentage of gaming activity	ty operated in:								
а	The organization's facility				<u> </u>	3a	_%_			
b	An outside facility					3b	%		 	!!!
4	Provide the name and address of the pe	rson who prepares th	ne organization's g	aming/special events bo	oks		ł			!
	and records.									
	Name MICHELLE HUNT							ļ	į	
	156 CAYUGA DRIVE						İ			†
	Address MOORESVILLE					NC 28117				-
l5a	Does the organization have a contract w	rith a third party from	whom the organiz	ation receives gaming					_	
	revenue?							15a		<u>x</u>
b	If "Yes," enter the amount of gaming rev	enue received by the	organization >	\$	а	nd the				
	amount of gaming revenue retained by t		\$	•						
С	If "Yes," enter name and address of the	third party:								
	Name >									1
	Address >									}
							:			
16	Gaming manager information						į			
	Name ▶									
										1
	Gaming manager compensation ▶ \$									i
	Description of services provided ▶									1
	Director/officer Em	ployee	Independent co	ntractor						
							l			
17	Mandatory distributions									
а	is the organization required under state	law to make charitab	le distributions fro	m the gaming proceeds t	o				 	
	retain the state gaming license?							17a		X
b	Enter the amount of distributions require			xempt organizations or s	pent		Į			ļ

260654126 MARTIN TRUEX, JR. FOUNDATION, INC. '
26-0654126 Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
BAD DEBT RECOVERY OTHER INCOME	\$ 16,419 3,550
Total	\$ 19,969

11/8/2010 1:15 PM

11/8/2010 1:15 PM Explanation 2 Book Value Explanation Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Book Value Noncash Contribution 260654126 MARTIN TRUEX, JR. FOUNDATION, INC.
Federal Statements **Organizations** 84,809 84,809 Contribution Cash Class of Activity Description of Property Date of Gift Name and Address Charlotte, NC 28217 501 Archdale Drive FYE: 12/31/2009 Salvation Army Total

260654126 MARTIN TRUEX, JR. FOUNDATION, INC.

26-0654126

Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
FAN APPRECIATION/GOLF	 \$
Supplies	121
FACILITY RENTAL	61,440
OTHER	260
SIGNAGE	1,000
GIFTS	10,258
MERCHANDISE	9,430
Expenses	
	282
	3,825
	6,239
BAD DEBT EXPENSE	200
CONTRACT SERVICES	70,980
WEBSITE SUPPORT	6,174
TELEPHONE ,	540
SOLICITATION LICENSES	6,682
MEALS & ENTERTAINMENT	857
BANK CHARGES & FEES	4,882
DESIGN	3,015
MERCHANDISE	29,221
MISCELLANEOUS	2,076
Total	\$ 217,482

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

		Description	 Amount
UNREALIZED	INVESTMENT	LOSSES	\$
Total			\$ 0

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	 End of Year
Accounts Receivable Inventories for Sale or Use CONTRIBUTED ASSETS	\$ 8,544 91,318	\$ 1,000 18,879
	99,862	 19,879

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$	\$ 39,237
		39,237

260654126 MARTIN TRUEX, JR. FOUNDATION, INC.

26-0654126

Federal Statements

FYE: 12/31/2009

Statement 7 - Form 990-EZ, Part V, Line 41 - State with which a copy of return is filed

Postal Code

NC

AL AK

AZ

AR

CA

CO

CT DC

FL

GA

IL KS

KY ME

MD

MA MI

MN MS

MO NH

NJ NM NY

ND OH

OK OR

PA RI

SC TN

TU VA WA

WV WI

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