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Form **990-PF**

AWENDED Return of Private Foundation

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

ndation 2009 satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

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

2009

OMB No 1545-0052

For	caler	dar year 2009, or tax year beginning		, and ending			
G Check all that apply: Initial return			Initial return of a fo	ormer public charity	Final return		
X Amended return			Address chan	ge 🔲	Name change		
Use	the	Name of foundation			A Employer identification	number	
	abel	THE HAYES FAMILY CHAR					
Oth	erwi	. — — — — — — — — — — — — — — — — — — —	CAROLINAS		26-6155281		
	print	l e e e e e e e e e e e e e e e e e e e	elivered to street address)	Room/suite	B Telephone number		
	r type Spe	21/ D. IRION DIREBI			704-973-45	17	
	ructio	one I City or town, state, and ZIP code			C If exemption application is p		
		CHARLOTTE, NC 28202			D 1. Foreign organizations	s, check here	
H_(_	type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	emputation	
			Other taxable private founda		E If private foundation sta		
		rket value of all assets at end of year J Account		Accrual	under section 507(b)(1)	(A), check here	
	om 1 -\$	Part II, col. (c), line 16)	ther (specify)	hoore)	F If the foundation is in a		
	rt I		_		under section 507(b)(1)		
	11 ()	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received	892,484.		N/A		
	2	Check if the foundation is not required to attach Sch. 8		, 22	100	4分3000000000000000000000000000000000000	
	3	Interest on savings and temporary cash investments				7 1 (3/12	
	4	Dividends and interest from securities	178,151.	178,151.		STATEMENT 1	
	5a	Gross rents				1 % 18 1	
	b	Net rental income or (loss)	·			, , , , , , , , , , , , , , , , , , ,	
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	768.	· · · · · · · · · · · · · · · · · · ·	, , , , , ,	STATEMENT 2	
ēn	b	assets on line 8a	· ·	\$ \. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\(\frac{\chi}{\chi}\) \(\chi\)	2 - 100	
€	7	Capital gain net income (from Part IV, line 2)		0.			
GENNESSE	8	Net short-term capital gain				3 3	
Ź	10-	Income modifications Gross sales less returns FOFIVED and allowances	, ^ /4,	***			
Z	liua		,				
8	,	Gross proff(o) (loss)			<u>-</u>	- I	
	11	Other income JAN 14 2011				, , , ,	
Ŋ N	12	Other income JAN 14 2011 (2) Total. Add lines 1 through 11	1,071,403.	178,151.		;	
.— .9	13	Compensation of officers clires trastees, etc.	0.	0.		Õ.	
4	14	Other employee salaries and wages					
\		Pension plans, employee benefits					
	16a	Legal fees STMT 3	8,617.	0.		8,617.	
ben	b	Accounting fees					
Ä	C	Other professional fees STMT 4	43,654.	90.		43,560.	
tive	17	Interest	3,761.	3,761.		0.	
tra	18	Taxes STMT 5	11,007.	1,444.		6,104.	
ij	19	Depreciation and depletion		<u>-</u>		<u> </u>	
щþ	20	Occupancy	<u></u>				
Þ	21	Travel, conferences, and meetings					
a	22	Printing and publications Other expenses STMT 6	755.	0.		755.	
	23 24	Other expenses STMT 6 Total operating and administrative	155.	U •		/55.	
ēra		expenses. Add lines 13 through 23	67,794.	5,295.		59,036.	
expenses. Add lines 13 till dugil 23		Contributions, gifts, grants paid	179,500.	3,233.		179,500.	
25 Contributions, gifts, grants paid 26 Total expenses and disbursements			1,3,300		·	1,7,500.	
		Add lines 24 and 25	247,294.	5,295.		238,536.	
	27	Subtract line 26 from line 12:		- 12551			
	l	Excess of revenue over expenses and disbursements	824,109.				
	l	Net investment income (if negative, enter -0-)		172,856.			
	C	Adjusted net income (if negative, enter -0-)			N/A		

F٥	rm 99	THE HAYES FAMILY CHARITA 0-PF(2009) C/O FOUNDATION OF THE CA		26_	6155281 Page 2
=			Beginning of year	End o	
F	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	9,633.	119,052.	
	2	Savings and temporary cash investments	375,490.	556,217.	
	_	Accounts receivable	313,490.	330,211.	330,217.
	"	Less: allowance for doubtful accounts	′		
	۱.	Pledges receivable			
	*	Less; allowance for doubtful accounts	winth "		
	_	Grants receivable	HOED	 	
	5	Description due from efficace directors trustees and other			
	6	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons	,		* 3
	7	Other notes and loans receivable			
	١.	Less: allowance for doubtful accounts			
Assets		Inventories for sale or use	224	2 065	2 065
Ass		Prepaid expenses and deferred charges	324. 468,765.	2,865. 993,494.	2,865. 993,494.
•		Investments - U.S. and state government obligations STMT 8			
		Investments - corporate stock STMT 9	4,283,780.	5,233,335.	5,233,335.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment, basis	· ·		
		Less accumulated depreciation			<u> </u>
		Investments - mortgage loans	601,060.	F70 0F1	F70 0F1
	13	Investments - other STMT 10	<u> </u>	570,051.	570,051.
	14	Land, buildings, and equipment basis		4 m m m m m m m m m m m m m m m m m m m	أأتاك مصاكبيات أأكأ
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	40	Tatal assats (to be completed by all filers)	F 720 0F2	7 475 014	7 475 014
_		Total assets (to be completed by all filers)	5,739,052.	7,475,014. 28,571.	
	17	Accounts payable and accrued expenses	13,000.	20,3/1.	
	18	Grants payable			
ties	19	Deferred revenue			, ,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ	21	Mortgages and other notes payable		.	`` -!
	22	Other liabilities (describe)			
	0.0	Total liabilities (add lines 17 through 22)	13,880.	28,571.	,
_	23	Foundations that follow SFAS 117, check here	13,000.	20,311.	, ,
		and complete lines 24 through 26 and lines 30 and 31.	1		
es	24	Unrestricted	5,725,172.	7,446,443.	• ,
ğ	24 25	Temporarily restricted	J, 14J, 114.	7,440,443.	
Net Assets or Fund Balances	26	Permanently restricted			
ă	20	Foundations that do not follow SFAS 117, check here			ľ
ᆵ		and complete lines 27 through 31.			
þ	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			1
Ass	29	Retained earnings, accumulated income, endowment, or other funds			1
et/	30	Total net assets or fund balances	5,725,172.	7,446,443.	
Z	"	Total liet assets of fully balances	5,125,112.	1,440,443.	
	31	Total liabilities and net assets/fund balances	5,739,052.	7,475,014.	
F	art				
=		 -	20		T
1		net assets or fund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return)	3 0		5,725,172.
2	•	r amount from Part I, line 27a		1 2	824,109.
		r increases not included in line 2 (itemize)	SEE STA		897,162.
-		. , .			

4 5 6

0.

7,446,443.

Form **990-PF** (2009)

923511 02-02-10

4 Add lines 1, 2, and 3

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

5 Decreases not included in line 2 (itemize)

Form 990-PF (2009) C/O FOUNDATION OF THE CAROLINAS 26-6155281 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) 1a MORGAN STANLEY P **VARIOUS VARIOUS** P b MORGAN STANLEY **VARIOUS VARIOUS** d e (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price plus expense of sale (e) plus (f) minus (g) (or allowable) 1,741,762 1,731,114 <10,648.> 4,816. 716,626. 711,810 b ď (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (1), if any <10,648.> а 4,816. h C d е If gain, also enter in Part I, line 7 <5,832.> Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (a) Base period years Calendar year (or tax year beginning in) Distribution ratio (col. (b) divided by col. (c)) (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets 138,939 3,443,183. .040352 2008 2007 2006 2005 2004 .040352 2 Total of line 1, column (d) 2 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .040352 the foundation has been in existence if less than 5 years 3 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 6,127,703. Multiply line 4 by line 3 247,265. 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,729. 248,994. Add lines 5 and 6 7 238,536. 8 Enter qualifying distributions from Part XII, line 4 R

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

THE HAYES FAMILY CHARITABLE TRUST Form 990-PF (2009) C/O FOUNDATION OF THE CAROLINAS Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 3,457. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% 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-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only office 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less enter-0-5 6,324 a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d <3,736. 7 Total credits and payments. Add lines 6a through 6d O.R. OVERPAYMENT 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 869 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 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded I Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1h If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. > \$ 0 • (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 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 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 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar Х year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

10

STMT

Form 990-PF (2009) C/O FOUNDATION OF THE CAROLINAS	26-6155	281	Page
Part VII-A Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?		12	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х
Website address ► NONE			
	hone no. $\triangleright 704-97$		517
Located at ► 217 S. TRYON STREET, CHARLOTTE, NC	ZIP+4 ▶ <u>28</u>	202	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	5 1 1	3.7	, ▶∟
and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Require	<u>▶ 15</u>	N,	<u>/ A</u>
	u	* 20 N	Voc No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		3 5	Yes No
1a During the year did the foundation (either directly or indirectly): (1) Forces is the select a suppose of leaves of property with a dispusited passes?	Yes X No	77 (17) -4 (3)	
 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) 	Tes LA_ NO	\[\gamma \langle \cdot \text{\chi} \]	
a disqualified person?	Yes X No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No	14.5	
(5) Transfer any income or assets to a disqualified person (or make any of either available	163 22 110	/. ^	국민왕
for the benefit or use of a disqualified person)?	Yes X No	7	
(6) Agree to pay money or property to a government official? (Exception. Check "No"		3 9 32	
if the foundation agreed to make a grant to or to employ the official for a period after		323	(学) [25
termination of government service, if terminating within 90 days.)	Yes X No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		1b	X
Organizations relying on a current notice regarding disaster assistance check here	ightharpoons	,	262
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not con	rected	. 65.24	
before the first day of the tax year beginning in 2009?		1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating for	oundation	 ^.^	
defined in section 4942(j)(3) or 4942(j)(5)):		5,18	
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s			
before 2009?	Yes X No	1 1	
If "Yes," list the years ►,,,			* 1.4 C
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to		13/13	(A)
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No"		3 8	a
statement - see instructions.)	N/A	2b	-
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<u> </u>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		` '	, [
during the year?	Yes X No		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified p			1
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sc			
Form 4720, to determine if the foundation had excess business holdings in 2009)	nedule C, N/A	3b	·
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	H/A	4a	Х
12 3.2 3.3 (Sanadio) intoot coming the feat any amount in a mainlet that mone lookardize no quantable bathoocs.			

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

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

THE HAYES FAMILY CHARITABLE TRUST C/O FOUNDATION OF THE CAROLINAS Form 990-PF (2099) 26-6155281 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (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, Yes X No any voter registration drive? Yes X No (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, ANICHUC Yes X No 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 Yes X No 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 N/A section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained ☐ Yes L N/A expenditure responsibility for the grant? 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 🗌 Yes 🗶 No a personal benefit contract? 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted (e) Expense account, other (c) Compensation (If not paid, enter -0-) (a) Name and address to position allowances ROBERT C HAYES. PRESIDENT/TRUSTEE JR. 217 S. TRYON CHARLOTTE, NC 28202 0. 1.00 0 0 WINSLOW HAYES GALLOWAY SECRETARY/TREASURER/TRUSTEE 217 S. TRYON 0. CHARLOTTE, NC 28202 1.00 0 0 BARBARA W HAYES TRUSTEE 217 S. TRYON 0. CHARLOTTE, NC 28202 1.00 0 0 TRUSTEE ROBERT C HAYES 217 S. TRYON 0 CHARLOTTE, NC 28202 0. 1.00 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation compensation NONE

Total number of other employees paid over \$50,000

Form	QQN_DF	(2009)
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26-6155281 Page 7

Part VIII Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "	NONE II	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(5) 1990 07 301 100	(c) compensation
AMEND	ב ח	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produce.	al information such as the ced, etc.	Expenses
1 N/A	,	
2		
	· · · · · · · · · · · · · · · · · · ·	
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

Form **990-PF** (2009)

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:		
а	Average monthly fair market value of securities	1a	5,736,878.
	Average of monthly cash balances AVENDED	1b	13,080.
	Fair market value of all other assets	1c	471,060.
	Total (add lines 1a, b, and c)	1d	6,221,018.
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	0.
3	Subtract line 2 from line 1d	3	6,221,018.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	93,315.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,127,703.
6	Minimum investment return. Enter 5% of line 5	6	306,385.
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 certair	
1	Minimum investment return from Part X, line 6	1	306,385.
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	3,457.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	302,928.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	302,928.
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	302,928.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	22	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	238,536.
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	238,536.
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	238,536.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculation whether the foundation of	malifies	for the 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
Distributable amount for 2009 from Part XI, line 7		AMEND		
		,		302,928.
2 Undistributed income, if any, as of the end of 2009			21 544	
a Enter amount for 2008 only			31,544.	
b Total for prior years:	•	•		,
3 Excess distributions carryover, if any, to 2009:		0.		`
a From 2004				
b From 2005				,
c From 2006	•			
d From 2007				1
				3
e From 2008			•	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from	,			***
Part XII, line 4: ►\$ 238,536.			21 544	
a Applied to 2008, but not more than line 2a			31,544.	, , ,
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c Treated as distributions out of corpus	0		\$. ```````
(Election required - see instructions)	0.			305.000
d Applied to 2009 distributable amount				206,992.
e Remaining amount distributed out of corpus	0.			, , ,
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	*	<i></i>	0.
6 Enter the net total of each column as indicated below:	,			,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			,
b Prior years' undistributed income. Subtract				, ,
line 4b from line 2b		0.		,
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
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				95,936.
7 Amounts treated as distributions out of				307300
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.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
9 EN0000 II VIII E000		·		· · · · · · · · · · · · · · · · · · ·

THE HAYES FAMILY CHARITABLE TRUST Form 990-PF (2009) C/O FOUNDATION OF THE CAROLINAS 26-6155281 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (b) 2008 (a) 2009 (c) 2007 (d) 2006 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\sum \text{X} \) 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;

FOUNDATION FOR THE CAROLINAS, 704-973-4500

217 S. TRYON STREET, CHARLOTTE, NC 28202

D I	ne torm in which	applications should	be submitted and information	n 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:

Form 990-PF (2009)

C/O FOUNDATION OF THE CAROLINAS

26-6155281 Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year AM ENDED SEE STATEMENT 12 179,500. Total ► 3a b Approved for future payment NONE Total

Form 990-PF (2009)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c				コロロログにしく	
		//	1.4		
d		b	 □\'\'\	- 11 (D) (S-10)	
e					
		-	 		-
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			İ		
investments			ļ		
4 Dividends and interest from securities			14	178,151.	
5 Net rental income or (loss) from real estate:	ļ <u></u>			<u> </u>	,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income					
8 Gain or (loss) from sales of assets other			\vdash		
than inventory			18	768.	
9 Net income or (loss) from special events			1 10	700.	
10 Gross profit or (loss) from sales of inventory	-		 		
· ,			<u> </u>		
11 Other revenue:			ł		
a			-		
b			ļ		
C					
d			L		
e			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.		178,919.	
13 Total Add line 12, columns (b), (d), and (e)				13	178,919.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Fy	/emr	t Purnoses	
Tield dollaring of Additities to			Cinp		
Line No Explain below how each activity for which incom			contri	buted importantly to the accon	nplishment of
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).			
		· 			
					•
	 ' .				
	 			-	
					
		· · ·			
					
					
				_	
		<u> </u>			
923621					Form QQO_DF (2000)

C/O FOUNDATION OF THE CAROLINAS

26-6155281 Page 13

Form 990-PF (2009)
Part XVII In Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of					in 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	Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:		,		
	(1) (Cash				1a(1)		X
	(2) (Other assets				1a(2)		X
b	Other	transactions:		ra FN	9 22 19 711 10 10	,		; نامد
	(1) 5	Sales of assets to a noncharital	ble exempt organization	$M \cdot M$		1b(1)		X
	(2) F	Purchases of assets from a nor	ncharitable exempt organization	9 8 8 2		1b(2)		X
	(3) F	Rental of facilities, equipment, (or other assets			1b(3)		X X X X
	(4) F	Reimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) F	Performance of services or me	mbership or fundraising solicitatio	ons		1b(6)		X
C	Sharı	ng of facilities, equipment, mai	iling lists, other assets, or paid em	ployees		1c		X
d	If the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alw	vays show the fair market value of the goods, of	her ass	ets,	
					e in any transaction or sharing arrangement, sh			
	colun	nn (d) the value of the goods, o	other assets, or services received.					
ı)ı	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, and st	arıng an	angeme	nts
			N/A					
				· · · · · · · · · · · · · · · · · · ·				
		, , , , , , ,						
				•				
			<u></u>					
		" " -						
	·							
					<u> </u>			
	Is the	foundation directly or indirect	ly affiliated with, or related to, one	or more tax-exempt organiz	rations described			
			than section 501(c)(3)) or in sect			Yes	X	No
Ь		s," complete the following sche	• • • • • • • • • • • • • • • • • • • •					,
_		(a) Name of org		(b) Type of organization	(c) Description of relationship	р		
		N/A						
_	_							
		 .						
T					ents, and to the best of my knowledge and belief, it is tr	ue, corre	ct,	
	and cor	nplete Declaration preparer (other	r than takpayer or fiduciary) is based on	all information of which preparer	has any knowledge			
Mussa tederico 12/30/10 NP								
	Si	gnature of officer or fustee		Date	Title			
1		Preparer's	7 (1) -	, D	ate Check If Preparer	s identify	ring nurr	ber
	_ ະ. ≥	signature	SILL YOTH	ca 1	2-940 self- employed ►			
	Paid Preparer's Use Only	Firm's name (or yours CHER	HY, BEKAERT & H	OLLAND, L.L.				
ľ	re, Use	if self-employed),	METROPOLITAN A					
1	4	address, and ZIP code CHAR	LOTTE, NC 28204		Phone no. 704-3	77-	167	8
						n 990		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

THE HAYES FAMILY CHARITABLE TRUST C/O FOUNDATION OF THE CAROLINAS

Employer identification number

26-6155281

Organization type (check one):								
Filers of:		Section: AMENDED						
Form 99	0 or 990-EZ	501(c)(501(c)() (enter number) organization					
		4947(a)(1)	nonexempt charitable trust not treated as a private foundation					
		527 politic	al organization					
Form 99	0-PF	X 501(c)(3) e	xempt private foundation					
		4947(a)(1)	nonexempt charitable trust treated as a private foundation					
		501(c)(3) to	axable private foundation					
	· ·	•	ieneral Rule or a Special Rule. Inization can check boxes for both the General Rule and a Special Rule See instructions					
General	Rule							
X	For an organization contributor Comple		90-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one					
Special	Rules							
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II							
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
	contributions for us If this box is checked purpose Do not co	se exclusively for red, enter here the omplete any of the	ganization filing Form 990 or 990-EZ that received from any one contributor, during the year, eligious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. total contributions that were received during the year for an exclusively religious, charitable, etc., parts unless the General Rule applies to this organization because it received nonexclusively as of \$5,000 or more during the year					

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

THE HAYES FAMILY CHARITABLE TRUST

Employer identification number

C/O FOUNDATION OF THE CAROLINAS

26-6155281

Part I	Contributors (see instructions)	AMENDED	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARIAM CANNON HAYES LIVING TRUST	\$\$892,484.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part It if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	ı
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Page 1 of 1 of Part ||

Name of organization

THE HAYES FAMILY CHARITABLE TRUST

C/O FOUNDATION OF THE CAROLINAS

26-6155281

Employer identification number

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VARIOUS STOCK & BONDS		
1			
		\$892,484.	10/14/09
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 :			
		\$	
(a) No.	(b)	(c)	(4)
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		&	
		\$	

Schedule	в	(Form	990	990-FZ	٥r	990-PF) (2009)	
	_	(, 0,,,,	550,	000-LL,	•	000-11/(2000)	

Name of organization

Employer identification number

\mathtt{THE}	HAYES	FAMILY	CHARITABLE	TRUST
~ / ~	=			

more than \$1,000 for the year. Complete of Part III, enter the total of exclusively religiou \$1,000 or less for the year. (Enter this information No.	lividual contributions to section columns (a) through (e) and the s, chantable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing s of
No.	mation once. See instructions i	
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
No. Om (b) Purpose of gift	(a) Upo of gift	(d) Description of how sift is held
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t
Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
No. om (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	t
Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
No. om (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of sife	<u> </u>
,	(e) Transfer of gift	•

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MORGAN STANLEY - DIVIDENDS MORGAN STANLEY - INTEREST MORGAN STANLEY - OID INTEREST	134,535. 23,204. 20,412.	0. 0. 0.	134,535. 23,204. 20,412.
TOTAL TO FM 990-PF, PART I, LN 4	178,151.	0.	178,151.

AMENDED

DESCRIP	(A) TION OF PROPERTY				MANNER ACQUIRED)LD
MORGAN	STANLEY	_	AM	- N	PURCHASED	VARIOUS	VARIOU	JS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE (SALE	OF	(E) DEPREC.	GAIN	(F)	3
	1,731,114.	1,741,762.		0.		0.	<10,64	18.
DESCRIF	(A) TION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SO)LD
MORGAN	STANLEY				PURCHASED	VARIOUS	VARIOU	JS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE (SALE	OF	(E) DEPREC.	GAIN	(F)	3
	716,626.	711,810.		0.		0.	4,81	L6.
DESCRIE	(A) PTION OF PROPERTY				MANNER ACQUIRED	DATE ACQUIRED	DATE SO)LD
REAL ES	STATE GAIN	_			PURCHASED	VARIOUS	VARIOU	JS
	(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE (SALE	OF	(E) DEPREC	. GAIN	(F)	3
	0.	0.		0.		0.	6,60	00.
NET GA	IN OR LOSS FROM S	ALE OF ASSETS					7(58.
CAPITAI	GAINS DIVIDENDS	FROM PART IV						0.
	O FORM 990-PF, P						7.	 58.

FORM 990-PF	LEGAL	FEÉSILLE	S'	TATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
LEGAL FEES	8,617.	0.		8,617	7.
TO FM 990-PF, PG 1, LN 16A	8,617.	0.		8,617	-
FORM 990-PF (THER PROFES	SIONAL FEES	S	TATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
MANAGEMENT FEES	43,654.	90.		43,560	<u> </u>
TO FORM 990-PF, PG 1, LN 16C	43,654.	90.		43,560). —
FORM 990-PF	TAX	ES	S	TATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
PROPERTY TAXES FOREIGN TAXES ON DIVIDENDS FEDERAL EXCISE TAX	6,104. 1,444. 3,459.	0. 1,444. 0.			1.).
TO FORM 990-PF, PG 1, LN 18	11,007.	1,444.		6,104	 -
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABL PURPOSES	
BANK FEES DUES & SUBSCRIPTIONS	90. 665.	0.		90	
TO FORM 990-PF, PG 1, LN 23	755.	0.		755	<u> </u>

FORM 990-PF OTHER INCREASES	IN NET ASSETS OR FUND BALA	NCES STATEMENT 7
DESCRIPTION		AMOUNT
UNREALIZED GAINS ON INVESTMENT NON-DIVIDENDS DISTRIBUTIONS RE TAX-EXEMPT INTEREST INCOME	/2/2/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	893,978. 3,142. 42.
TOTAL TO FORM 990-PF, PART III	LINE 3	897,162.
FORM 990-PF U.S. AND ST	TE/CITY GOVERNMENT OBLIGA	TIONS STATEMENT 8
DESCRIPTION	U.S. OTHER GOV'T GOV'T BOOK	FAIR MARKET VALUE VALUE
GOVERNMENT SECURITIES	<u>x</u> 9	93,494. 993,494.
TOTAL U.S. GOVERNMENT OBLIGATI	ons 9	93,494. 993,494.
TOTAL STATE AND MUNICIPAL GOVE	RNMENT OBLIGATIONS	
TOTAL TO FORM 990-PF, PART II,	LINE 10A 9	93,494.
FORM 990-PF	CORPORATE STOCK	STATEMENT 9
DESCRIPTION	воок	FAIR MARKET VALUE VALUE
CORPORATE STOCKS CORPORATE FIXED INCOME SECURIT		96,510. 5,096,510. 36,825. 136,825.
TOTAL TO FORM 990-PF, PART II,	LINE 10B 5,2	33,335. 5,233,335.
FORM 990-PF	OTHER INVESTMENTS	STATEMENT 10
DESCRIPTION	VALUATION METHOD BOOK	FAIR MARKET VALUE VALUE
EDANIZITAL CROVE II.O. DE LONG		71,060. 471,060.
FRANKLIN GROVE, LLC - RE LOTS OTHER	COST	98,991. 98,991.

STATEMENT 12

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 11
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

FORM 990-PF

ADDRESS

GRANTS AND CONTRIBUTIONS

MIRIAM CANNON HAYES LIVING TRUST

A MAISTER OF THE

	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
WVU FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 4422 MORGANTOWN, WV 26504	NONE SPIRITUAL SUPPORT FOR ATHLETIC PROGRAMS	501(C)(3)/ 509(A)(1)	30,000.
PAVILLON INTERNATIONAL 241 PAVILLON PLACE MILL SPRING, NC 28756	NONE WOMEN'S EXTENDED CARE & RESIDENTIAL TREATMENT SCHOLARHIP PROGRAM	501(C)(3)/ 509(A)(2)	10,000.
TRINITY CHRISTIAN SCHOOL, INC. 200 TRINITY WAY MORGANTOWN, WV 26505		501(C)(3)/ 170(B)(1)(12,500.
945 N. COLLEGE STREET	NONE SABER TREATMENT PROGRAM	501(C)(3)/ 509(A)(1)	5,000.
WALLBUILDER PRESENTATIONS P.O. BOX 397 ALEDO, TX 76008	NONE PASTORS' BRIEFINGS PROGRAM/ PRO-FAMILY LEGISLATIVE NETWORK PROGRAM	501(C)(3)/ 509(A)(1)	10,000.
PRISON FELLOWSHIP P.O. BOX 1550 MERRIFIELD, VA 22116-1550	NONE TRANSFORMING LIVES IN NC PROGRAM		5,000.

FELLOWSHIP OF CHRISTIANS IN	NONE NEW YORK REGIONAL		12,000.
UNIVERSITIES & SCHOOLS P.O. BOX 5106 CHARLOTTESVILLE, VA 22905	NEW YORK REGIONAL ************************************	∞ È '5 0 9 Ĭ (.A.) (1)	
CHRISTIAN LIFE HOME P.O. BOX 31705 RALEIGH, NC 27622	NONE GENERAL OPERATING SUPPORT	501(C)(3)/ 509(A)(1)	5,000.
CHARLOTTE RESCUE MISSION P.O. BOX 33000 CHARLOTTE, NC 28233-3000	NONE WOMEN'S ADDICTION RECOVERY PROGRAM	501(C)(3)/ 509(A)(2)	10,000.
CALVARY CHRISTIAN FELLOWSHIP 734 CANYON ROAD MORGANTOWN, WV 26508	NONE BUILDING EXPANSION PROJECT	501(C)(3)/ 509(A)(1)	15,000.
BRIDGE JOBS PROGRAM, INC. 2732 ROZZELLES FERRY ROAD, #B CHARLOTTE, NC 28208	NONE GENERAL OPERATING SUPPORT	501(C)(3)/ 509(A)(2)	10,000.
BOYS & GIRLS CLUB OF CABARRUS COUNTY P.O. BOX 1405 CONCORD, NC 28026	NONE AFTER SCHOOL & SUMMER PROGRAMS	501(C)(3)/ 509(A)(1)	5,000.
HIGHER LEVEL MINISTRIES, INC. P O BOX 144 KANNAPOLIS, NC 28082-0144	NONE CABARRUS REENTRY INITIATIVE PROGRAM	501(C)(3)/ 509(A)(1)	5,000.
INJURED MARINE SEMPER FI FUND 825 COLLEGE BLVD, #102 PMB 609 OCEANSIDE, CA 92057	NONE CARING FOR THE CAROLINAS PROGRAM	501(C)(3)/ 509(A)(2)	20,000.
USO OF NORTH CAROLINA, INC. P.O. BOX 91536 RALEIGH, NC 27675	NONE MILITARY ASSISTANCE PROGRAM	501(C)(3)/ 509(A)(2)	20,000.
FREEDOM FARM MINISTRIES, INC. 275 CABBAGE CREEK ROAD CRESTON, NC 28615	NONE RESTORATION HOUSE	501(C)(3)/ 509(A)(1)	5,000.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A		179,500.

•				
<u>Form</u>	8868 (Rev. 4-2009)			Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох		► X
	e. Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed	d Form	8868	
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Pa	rt II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed)	
Туре	Name of Exempt Organization	Emp	loyer ider	ntification number
prini	THE HAYES FAMILY CHARITABLE TRUST	1 .		
File by	C/O FOUNDATION OF THE CAROLINAS		<u>6-615</u>	
extend	Number, street, and room or suite no. If a P.O. box, see instructions	For	RS use on	lly
aue a: filing t	ate for 217 S. TRYON STREET			
return Instru				
	CHARLOTTE, NC 28202			
Che	ck type of return to be filed (File a separate application for each return)		5007	Form 8870
는	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A	=	orm 5227	Form 8870
L	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069	
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	usly fil	ed Form 8	868.
	THE FOUNDATION OF THE CAROLINAS			
• TI	ne books are in the care of > 217 S. TRYON STREET - CHARLOTTE, NC 282	202		_
	elephone No \triangleright 704-973-4517 FAX No \triangleright 704-973-491	7		
• If	the organization does not have an office or place of business in the United States, check this box			▶ □
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	nis is fo	r the whol	e group, check this
оох	If it is for part of the group, check this box > and attach a list with the names and EINs of all	memt	ers the ex	tension is for
4	request an additional 3-month extension of time until NOVEMBER 15, 2010			
5	For calendar year 2009, or other tax year beginning, and ending			
6	If this tax year is for less than 12 months, check reason.		Change in	accounting period
7	State in detail why you need the extension			
		ORM	ATION	NECESSARY
	TO FILE A COMPLETE AND ACCURATE RETURN.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			•
	nonrefundable credits. See instructions.	<u>8a</u>	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		[
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid		}	204
	previously with Form 8868	8b	\$	324.
C	Balance Due, Subtract line 8b from line 8a, Include your payment with this form, or, if required, deposit	1	ı	

Under penalties of perjupy, declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I amount orized to prepare this form.

Cianatura

itle ►

Form 8868 (Rev. 4-2009)

Date >

0.

(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

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons X
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page	e 2 of this form)	
Do not complete Part II unless you have already been granted an automatic 3-month extension on a pro-	eviously filed Fo	orm 8868
Part I Automatic 3-Month Extension of Time. Only submit original (no copies neede	ed)	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box	x and complete	
Part I only	·	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to i	request an exter	nsion of time
to file income tax returns	•	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composition must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the elewww.irs.gov/efile and click on e-file for Chanties & Nonprofits	B electronically in site or consolid	f (1) you want the additional lated Form 990-T Instead,
Type or Name of Exempt Organization	Emp	oloyer identification number
print THE HAYES FAMILY CHARITABLE TRUST		
File by the C/O FOUNDATION OF THE CAROLINAS		26-6155281
due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 217 S. TRYON STREET		
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions CHARLOTTE, NC 28202		
Check type of return to be filed(file a separate application for each return)		
Form 990 Form 990-T (corporation)	Form 4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	
Form 990-EZ Form 990-T (trust other than above)	Form 6069	
X Form 990-PF	Form 8870	
MUD HOLDDAMION OF MUD CAROLINAC	• • • • • • • • • • • • • • • • • • • •	
THE FOUNDATION OF THE CAROLINAS • The books are in the care of ▶ 217 S. TRYON STREET - CHARLOTTE, N	r 28202	
Telephone No. ► 704-973-4517 FAX No. ► 704-973		
If the organization does not have an office or place of business in the United States, check this box		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is fo	or the whole group, check this
box If it is for part of the group, check this box and attach a list with the names and E	EINs of all memi	pers the extension will cover.
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2010 —, to file the exempt organization return for the organization is for the organization's return for: ▶ X calendar year 2009 or ▶ tax year beginning —, and ending		The extension
		
2 If this tax year is for less than 12 months, check reason: Initial return Final ret	um 🔲	Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	1	
nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3ъ	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30	- 0.
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	1	
See instructions.	3c	s 0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO		