

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



Form 990-PF

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

OMB No 1545-0052

2009

Internal Revenue Service

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2009, or tax year beginning and ending G Check all that apply Initial return Initial return of a former public chanty Final return Amended return Address change Name change Name of foundation Use the IRS Employer identification number 30-0110467 lahei SHARLENE R WILLIAMS FAMILY FDN INC Otherwise, Telephone number (see page 10 of the instructions) print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. PO BOX 53646 If exemption application is pending, check here See Specific City or town, state, and ZIP code 1. Foreign organizations, check here Instructions. **FAYETTEVILLE** NC 28305 2. Foreign organizations meeting the H Check type of organization | X | Section 501(c)(3) exempt private foundation 85% test, check here and attach computation Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation If private foundation status was terminated under Fair market value of all assets at end J Accounting method X Cash section 507(b)(1)(A), check here Other (specify) of year (from Part II, col (c), If the foundation is in a 60-month termination Ol under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis) Part 1 Analysis of Revenue and Expenses (The (a) Revenue and (d) Disbursements total of amounts in columns (b), (c), and (d) may not necessarily equal expenses per (b) Net investment (c) Adjusted net for charitable books income income purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► |X| If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments Dividends and interest from securities NO ACTIVITY Gross rents SCANNED SEPRIMENTER! Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications Gross sales less returns & allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 0 Operating and Administrative Expenses 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) C 17 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion CED 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 0 25 Contributions, gifts, grants paid 0 0 26 Total expenses and disbursements. Add lines 24 and 25 0 0 0 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) 0

3

4

5

6

Other increases not included in line 2 (itemize)

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)

Add lines 1, 2, and 3

		ILLIAMS FAMILY			30-0110467		Page 3
		es for Tax on Investm		<u> </u>	(b) Have		
) of property sold (e g , real estate ommon stock, 200 shs MLC Co)	t.		(b) How acquired P—Purchase	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
1a N/A					D—Donation	()	(, day,). /
b							
c							
d							<u> </u>
е	·					-	
(e) Gross sales price		(f) Depreciation allowed (or allowable)		-	other basis nse of sale	1	ain or (loss) (f) minus (g)
a							
b							
С	_					NO AC	TIVITY
d							
е						=	
Complete only for assets show	ing gain in co	lumn (h) and owned by the for	undation on 12	2/31/69			of (h) gain minus
(I) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(s of col (i) (j), if any		ot less than -0-) or (from col. (h))
<u>a</u>			1				
b			<u> </u>				
_ C							
<u>d</u>		···				-	
€			- Dadl b 7			 	
2 Capital gain net income or (net	capital loss)	If gain, also enter in If (loss), enter -0- in		•			
3 Net short-term capital gain or (nee) as defin	_ ' '		J		2	
If gain, also enter in Part I, line	•	, , , , ,	•	7			
If (loss), enter -0- in Part I, line		(occ pages to and the orang	mon donono,			3	
		ction 4940(e) for Redu	ced Tax or	Net I	nvestment Inco	me	
(For optional use by domestic priva							
If section 4940(d)(2) applies, leave	this part blan	k			·		
	•						N/A
Was the foundation liable for the se				the base	e period? Y	es No	
If "Yes," the foundation does not qu							
1 Enter the appropriate amount i	n each colum	n for each year, see page 18	of the instructi	ons befo	ore making any entrie	es T	
(a) Base penod years		(b)		Not value	(c)		(d) istribution ratio
Calendar year (or tax year beginn	ing in)	Adjusted qualifying distributi	Olis I	ver value	of noncharitable-use as	sets (col (t) divided by col (c))
2008							
2007 2006							
2008							
2004							
2004	I		L				
2 Total of line 1, column (d)						2	
3 Average distribution ratio for th	e 5-vear base	e period—divide the total on li	ne 2 by 5, or b	v the			-
number of years the foundation	-	•	•	,		3	
·		•					
4 Enter the net value of nonchar	table-use ass	sets for 2009 from Part X, line	5			4	
5 Multiply line 4 by line 3						5	
6 Enter 1% of net investment inc	ome (1% of F	Part I, line 27b)				6	
7 Add lines 5 and 6						7	
O Cutas avalativas distrib	D4 VII 1	4					
8 Enter qualifying distributions fro			and samelete	thet	d using a 40/	See the	
If line 8 is equal to or greater the		son the box in Fatt VI, line 10,	and complete	uiat pai	it using a 1% tax rate	: See ine	
Part VI instructions on page 18	·						

Form	990-PF (2009) SHARLENE R WILLIAMS FAMILY FDN INC 30-0110467			Pa	age 4
<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instru	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	ļ			
	here ▶ ☐ and enter 1% of Part I, line 27b	1			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	1			
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ļ			0
3	Add lines 1 and 2				
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				
а	2009 estimated tax payments and 2008 overpayment credited to 2009	1			
Ь	Exempt foreign organizations—tax withheld at source	1			
С	Tax paid with application for extension of time to file (Form 8868) 6c	NO A	CTI	VIT	Y
d	Backup withholding erroneously withheld 6d 6d	1			
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	_			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ļ			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ļ .			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
Pa	nt VII-A Statements Regarding Activities		₁	· ·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		_1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	
	published or distributed by the foundation in connection with the activities		l	1	
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- 1	
_	on foundation managers \$			1	77
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				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1	•
4	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4a		<u> </u>
b 5	•	IA/W	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		5		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
0	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?			х	
7			6	Λ	x
_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi (c), and Part XV		7		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) None				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-	
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	N/A	٥٢	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	M/W	8b		
J	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			3	Ī
	27)? If "Yes," complete Part XIV		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		9		<u> </u>
	names and addresses		10		х
					,

4b

	1990-PF (2009) SHARLENE R WILLIAMS FAMILY FON .		110467				<u> Р</u>	age 6
<u>Pa</u>	art VII-B . Statements Regarding Activities for Which Form 4	720 May Be Re	equired (cont	inued	l)	 ,		
5a	o , and an pay or more any amount to				_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494			Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to o	carry on,			_			
	directly or indirectly, any voter registration drive?			Yes	X No		1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	X No			
	(4) Provide a grant to an organization other than a chantable, etc., organization de		<u></u>					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc			Yes	X No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ducational						
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t							•
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s	ee page 22 of the in	structions)?		N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here			>			-	
С	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		-	I
_	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 p	oremiums						I
	on a personal benefit contract?			Yes	X No			!
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nal benefit contract	?			6b		X
_	If "Yes" to 6b, file Form 8870				5			Ī
	At any time during the tax year, was the foundation a party to a prohibited tax shelt			Yes	X No			<u> </u>
	If yes, did the foundation receive any proceeds or have any net income attributable				N/A	7b		L
Pa	Information About Officers, Directors, Trustees, For	indation Mana	gers, Highly	Paid	Employe	es,		
4 1	and Contractors		• • • • • • • • • • • • • • • • • • • •					
1 1	List all officers, directors, trustees, foundation managers and their compensat	ion (see page 22 o	the instruction	1		Т		
	630	(b) Title, and average	(c) Compensation		Contributions to apployee benefit	(e) Fx	pense a	iccount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plar	ns and deferred		r allowa	
		<u>'</u>	<u> </u>	- C	ompensation	1		
N/	· .					[
		<u> </u>		+		 		
			NO AC	דיחיר	777787	1		
		-	<u>NO</u> AO	۱ I I ۷	,111 —	<u> </u>	——	
						 		
2	Companyation of five highest paid employees (ather than these included an	Vac 4	2 -64h- !	4:		<u> </u>		
-	Compensation of five highest-paid employees (other than those included on If none, enter "NONE."	iine 1—see page 2	23 of the instruc	tions).				
			<u> </u>	(4)	Contributions to	1		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	en	nployee benefit		pense a	
	(a)	devoted to position	(o) compensasion		ns and deferred ompensation	othe	er allowa	ances
NC	ONE			+ *		 		
								
			···	+				
				-				
				1-		\vdash		
						1		
				+		 		
]			1		
_				+		 		
			1					
ota	I number of other employees paid over \$50,000	<u> </u>					T	
						m 99	0-PF	(2009)
								(~500)

Form 990-PF (200	09) SHARLENE R WILLIAMS FAMILY FDN INC	30-0110467	Page 7
Part VIII .	Information About Officers, Directors, Trustees, Foundation		
	and Contractors (continued)		
3 Five highes	st-paid independent contractors for professional services (see page 23 of the	ne instructions). If none, enter "NONE.	"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
		NO ACTIVITY	
			
Total number of o	others receiving over \$50,000 for professional services		>
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical inform other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1 N/A			
. 21, 25			
2			
			<u> </u>
3			
			_
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of	of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A	angest pregion reacted interestrict index by the real reacted adming the tax year of lines i and	42	Amount
,			
2			
All other program	-related investments See page 24 of the instructions		
3			
	40. 10		
Total. Add lines 1	Titnrough 3	▶	

Form	1 990-PF (2009) SHARLENE R WILLIAMS FAMILY FDN INC 30-0110467		Page 8
٣ŧ	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fo	
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		NO ACTIVITY
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope	rating	
	foundations and certain foreign organizations check here	Ū	
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)		
С	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 page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		-
	line 1	7	0
n.	Will Constitute District the Constitution of t		
P ?	art XII Qualifying Distributions (see page 25 of the 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	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (pnor 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	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	_	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2009)

orm	990-PF (2009) SHARLENE R WILLIAMS FAM	ILY FDN INC	30-01104	<u>67 </u>	Page 9
Pa	rt XIII . Undistributed Income (see page 26 of t	he instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				0
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			_	
b	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004		‡		
b	From 2005				
C	From 2006			l 	
d	From 2007			NO ACTIVI	TY
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2008, but not more than line 2a		<u> </u>		
	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
ď	Applied to 2009 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
-	(If an amount appears in column (d), the same				
	amount must be shown in column (a)				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		ŧ		
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
а	tax has been previously assessed Subtract line 6c from line 6b Taxable				
u					
_	amount—see page 27 of the instructions		<u> </u>		
θ	Undistributed income for 2008. Subtract line		1		
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
1	Undistributed income for 2009 Subtract lines		1		
	4d and 5 from line 1. This amount must be		1		
_	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) (see page 27 of the				<u> </u>
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				Į.
	instructions)	ļ			
9	Excess distributions carryover to 2010.				Į.
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9		1		<u>‡</u>
а	Excess from 2005		1		Į
b	Excess from 2006				‡
С	Excess from 2007]			
d	Excess from 2008		1		‡
A	Excess from 2009]	‡	1	!

Form 990-PF (2009) SHARLENE R WILLIAMS FAMILY FDN INC 30-0110467

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

N/A

DAA

Part XV . Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A NO ACTIVITY Total ▶ 3a Approved for future payment N/A Total ▶_3b

DAA

OIIII 990-FF (THC 20	011040	<u>' </u>	Fage 12
Part XVI-A				F 4 4 12		(a)
enter gross am	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See page 28 of
1 Program se	ervice revenue					the instructions)
ь						
с		_				
		_				
ė						
† <u> </u>		_		+	l	
	nd contracts from government agencies				NO ACTIV	TTY —
	p dues and assessments savings and temporary cash investments			- -		
			· · · · · · · · · · · · · · · · · · ·	- -		
	Dividends and interest from securities Net rental income or (loss) from real estate					
	nanced property					
	bt-financed property					
	ncome or (loss) from personal property					···
7 Other inves			· · · · · · · · · · · · · · · · · · ·	1		
8 Gain or (los	ss) from sales of assets other than inventory					
	e or (loss) from special events					<u>.</u>
	t or (loss) from sales of inventory					
11 Other reve	nue a					-
_						
c						
d						
е						
	dd columns (b), (d), and (e)			0	0	
	line 12, columns (b), (d), and (e)				13 _	(
	t in line 13 instructions on page 28 to verify calculate			·		
Part XVI-I						
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur instructions.)					the
N/A						
•						
		•				
			·			
						·
						<u></u>
			··· -			
						
	I					

orm 990-PF (200			AMS FAMILY FDN			<u>Pa</u>	ge 13
Part XVII	Information Reg		sfers To and Transaction	ons and Relationships With Noncharita	ıble		
1 Did the orga			any of the following with any of	her organization described		Yes	No
		r than section 5	01(c)(3) organizations) or in sec	ction 527, relating to political			
organization							
	om the reporting found:	ation to a nonch	antable exempt organization of				,,
(1) Cash (2) Other a	scota				1a(1)		X
b Other trans					1a(2)		<u> </u>
	f assets to a nonchanta	ible exempt org	anization		1b(1)		х
	ses of assets from a no				1b(2)		X
	of facilities, equipment,		, .		1b(3)		X
(4) Reimbi	rsement arrangements				1b(4)		X
(5) Loans	or loan guarantees				1b(5)		X
	nance of services or me				1b(6)		X
			assets, or paid employees		1c	l	X
				nn (b) should always show the fair market			
			_	he foundation received less than fair market			
(a) Line no	(b) Amount involved	1	now in column (d) the value of noncharitable exempt organization	the goods, other assets, or services received (d) Description of transfers, transactions, and sha			
N/A	(b) / incant involved	(c) Name of	nonchantable exempt organization	(u) Description of transfers, transactions, and sha	aring arrange	ements	
				NO ACTIVITY			
			·			•	
··· · · · · · · · · · · · · · · · · ·							
		ļ					
		<u> </u>					
		 					
	<u> </u>						
				-			
	·						
2a Is the found	lation directly or indirec	tly affiliated with	, or related to, one or more tax-	exempt organizations			-
			n section 501(c)(3)) or in section		_ Y	es 🛚	No
b If "Yes," cor	mplete the following sch	nedule		·•			
<u>·</u>) Name of organization		(b) Type of organization	(c) Description of relationship			
N/A							
							
							
	 .						
		1		1			

Signature of officer or trustee

Preparer's

Date

Check If

self-employed ▶

Preparer's identifying number (see Signature on page 30 of the instructions) P00156819

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Griffin, Maxwell & Frazelle, Suite 100
Fayetteville, NC 28305-5001 *9-1-10* P.A.

EIN ► 56-1570188 Phone no 910-868-9041

Form 990-PF (2009)

Sign Here

Paid Preparer's Use Only