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Department of the Treasury

#### **Return of Private Foundation**

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

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

OMB No 1545-0052

Inter	nal Re	venue Service Note	. The foundation may l	be able to use a copy of this	return to satisfy	state repo	rting requirements	
For	caler	ndar year 2009, or tax year b	eginning		, and endi	ing		
G (	Check		itial return mended return	Initial return of a fo	•	· —	Final return Name change	
	the	IRS Name of foundation	nended letain	Address chair	ân.		A Employer identification	number
	nerwi	mun curuncm	ER FAMILY	FOUNDATION I	NC.		56-1950780	
	print	- I	oox number if mail is not de	elivered to street address)	R	oom/suite	B Telephone number	
	r type	F	<u> </u>				910-324-11	06
	Spe ructi	one   City of towir, State, and a					C If exemption application is pe	
		RICHLANDS,					D 1 Foreign organizations	, check here
H_(	Check	type of organization X		empt private foundation			Foreign organizations med check here and attach cor	nputation
$\perp$		ection 4947(a)(1) nonexempt of		Other taxable private founda			E If private foundation state	
		arket value of all assets at end	· 1 —	•	Accrua	l	under section 507(b)(1)(	(A), check here
		Part II, col. (c), line 16)		her (specify)			F If the foundation is in a 6	
	<u> </u>			mn (d) must be on cash b			under section 507(b)(1)	
Pa	art I	Analysis of Revenue and E (The total of amounts in columns necessanty equal the amounts in	(b), (c), and (d) may not n column (a))	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(0, Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, e	etc., received	433,213.			N/A	
	2	Check if the foundation is not interest on savings and temporary cash investments	not required to attach Sch. B					**************************************
	4	Dividends and interest from		64,764.	64	,764.		STATEMENT 1
	5a	Gross rents				•		
	b	Net rental income or (loss)		•		***************************************		
<b>6</b> 0	6a	Net gain or (loss) from sale of asse	ets not on line 10	<153,039.	>	************		(tribana addini)
ž	b	Gross sales price for all assets on line 6a	500,099.					
Revenue	7	Capital gain net income (from Part	t IV, line 2)			0.		
Œ	8	Net short-term capital gain						
	9	Income modifications Elements and allowances	VED					
	10a	and allowances				<del> </del>		
	b	Less Cost of goods sold	2040 101	,				
	C	Gross distribution (loss)	RS-					
	11	Other income		244 020	<u> </u>	764		
_	12	Total. Add lines throppy	N, Ul	344,938.	64	,764. 0.	<u> </u>	Λ
	13	Compensation of officers, director	•	0.		<u> </u>		0.
	14	Other employee salaries and Pension plans, employee bei	•					
ses	15	Legal fees	inante					
ens	h	Accounting fees	STMT 2	12,125.	9	,093.		3,032.
S R	_ c	Other professional fees				,		7
§	17	Interest						
a §	18	Taxes	STMT 3	1,648.	1	,648.		0.
is in	19	Depreciation and depletion				_		
<u>₹</u>	20	Occupancy						
= ₹	21	Travel, conferences, and med	etings					
and	22	Printing and publications						
3 5	23	Other expenses						
できょう ココー は当代的を少号 Operating and Administrative Expens	24	Total operating and adminis				- 4 -		
Oper		expenses. Add lines 13 thro	-	13,773.	10	<u>,741.</u>		3,032. 131,716.
<u> </u>	25	Contributions, gifts, grants p		131,716.				131,/16.
	26	Total expenses and disburs	ements.	145 400	1.0	711		124 740
	07	Add lines 24 and 25		145,489.	10	,741.		134,748.
	27	Subtract line 26 from line 12		199,449.				
	1	Excess of revenue over expenses  Net investment income (if ne		1001330	54	,023.		
	1	Adjusted net income (if negat	-			,	N/A	

923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	t year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	,1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	31,186.	43,191.	43,191.
		Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	•	Less allowance for doubtful accounts ▶		•	
	5	Grants receivable	-		
	6	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons			
	١,				
	<b>'</b>	Other notes and loans receivable			
	_	Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use	<u> </u>	900	899.
\SS	9	Prepaid expenses and deferred charges		899.	899.
•	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds .			
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation			
	12	Investments - mortgage loans	· <u> </u>		
	13	Investments - other STMT 4	3,307,288.	3,493,833.	3,794,751.
	14	Land, buildings, and equipment basis ▶			
		Less. accumulated depreciation	·	•	
	15	Other assets (describe ►			
	'		· ···		
	16	Total assets (to be completed by all filers)	3,338,474.	3,537,923.	3,838,841.
_	17	Accounts payable and accrued expenses		0,00.,020.	0,000,0120
	18	Grants payable			
	19	Deferred revenue		<del></del>	
Liabilities		1			
藚	20	Loans from officers, directors, trustees, and other disqualified persons		· · · · · · · · · · · · · · · · · · ·	
Ë.	21	Mortgages and other notes payable		<del></del>	
	22	Other liabilities (describe )			
				^	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted	3,338,474.	3,537,923.	
Net Assets or Fund Balan	25	Temporarily restricted			
8	26	Permanently restricted			
ξ		Foundations that do not follow SFAS 117, check here			
Œ		and complete lines 27 through 31.			
S O	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
<b>A</b> S	29	Retained earnings, accumulated income, endowment, or other funds			
ē	1	Total net assets or fund balances	3,338,474.	3,537,923.	
~	"				
	31	Total liabilities and net assets/fund balances	3,338,474.	3,537,923.	
				3/301/3201	L
P	art	Analysis of Changes in Net Assets or Fund B	alances		
<del>-</del>	Total	not accord or fund halanoon at haginaing of year - Part II, column (a), line	20		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		2 228 171
	-	it agree with end-of-year figure reported on prior year's return)		1	3,338,474. 199,449.
		r amount from Part I, line 27a		2	199,449.
		r increases not included in line 2 (itemize)		3	
-		lines 1, 2, and 3		4	3,537,923.
		eases not included in line 2 (itemize)			0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	3,537,923.

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Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	t Income						
(a) List and desc 2-story brick wa	ribe the kir irehouse, d	nd(s) of property sold (e g or common stock, 200 shs	, real estate, MLC Co )			How ac - Purch - Dona		(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a PUBLICLY TRADE	D SEC	CURITIES								
b CAPITAL GAINS	DIVID	DENDS								
<u> </u>				_	<del> </del>					
<u>d</u>					-					
<u>e</u>	<i>1</i> 77 =	<del></del>			<u> </u>					
(e) Gross sales price	(1)	Pepreciation allowed (or allowable)		st or other basis expense of sale	_				n or (loss) (f) minus (	(g)
a 499,936.				653,13	8.					<153,202.
b 163.										163.
<u>c</u>										
d				<del>-</del>						
e Complete only for assets showing	n nam in c	column (b) and owned by t	he foundation	on 12/31/69				Gains (Co	l /h) gain	minue
Complete only for assets shown		i) Adjusted basis		cess of col (I)				(k), but no	t less that	n -0-) <b>or</b>
(i) F M.V as of 12/31/69		as of 12/31/69	, , ,	col (j), if any				Losses (f	from col (	h)) ´
a			-							<153,202.
<u></u>										163.
C										
d										
e										
2 Capital gain net income or (net ca	pital loss)	If gain, also enter	ın Part I, line ın Part I, line	7 7	}	2				<153,039.
3 Net short-term capital gain or (los	s) as defir	`							•	
If gain, also enter in Part I, line 8,			u (0)		Ĵ					
If (loss), enter -0- in Part I, line 8						3			N/A	
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the Sectio	tion 4942 t	tax on the distributable am section 4940(e) Do not coi	mplete this pa	<u>irt</u>						Yes X No
(a)		(b)			(C)	)			Dietak	(d) oution ratio
Base period years Calendar year (or tax year beginni	ng in)	Adjusted qualifying dist	ributions	Net value of no	ncha	ritable-i	use assets	(0	col (b) div	nded by col (c))
2008			2,917.				7,510			.058351
2007			4,161.				4,657			.048660
2006			3,834.				7,911			.029232
2005			0,721.				1,437			.079723
2004	!	11.	2,405.			, / 0	4,567	•		.065943
2 Total of line 1, column (d)								2		.281909
3 Average distribution ratio for the the foundation has been in existent			n line 2 by 5,	or by the number	of ye	ears		3		.056382
4 Enter the net value of noncharitat	le-use ass	ets for 2009 from Part X, I	ine 5					4		2,993,168.
5 Multiply line 4 by line 3			5		168,761.					
6 Enter 1% of net investment incon	ne (1% of I	Part I, line 27b)						6		540.
7 Add lines 5 and 6	•	•						7		169,301.
8 Enter qualifying distributions from	n Part XII.	line 4						8		134,748.
If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	olete that part usin	g a 1	% tax r	ate			
									r	orm <b>990-PF</b> (2009)

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?

Form 990-PF (2009) THE SYLVESTER FAMILY FOU	NDATION INC.		56-19507	780	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F				
5a During the year did the foundation pay or incur any amount to	<u> </u>		,		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	or to carry on, directly or indire		<b>₩</b>		
any voter registration drive?	0	• —	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	v.	es 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 adjunctional nurnoces or f		ا ۱۹۵ لیک ده		
the prevention of cruelty to children or animals?	, or educational purposes, or i		es X No		
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify uni	der the exceptions described i		30 (==) 110		
section 53 4945 or in a current notice regarding disaster assistance (see instru		riogalations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ıned			
expenditure responsibility for the grant?		I/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		ļ.,	6b	<u> </u>
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higni	y		
List all officers, directors, trustees, foundation managers and their	compensation.		<del> </del>		<del></del> -
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acce	owances
LEON W. SYLVESTER JR.	DIRECTOR				
PO BOX 295					
RICHLANDS, NC 28574	1.00	0.	0.	1	0.
LEON W. SYLVESTER III.	DIRECTOR				
PO BOX 295	1 00				^
RICHLANDS, NC 28574	1.00	0.	0.	1	0.
	DIRECTOR			1	
PO BOX 295	1 00	0.	0.		Λ
RICHLANDS, NC 28574	1.00	"	J	·	0.
	1				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."			
(a) Name and address of each ampleuse and mare than \$50,000	(b) Title, and average	(a) Composition	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acci	owances
NONE					
				1	
				<u> </u>	
	_			-	
	-				
				+-	
	1			1	
Total number of other employees paid over \$50,000	L	1	<b></b>	<u> </u>	0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
	<del> </del>	
		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		0
	street referensition arisk on the	· · · · · · · · · · · · · · · · · · ·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc	Expenses
1 N/A		
1		
2		
1.		
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 or	lines 1 and 2	Amount
1N/A		
		<del> </del>
2		
All other program-related investments. Can instructions		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 3	<b>.</b>	0.

Page 8

P	art X. Minimum Investment Return (All domestic foundations must complete this	s part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes			
•	Average monthly fair market value of securities		1a	2,985,637.
	Average of monthly cash balances		1b	2,985,637. 53,112.
C	Fair market value of all other assets		10	
d	Total (add lines 1a, b, and c)		1d	3,038,749.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	3,038,749.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	45,581.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	2,993,168.
6	Minimum investment return. Enter 5% of line 5		6	149,658.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope foreign organizations check here and do not complete this part.)	rating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	149,658.
2a		1,080.		<u> </u>
b				
5	Add lines 2a and 2b		2c	1,080.
3	Distributable amount before adjustments Subtract line 2c from line 1	•	3	148,578.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	148,578.
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	148,578.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			124 740
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	134,748.
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	• " ' '		3a	
þ	,		3b	124 740
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		4	134,748.
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	134,748.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	ether the foundation o	jualifies for	the section
	4940(e) reduction of tax in those years			

Part XIII Undistributed Income (see instructions)

				г
`	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7		***************************************		148,578.
2 Undistributed income, if any, as of the end of 2009			•	
a Enter amount for 2008 only			0.	 
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009		U •		
a From 2004				
b From 2005				
¢ From 2006				
d From 2007				
e From 2008 22,934.				
f Total of lines 3a through e	22,934.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ 134, 748.				
a Applied to 2008, but not more than line 2a			0.	<b></b>
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	V •			134,748.
d Applied to 2009 distributable amount  e Remaining amount distributed out of corpus	0.			134,740.
5 Excess distributions carryover applied to 2009	13,830.		***************************************	13,830.
(If an amount appears in column (d), the same amount must be shown in column (a) )	1370301			1370301
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,104.			
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				<del> </del>
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010		· '   -	······································	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)  8 Excess distributions carryover from 2004				<u> </u>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	9,104.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 9, 104.			1	
e Excess from 2009				<u> </u>

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	VESTER FAMI				50780 Page 10
Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of			. 1		
foundation, and the ruling is effective fo		•	. ▶ ∟		
<b>b</b> Check box to indicate whether the foun	r '	ig foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 0000	Prior 3 years (c) 2007	(4) 2006	(a) Total
income from Part I or the minimum	(a) 2009	(b) 2008	(6) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					<u> </u>
b 85% of line 2a					
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					
3 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)	i				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<del> </del>	
Part XV Supplementary Info	rmation (Comple	to this part only i	if the foundation	had \$5 000 or me	nro in assots
at any time during t			ii tile loulluatioi	11184 45,000 01 111	76 III 033613
1 Information Regarding Foundation wh	_	then 20/ of the total cost:	whitene received by the	foundation hotors the ele	on of any tax
a List any managers of the foundation where year (but only if they have contributed in the contributed in			indutions received by the	i loulidation belove the cio	se of ally tax
SEE STATEMENT 5					
b List any managers of the foundation wh	o own 10% or more of th	a stock of a corporation /	or an equally large ports	on of the ownership of a n	artnership or
other entity) of which the foundation ha			or an equally large porti	on or the ownership or a p	arthership or
NONE	• • •				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. Dr	ograme:		
Check here X if the foundation of			-	ant annual uncollected real	iacte for funds. If
the foundation makes gifts, grants, etc					
	<u> </u>		<del> </del>		<del></del>
a The name, address, and telephone num	ider of the person to who	n applications should be	addressed		
b The form in which applications should l	pe submitted and informat	tion and materials they sh	ould include		
			<del></del>		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors.	
	<del></del>				Form <b>990-PF</b> (2009)
923601 02-02-10					roma sauter r (7009)

Part XV Supplementary Information		D	<del></del>	<del></del>
3 Grants and Contributions Paid During the Recipient		Payment	T	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year FLOYD POND HOLINESS CHURCH	NONE	CHURCH	CHARITABLE	1,000.
RICHLANDS UNITED METH CHURCH RICHLANDS, NC 28540	NONE	CHURCH	CHARITABLE	104,816.
SWANSBORO METH CHURCH 665 WEST CORBETT AVENUE SWANSBORO, NC 28584	NONE	CHURCH	CHARITABLE	22,200.
HOPE FOR THE WARRIORS	NONE	NONPROFIT	CHARITABLE	1,000.
HIS MISSION	NONE	NONPROFIT	CHARITABLE	1,200.
CROWN FINANCIAL MINISTRIES	NONE	NONPROFIT	CHARITABLE	1,500.
Total		•	► 3a	131,716.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

ter gross amounts unless otherwise indicated	Unrelated t	usiness income	Excluded	by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a		<del> </del>			
b					
c					
d	1 1	-			
e			<del>                                     </del>	<del></del>	
1				·-·· · · ·	· · · · · ·
g Fees and contracts from government agencies		<del></del>			
Membership dues and assessments			1		
Interest on savings and temporary cash					
investments					
Dividends and interest from securities	<u> </u>		14	64,764.	
Net rental income or (loss) from real estate	····	<del></del>	<del>  </del>		***************************************
a Debt-financed property	-		1		
b Not debt-financed property			<del>                                     </del>		
Net rental income or (loss) from personal				-	
property					
Other investment income	<del></del>		+ +		
Gain or (loss) from sales of assets other			+		
than inventory			18	<153,039.	
Net income or (loss) from special events			10	<b>133,037.</b>	
Gross profit or (loss) from sales of inventory	<del></del>	<del>"</del>	+		
Other revenue	-	<del></del> .	+		
a			<del> </del>		
b					
· · · · · · · · · · · · · · · · · · ·					
0	<del></del>	<del></del>	+		
ο.			+	<88 275	>
Subtotal Add columns (b), (d), and (e)		0	*1		Z00 27
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0	<u> </u>		> <88,27
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation				13	<88,27
Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verrfy calculation				13	<88,27
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  TXVI-B  Relationship of Activities	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  TXVI-B  Relationship of Activities	es to the Accom	plishment of E	xempt P	13	
cubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Brit XVI-B  Relationship of Activities  Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Brit XVI-B  Relationship of Activities  Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
cubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
cubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
cubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
cubtotal Add columns (b), (d), and (e)  fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  Worksheet in line 13 instructions to verify calculation  Relationship of Activitie  No. Explain below how each activity for which	es to the Accom	plishment of E	xempt P	13	

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Form **990-PF** (2009)

P	art X\	Information Re Exempt Organi		o and Transactions an	d Relationships With Nonc	:haritable	€	
1	Did th			owing with any other organization	described in section 501(c) of		Yes	No
•				in 527, relating to political organiza		ļ		
a		fers from the reporting founda	· · · ·					
	(1) C					1a(1)		X
	• •	ther assets				1a(2)		Х
b		transactions						
	(1) S	ales of assets to a noncharitat	ole exempt organization			1b(1)		X
	(2) P	urchases of assets from a nor	ncharitable exempt organization	on		1b(2)		X
	(3) R	ental of facilities, equipment, o	or other assets			1b(3)		X
	(4) R	eimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) P	erformance of services or mei	mbership or fundraising solic	tations		1b(6)		X
C	; Sharır	ng of facilities, equipment, mai	ling lists, other assets, or paid	d employees		10		<u> X</u>
d		•	· · · · · · · · · · · · · · · · · · ·	• •	ys show the fair market value of the goo		iets,	
		• • •			in any transaction or sharing arrangeme	nt, show in		
_		nn (d) the value of the goods, o			I			
a)	Line no	(b) Amount involved		table exempt organization	(II) Description of transfers, transactions,	and sharing an	rangeme	nts
_			N/	<u>A</u>				
			<u> </u>					
				<del> </del>				
			<del> </del>					
				<del></del> .				
_				<u> </u>				
					***-			
				<u> </u>				
			<del></del>					
		"						
2 a	Is the	foundation directly or indirect	ly affiliated with, or related to.	one or more tax-exempt organization	tions described			
	ın sec	tion 501(c) of the Code (other	than section 501(c)(3)) or in	section 527?		Yes	X	☐ No
b		," complete the following sche						
		(a) Name of org	anization	(b) Type of organization	(c) Description of relati	ionship		
		N/A						
_						<del> </del>		
				accompanying schedules and statemen d on all information of which preparer ha	its, and to the best of my knowledge and belief, as any knowledge	it is true, corre	ct,	
-	.	LOVINICO	27/19/1/	17/2/2011	77112110			
,				1/10/10				_
	<b>₽</b> 510	nature of officer or trustee		Date	Title Check if Pro	eparer's identify	vina nun	nber
5	ح ئ۔	Preparer's	1. 11/1	Dat	Self-	P00005		
5	Paid sparer se Ont	signature //	MCGLADREY, IN			944416	<del>3</del> / U	
	Paid Preparer's Use Onfy	Firm's name (or yours	WELLONS BLVD		EIN ► 41-19	144410	-	
	ੂਰ	address, and ZIP code NEW	BERN, NC 2856		Phone no 252	2-638-	515	4
┙		17.17.11	<u> </u>		Tribute 110 232		<del></del>	<u> </u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No 1545-0047

2009

**Employer identification number** 

T	HE SYLVESTER FAMILY FOUNDATION INC.	56-1950780
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	
509(a)(1) and 170	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contrib	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contriutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is checl purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrise exclusively for religious, charitable, etc., purposes, but these contributions did not agged, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because re, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. ely religious, charitable, etc.,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Privacy Act and for Form 990, 990-E		8 (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

#### THE SYLVESTER FAMILY FOUNDATION INC.

56-1950780

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEON W. SYLVESTER JR.  PO BOX 295  RICHLANDS, NC 28574	\$332,504.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	LEON W. SYLVESTER, III  PO BOX 295  RICHLANDS, NC 28574	\$95,862.	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
3	LEON W. SYLVESTER, III  PO BOX 295  RICHLANDS, NC 28574	\$4,847.	Person Payroll Noncash X (Complete Part If 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 Complete Part II if there is a noncash contribution.)

Employer identification number

#### THE SYLVESTER FAMILY FOUNDATION INC.

56-1950780

Part II	Noncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given	(c) (d) FMV (or estimate) Date received		
1	SHARES OF PROGRESS ENERGY, WELLS FARGO & COMPANY J, MANULIFE FINL CORP & LANCE INC.	\$307,504.	10/15/09	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
2	SHARES OF AFLAC INC, ASHLAND INC, BE AEROSPACE INC, CNOOC LTD, OPPENHEIMER DEVELOPING MARKETS A	\$95,862.	12/16/09	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
3	SHARES OF SUNTRUST BANKS INC AND TRW AUTOMOTIVE HOLDINGS CORP,	\$\$.	12/16/09	
(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	
		\$		

FORM 990-PF DIVIDEN	IDS AND	INTER	EST I	FROM S	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	OMA	UNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
FIRST CITIZENS BANK WELLS FARGO - 0132 WELLS FARGO - 1307 WELLS FARGO - 2717 WELLS FARGO - 3679			4,9 14,9 1,5	295. 914. 916. 592. 210.	163. 0. 0. 0.		32,132 4,914 14,916 1,592 11,210	
TOTAL TO FM 990-PF, PART I,	LN 4		64,9	927.		163.	64,	764.
FORM 990-PF	AC	COUNTI	NG FI	EES		<del></del>	STATEMENT	2
DESCRIPTION	EXPE	(A) (B) ENSES NET INVEST- BOOKS MENT INCOME		(C) ADJUSTED NET INCOM				
ACCOUNTING FEES ADVISORY FEES		4,701. 7,424.		3,525. 5,568.				176. 856.
TO FORM 990-PF, PG 1, LN 16B	1:	2,125. 9,093.			3,	032.		
FORM 990-PF		TAX	ES				STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVES I INCO		(C) ADJUSTED NET INCOM		
EXCISE TAXES FOREIGN TAXES				1,6	7. ,641.		0.	
TO FORM 990-PF, PG 1, LN 18	,	1,648.		1,6	548.			0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	ŗ
WACHOVIA SECURITIES FIRST CITIZENS	COST COST	2,682,061. 811,772.	2,902,763. 891,988.	
TOTAL TO FORM 990-PF, PART II, LINE 1	3	3,493,833.	3,794,75	51.
FORM 990-PF PART XV LIST OF FOUND	- LINE 1A	:RS	STATEMENT	5

#### NAME OF MANAGER

LEON W. SYLVESTER JR.

LEON W. SYLVESTER III.

MARY S. HARGETT

## Form **8868**

(Rev Aprıl 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 a	re filing for an Automatic 3-Month Extension, complete only Part I and check this box			$\triangleright$ $\boxed{X}$		
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).				
Do not co	emplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Fo	m 8868			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)					
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete				
Part I only	, ,	•				
All other c	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	exten	sion of time			
	me tax returns	Onto,				
noted bel (not autor you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronimatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consults the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file ov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you want to ated Form 990	ne additional		
Type or	Name of Exempt Organization	Employer identification number				
print		_		• •		
File by the	THE SYLVESTER FAMILY FOUNDATION INC.	5	<u>6-19507</u>	80		
due date for filing your return See	or   Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 295					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions ${\tt RICHLANDS}$ , ${\tt NC}$ 28574					
<u> </u>						
Cneck ty	be of return to be filed (file a separate application for each return)					
For	n 990 Form 990-T (corporation) Form 47	20				
Forr	n 990-BL	27				
=	n 990-EZ Form 990-T (trust other than above) Form 60	69				
X For	n 990-PF	70				
	IEON W CVIVECTED TIT					
• The be	LEON W. SYLVESTER III oks are in the care of ► RICHLANDS, NC - 28574					
	one No ▶ 910-324-1106 FAX No ▶					
•	rganization does not have an office or place of business in the United States, check this box					
		e ie foi	r the whole gro	un check this		
_	. If it is for part of the group, check this box  and attach a list with the names and EINs of all					
	and attach a list with the names and this or all		ers the externs	—————		
	quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time untia $\overline{AUGUST}$ 15, 2010 , to file the exempt organization return for the organization named a		The extension			
	r the organization's return for:					
►Ĺ	$\overline{\underline{X}}$ calendar year $\underline{2009}$ or					
►L	tax year beginning, and ending		_			
2 If th	is tax year is for less than 12 months, check reason.		Change in acc	ounting period		
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	refundable credits. See instructions.	3a	\$	1,062.		
	is application is for Form 990-PF or 990-T, enter any refundable credits and estimated		7			
	payments made Include any prior year overpayment allowed as a credit	3b	\$	1,979.		
c Bala	ance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)					
	instructions.	3с	\$	0.		
Caution.	f you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for paymen	t instructions		
LHA F	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>88</b>	68 (Rev 4-2009)		