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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

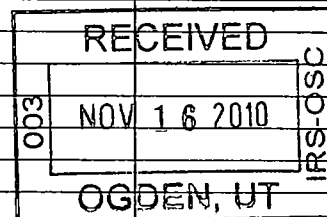
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation SOUTHERN BANK FOUNDATION		A Employer identification number 56-2002871
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite P.O. BOX 729		B Telephone number (919) 658-7007
	City or town, state, and ZIP code MOUNT OLIVE, NC 28365-0729		C If exemption application is pending, check here ☐
	H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 9,269,322. (Part I, column (d) must be on cash basis.)		J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here ☐
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (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)
Revenue	1 Contributions, gifts, grants, etc., received			N/A	
	2 Check ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	875,291.	754,117.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	150,820.			
	b Gross sales price for all assets on line 6a 319,830.				
	7 Capital gain net income (from Part IV, line 2)		150,820.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	1,026,111.	904,937.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 2	312.	0.		0.
	b Accounting fees STMT 3	2,500.	0.		0.
	c Other professional fees				
	17 Interest	17,412.	0.		0.
	18 Taxes STMT 4	24,855.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses STMT 5	1,583.	0.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	46,662.	0.		0.
25 Contributions, gifts, grants paid	319,310.			319,310.	
26 Total expenses and disbursements. Add lines 24 and 25	365,972.	0.		319,310.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	660,139.				
b Net investment income (if negative, enter -0-)		904,937.			
c Adjusted net income (if negative, enter -0-)			N/A		



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Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	107,948.	532,059.	532,059.
	2 Savings and temporary cash investments			
	3 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			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 6	10,978,200.	11,569,941.	8,737,263.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	11,086,148.	12,102,000.	9,269,322.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable	625,000.	980,713.	
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	625,000.	980,713.	
	Foundations that follow SFAS 117, check here ▶ ☐			
	and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	4,631,719.	4,631,719.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	5,829,429.	6,489,568.	
	30 Total net assets or fund balances	10,461,148.	11,121,287.	
	31 Total liabilities and net assets/fund balances	11,086,148.	12,102,000.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	10,461,148.
2 Enter amount from Part I, line 27a	2	660,139.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	11,121,287.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	11,121,287.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a LEXCOM	P	05/10/07	12/28/09
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 319,830.		169,010.	150,820.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(j) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			150,820.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	150,820.
3 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). If (loss), enter -0- in Part I, line 8		3	N/A

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.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 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)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	329,988.	7,931,234.	.041606
2007	486,434.	9,914,222.	.049064
2006	366,540.	8,983,725.	.040800
2005	415,964.	8,524,372.	.048797
2004	344,584.	7,626,335.	.045183

2 Total of line 1, column (d)	2	.225450
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.045090
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	7,108,946.
5 Multiply line 4 by line 3	5	320,542.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	9,049.
7 Add lines 5 and 6	7	329,591.
8 Enter qualifying distributions from Part XII, line 4	8	319,310.

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.

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)		1	18,099.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	18,099.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	18,099.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		6a	8,540.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6b	
6 Credits/Payments:		6c	10,000.
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6d		
b Exempt foreign organizations - tax withheld at source	7	18,540.	
c Tax paid with application for extension of time to file (Form 8868)	8	189.	
d Backup withholding erroneously withheld	9		
7 Total credits and payments. Add lines 6a through 6d	10	252.	
8 Enter any penalty for underpayment of estimated tax. Check here ☒ if Form 2220 is attached	11	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ☐ 252. Refunded ☐			

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 any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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.		X
1c Did the foundation file Form 1120-POL for this year?		X
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. ☐ \$ 0.		
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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
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	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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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? Website address ► N/A	13	X	
14	The books are in care of ► DAVID BEAN Located at ► 121 EAST MAIN STREET, MOUNT OLIVE, NC	Telephone no. ► 919-658-7007 ZIP+4 ► 28365		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15		N/A

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes ☒ No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes ☒ No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes ☒ No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☒ No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes ☒ No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐ Yes ☒ 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)? Organizations relying on a current notice regarding disaster assistance check here	N/A	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		1c
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
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) beginning before 2009? If "Yes," list the years ►	☐ Yes ☒ No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach 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. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes ☒ No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
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?		4b

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

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 ☒ 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/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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Part VIII**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, 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 lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	8,076,279.
b	Average of monthly cash balances	1b	121,639.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	8,197,918.
e	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	980,714.
3	Subtract line 2 from line 1d	3	7,217,204.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	108,258.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,108,946.
6	Minimum investment return. Enter 5% of line 5	6	355,447.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	355,447.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	18,099.
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	22,787.
c	Add lines 2a and 2b	2c	40,886.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	314,561.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	314,561.
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	314,561.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	319,310.
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:		
a	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	319,310.
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	319,310.

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.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				314,561.
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:				
a From 2004				
b From 2005				
c From 2006				
d From 2007	8,778.			
e From 2008				
f Total of lines 3a through e	8,778.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	319,310.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				314,561.
e Remaining amount distributed out of corpus	4,749.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	13,527.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	13,527.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007	8,778.			
d Excess from 2008				
e Excess from 2009	4,749.			

N/A

- ☐ 4942(1)(3) or ☐ 4942(1)(5)

- (4) Gross investment income

[illegible]

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.)
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1 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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:

SOUTHERN BANK FOUNDATION, DAVID A. BEAN, (919) 658-7007
PO BOX 729, MOUNT OLIVE, NC 28365

- b** The form in which applications should be submitted and information and materials they should include:

SOUTHERN BANK FOUNDATION REQUEST FOR GRANT

- c Any submission deadlines:

NONE

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

NONE

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient		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
Name and address (home or business)					
a Paid during the year					
SEE STATEMENT 8					
Total				▶ 3a	319,310.
b Approved for future payment					
SEE STATEMENT 9					
Total				▶ 3b	209,500.

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|--------------|----------|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions: | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here

Paid Preparer's Use Only	Preparer's signature ▶ <i>Vicki P Swaney</i>	Date <i>11/10/10</i>	Check if self-employed ▶ ☐	Preparer's identifying number <i>P005 32316</i>
	Firm's name (or yours if self-employed), address, and ZIP code DIXON HUGHES PLLC 2501 BLUE RIDGE ROAD, SUITE 500 RALEIGH, NC 27607	EIN ▶ <i>56-0747981</i> Phone no. <i>(919) 876-4546</i>		

Form **990-PF** (2009)

Southern Bank Foundation
PO Box 729
Mount Olive, NC 28365-0729

EIN # 56-2002871
Form 990 PF, Part II - Supplementary Information, Line 21

Detail of Notes Payable
12/31/2009

Lender:	Bank of America
Original Amount	\$ 1,000,000
Date of Note:	6/30/2008
Maturity Date	6/30/2010
Repayment Terms:	Interest paid quarterly, principal due at maturity
Security Provided:	Securities
Purpose of Loan:	Purchase investments, contribution and gift distribution
Description of FMV and Consideration	Cash, \$1,000,000
Beginning Balance Due	\$ 625,000
Ending Balance Due	\$ 980,713

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES		STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
INTEREST - CORPORATES	875,291.	0.	875,291.	
TOTAL TO FM 990-PF, PART I, LN 4	875,291.	0.	875,291.	

FORM 990-PF	LEGAL FEES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	312.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	312.	0.		0.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	2,500.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	2,500.	0.		0.	

FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL INCOME TAX EXPENSE	24,855.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	24,855.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DATA PROCESSING	1,478.	0.		0.	
MISCELLANEOUS	105.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	1,583.	0.		0.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
CAPITAL BANK STOCK	181,228.	122,367.		
CORPORATE SECURITIES	8,881,683.	7,068,180.		
DUKE ENERGY	88,300.	172,100.		
SOUTHERN COMMUNITY	124,643.	35,728.		
SCBT BANCSHARES	172,215.	126,709.		
LYDIAN	200,000.	60,000.		
TPREF FUNDING	800,000.	4,000.		
CNB INVT TRUST	0.	0.		
NORTH STATE TELECOMMUNICATION	131,310.	153,500.		
FIFTH THIRD BANK	10,989.	6,162.		
FIRST MARINER BANCORP	49,016.	7,607.		
LEXCOM INC CL B NON	0.	0.		
SPECTRA	63,653.	102,550.		
VALLEY FINANCIAL CORP	303,010.	105,000.		
VIRGINIA BANK BANCSHARES	82,523.	66,360.		
BANK OF AMERICA CORP	481,371.	707,000.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	11,569,941.	8,737,263.		

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	7
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
FRANK B. HOLDING PO BOX 729 MT OLIVE, NC 28365	PRESIDENT/DIRECTOR 0.00	0.	0.	0.
JOHN N. WALKER PO BOX 729 MT OLIVE, NC 28365	V.P/DIRECTOR 0.00	0.	0.	0.
DAVID A. BEAN PO BOX 729 MT OLIVE, NC 28365	TREASURER 0.00	0.	0.	0.
BYNUM R. BROWN PO BOX 729 MT OLIVE, NC 28365	DIRECTOR 0.00	0.	0.	0.
HOPE HOLDING CONNELL PO BOX 729 MT OLIVE, NC 28365	DIRECTOR 0.00	0.	0.	0.
JOHN C. PEGRAM, JR. PO BOX 729 MT OLIVE, NC 28365	SECRETARY 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATEMENT	8
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RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ARTS COUNCIL OF WAYNE COUNTY 2406 EAST ASH STREET GOLDSBORO, NC 27530	NONE DONATION	NON-PROFIT	2,000.
ASKEWVILLE BETHEL ASSEMBLY OF GOD INC. 105 ASKEWVILLE BRYANT ST. WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	10,000.
APPALACHIAN STATE UNIVERSITY P.O. BOX 999 BOONE, NC 28607	NONE DONATION	NON-PROFIT	4,000.
BEAUFORT COUNTY COMMUNITY COLLEGE P.O. BOX 1069 WASHINGTON, NC 27889	NONE DONATION	NON-PROFIT	2,000.
BERTIE COUNTY YMCA, INC. P.O. BOX 834 WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	2,000.
BOY SCOUTS OF AMERICA - TUSCARORA COUNCIL P.O. BOX 1436 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	1,200.
BOYS AND GIRLS CLUB OF SOUTHEAST VIRGINIA 3415 AZALEA GARDEN RD NORFOLK, VA 23513	NONE DONATION	NON-PROFIT	2,000.
CAMPBELL UNIVERSITY P.O. BOX 116 BUIES CREEK, NC 27506	NONE DONATION	NON-PROFIT	15,000.

CAROLINA GATEWAY PARTERSHIP 427 FALLS ROAD ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	10,000.
CHOWAN EDENTON ENVIRONMENTAL GROUP 103 OLD FISH HATCHERY RD. EDENTON, NC 27932	NONE DONATION	NON-PROFIT	100.
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	NONE DONATION	NON-PROFIT	50,000.
CHRISTIAN FELLOWSHIP HOME OF NASH-EDGEcombe COUNTIES INC. 301 S GRACE STREET ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	5,000.
DUPLIN CO. EDUCATION FOUNDATION P.O. BOX 128 KENANSVILLE, NC 28349	NONE DONATION	NON-PROFIT	1,000.
EAST CAROLINA COUNCIL BSA P.O. BOX 1698 KINSTON, NC 28503	NONE DONATION	NON-PROFIT	1,000.
EAST CAROLINA UNIVERSITY FOUNDATION - GREENVILLE CENTRE ROOM 1105/2200, S CHARLES BLVD GREENVILLE, NC 27858	NONE DONATION	NON-PROFIT	2,000.
EAST CAROLINA UNIVERSITY WARDS SPORTS MEDICINE BLDG GREENVILLE, NC 27858	NONE DONATION	NON-PROFIT	1,800.
ELIZABETH CITY STATE UNIVERSITY OFFICE OF CAREER SERVICES CAMPUS BOX 804 ELIZABETH CITY, NC 27906	NONE DONATION	NON-PROFIT	1,000.
FAITH CHRISTIAN SCHOOL OF RMT P.O. BOX 8165 ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	10,000.

SOUTHERN BANK FOUNDATION

56-2002871

FOUNDATION OF WAYNE COMMUNITY COLLEGE P.O. BOX 8002 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	3,000.
FRIENDS OF THE CHILDREN MUSEUM P.O. BOX 1180 ROCKY MOUNT, NC 27802	NONE DONATION	NON-PROFIT	5,000.
FRIENDS OF THE PARKS FOUNDATION P.O. BOX 953 MOUNT OLIVE, NC 28365	NONE DONATION	NON-PROFIT	200.
GOLDSBORO-WAYNE CRIMESTOPPERS P.O. BOX 1116 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	300.
EAST CAROLINA VILLAGE OF YESTERYEAR P.O. BOX 2740 GREENVILLE, NC 27836	NONE DONATION	NON-PROFIT	250.
FLORA MACDONALD EDUCATIONAL FOUNDATION 200 N COLLEGE STREET RED SPRINGS, NC 28377	NONE DONATION	NON-PROFIT	2,500.
HALIFAX COUNTY BUSINESS HORIZONS P.O. BOX 246 ROANOKE RAPIDS, NC 27870	NONE DONATION	NON-PROFIT	3,000.
FRIENDS OF THE JOYNER LIBRARY (ECU) 2400 JOYNER LIBRARY GREENVILLE, NC 27858	NONE DONATION	NON-PROFIT	2,500.
HISTORIC HOPE FOUNDATION INC 132 HOPE HOUSE RD WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	25,000.
LENOIR COMMITTEE OF 100, INC P.O. BOX 2220 KINSTON, NC 28502	NONE DONATION	NON-PROFIT	500.

MOUNT OLIVE COLLEGE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	NONE DONATION	NON-PROFIT	12,010.
MOUNT OLIVE COLLEGE SCHOLARSHIP FUND P.O. DRAWER 649 MOUNT OLIVE, NC 28365	NONE DONATION	NON-PROFIT	1,000.
NASH COMMUNITY COLLEGE FOUNDATION P.O. BOX 7488 ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	2,500.
HALIFAX COUNTY HISTORICAL ASSOCIATION P.O. BOX 12 HALIFAX, NC 27839	NONE DONATION	NON-PROFIT	750.
HOME HEALTH & HOSPICE 2402 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	NONE DONATION	NON-PROFIT	25,000.
MARTIN COUNTY UNITED WAY INC. P.O. BOX 623 WILLIAMSTON, NC 27892	NONE DONATION	NON-PROFIT	1,000.
NORTH CAROLINA SYMPHONY 4350 LASSITER AT NORTH HILLS AVE, SUITE 250 RALEIGH, NC 27609	NONE DONATION	NON-PROFIT	5,000.
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	5,000.
MT. OLIVE AREA HISTORICAL SOCIETY P.O. BOX 802 MOUNT OLIVE, NC 28365	NONE DONATION	NON-PROFIT	5,000.
PITT COMMUNITY COLLEGE P.O. DRAWER 7007 GREENVILLE, NC 27835	NONE DONATION	NON-PROFIT	32,000.

PITT COUNTY MEMORIAL HOSPITAL FOUNDATION 690 MEDICAL DR GREENVILLE, NC 27835	NONE DONATION	NON-PROFIT	12,500.
PAWS OF HERTFORD COUNTY INC. P.O. BOX 153 MURFREESBORO, NC 27855	NONE DONATION	NON-PROFIT	5,000.
RECREATION COMMISSION OF THE TOWN OF FAISON P.O. BOX 365 FAISON, NC 28341	NONE DONATION	NON-PROFIT	7,500.
SEVEN SPRINGS VOLUNTEER FIRE DEPARTMENT P.O. BOX 116 SEVEN SPRINGS, NC 28578	NONE DONATION	NON-PROFIT	200.
ROANOKE ISLAND HISTORICAL ASSOC INC. 1409 NATIONAL PARK DRIVE MANTEO, NC 27954	NONE DONATION	NON-PROFIT	1,000.
STAGESTRUCK P.O. BOX 1577 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	2,000.
TAR RIVER ORCHESTRA AND CHORAL SOC P.O. BOX 8255 ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	5,000.
WAYLIN FOUNDATION 123 N CENTER STREET MOUNT OLIVE, NC 28365	NONE DONATION	NON-PROFIT	12,500.
WAYNE COUNTY PUBLIC LIBRARY 1001 E ASH STREET GOLDSBORO, NC 27530	NONE DONATION	NON-PROFIT	5,000.
TOWN OF MURFREESBORO P.O. BOX 953 MURFREESBORO, NC 27855	NONE DONATION	NON-PROFIT	11,000.

UNITED WAY OF WAYNE COUNTY NONE
308 N. WILLIAM ST GOLDSBORO, NC DONATION
27533

NON-PROFIT 1,000.

WAYNE INITIATIVE FOR SCHOOL NONE
HEALTH DONATION
P.O. BOX 1798 GOLDSBORO, NC
27530

NON-PROFIT 500.

WAYNE COUNTY ECONOMIC NONE
DEVELOPMENT CO DONATION
P.O. BOX 1280 GOLDSBORO, NC
27533

NON-PROFIT 5,000.

MT OLIVE MIDDLE SCHOOL - LESS NONE
VOIDED CHECK #1660 (FROM 2006) DONATION
309 WOOTEN STREET MOUNT OLIVE,
NC 28365

NON-PROFIT <500.>

TOTAL TO FORM 990-PF, PART XV, LINE 3A

319,310.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
APPROVED FOR FUTURE PAYMENT

STATEMENT 9

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BERTIE COUNTY YMCA, INC. P.O. BOX 834 WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	4,000.
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	15,000.
FRIENDS OF THE CHILDREN MUSEUM P.O. BOX 1180 ROCKY MOUNT, NC 27802	NONE DONATION	NON-PROFIT	5,000.
FOUNDATION OF WAYNE COMMUNITY COLLEGE P.O. BOX 8002 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	3,000.
BEAUFORT COUNTY COMMUNITY COLLEGE P.O. BOX 1069 WASHINGTON, NC 27889	NONE DONATION	NON-PROFIT	2,000.
HISTORIC HOPE FOUNDATION INC 132 HOPE HOUSE RD WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	5,000.
WAYNE COUNTY ECONOMIC DEVELOPMENT CO P.O. BOX 1280 GOLDSBORO, NC 27533	NONE DONATION	NON-PROFIT	5,000.
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	NONE DONATION	NON-PROFIT	50,000.

SOUTHERN BANK FOUNDATION

56-2002871

HOME HEALTH & HOSPICE 2402 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	NONE DONATION	NON-PROFIT	25,000.
LENOIR COMMITTEE OF 100, INC P.O. BOX 2220 KINSTON, NC 28502	NONE DONATION	NON-PROFIT	500.
CAMPBELL UNIVERSITY P.O. BOX 116 BUIES CREEK, NC 27506	NONE DONATION	NON-PROFIT	10,000.
HISTORIC HOPE FOUNDATION INC 132 HOPE HOUSE RD WINDSOR, NC 27983	NONE DONATION	NON-PROFIT	10,000.
PITT COMMUNITY COLLEGE P.O. DRAWER 7007 GREENVILLE, NC 27835	NONE DONATION	NON-PROFIT	30,000.
PITT COUNTY MEMORIAL HOSPITAL FOUNDATION 690 MEDICAL DR GREENVILLE, NC 27835	NONE DONATION	NON-PROFIT	25,000.
TAR RIVER ORCHESTRA AND CHORAL SOC P.O. BOX 8255 ROCKY MOUNT, NC 27804	NONE DONATION	NON-PROFIT	20,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3B

209,500.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension 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 extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	SOUTHERN BANK FOUNDATION	56-2002871
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 729	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOUNT OLIVE, NC 28365-0729	

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 |
| ☒ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

DAVID BEAN

- The books are in the care of ► **121 EAST MAIN STREET - MOUNT OLIVE, NC 28365**
Telephone No. ► **919-658-7007** FAX No. ► ☐
- 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 for 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 EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2009** or
► ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ 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 nonrefundable credits. See instructions.	3a	\$	19,540.
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	3b	\$	8,540.
c Balance 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). See instructions.	3c	\$	10,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SOUTHERN BANK FOUNDATION	56-2002871
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	P.O. BOX 729	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MOUNT OLIVE, NC 28365-0729	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☒ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DAVID BEAN

- The books are in the care of **121 EAST MAIN STREET - MOUNT OLIVE, NC 28365**

Telephone No. **919-658-7007**

FAX No.

- 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 for 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 EINs of all members the extension is for.

4 I 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: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION FOR ELECTRONIC FILING

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.	8a	\$	18,540.
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 previously with Form 8868.	8b	\$	18,540.
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I 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 am authorized to prepare this form.

Signature

Title **CFO**

Date