

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



Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20							, 20				
В	Check if a	of applicable Please C Name of organization D Em			Employer id	Employer identification number					
	Address o	tine the						56-2068015			
\mathbb{H}	Name cha	print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel						Telephone number			
H	Terminate	al return type See P.O. Box 348						910-564-7869			
Ħ	Amended	l return	Specific Instruc-	City or town, state or country, and ZIP + 4	F	Group Exe	Group Exemption				
		on pending	tions	Clinton, NC 28328	i	Number	•				
	• Sect	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	Account	ing Method		Cash Accrual			
			a con	npleted Schedule A (Form 990 or 990-EZ).		pecify) >					
				ŀ	1 Check ▶	► ✓ If the	orga	nization is not			
1.3	Nebsit	te: ▶					attach Schedule B (Form 990,				
<u>J</u>	Tax-exe	empt status (c	check or	ıly one) — ✓ 501(c) () ◀ (ınsert no) ☐ 4947(a)(1) or ☐ 527	990-EZ,	or 990-PF)					
K	Check 1	► 🗌 if the	e organi:	ration is not a section 509(a)(3) supporting organization and its gross receip	pts are nor	mally not m	ore t	than \$25,000. A			
_	Form 99	90-EZ or Form	1 990 ret	urn is not required, but if the organization chooses to file a return, be sur	re to file a	complete re	turn.				
_				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of F			<u> </u>	30355			
P	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (S	ee the ir	nstruction	s fo	r Part I.)			
	1	Contributio	ns, gift	s, grants, and similar amounts received		. 1		0			
	2	_		evenue including government fees and contracts		. 2		30281			
	3	Membersh	ıp dues	and assessments		. 3		0			
	4	Investment				4		74			
	5a			m sale of assets other that fiventow 5a							
	b			r basis and sales expenses							
ø	C	Gain or (los	ss) from	sale of assets other than inventory (Subtract the 5b from line 5a	1)	<u>5c</u>		0			
Š	6	•	Special events and activities (complete applicable parts of Schedule C). If any amount is from gaming, check here								
Revenue	a										
ď	١.	J = 2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1									
	b							_			
	_c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						0			
	7a	Gross sales of inventory, less returns and allowances									
	b							_			
	C		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					0			
	8	Other revenue (describe)						0			
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						30355			
	11			amounts paid (attach schedule)		. 11		32718			
S	12	Benefits paid to or for members									
Se	13	Professional fees and other payments to independent contractors						0			
Expense	14	Occupancy, rent, utilities, and maintenance						0			
Ĕ	15	Printing, publications, postage, and shipping									
	16		Other expenses (describe								
	17			Add lines 10 through 16		_) <u>16</u> ▶ 17		32718			
5	18	Excess or (deficit)	for the year (Subtract line 17 from line 9)		. 18		-2363			
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with									
As		end-of-year figure reported on prior year's return)						28435			
e	20	· ·						0			
Z	21	Net assets or fund balances at end of year, Combine lines 18 through 20						26072			
Part II Selance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.								f Form 990-EZ.			
(See the instructions for Part II.) (A) Beginning (
22	22 Cash, savings, and investments					28409 22 2607					
23	23 Land and buildings					23	0				
					26	24	2				
25 Total assets					28435		26072				
26 Total liabilities (describe ►						26	0				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)				28435	27	26072					

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

Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
	t is the organization's primary exempt purpose?					uired for section		
	cribe what was achieved in carrying out the org					c)(3) and 501(c)(4) nizations and section		
	ner, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for		(a)(1) trusts, optional		
each	program title				for ot	hers)		
28								
	(Grants \$ 32718) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	32718		
29					•			

	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a			
30								
		includes foreign grants, ch	eck here	. ▶ 🗆	30a			
31	, ,							
	(Grants \$) If this amount	includes foreign grants, ch			31a			
	Total program service expenses (add lines 28a			. 🕨	32	32718		
Par	t IV List of Officers, Directors, Trustees, and Key							
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid.	(d) Contribution employee benefit	ns to nlans &	(e) Expense account and		
		devoted to position	enter -0)	deferred comper		other allowances		
	Citizens Bank & Trust Company	Trustee	,					
	BOX 29522		0					
Rale	igh, NC 27626-0522							
		11						
	~ '	_						
		_						
		_}						
		_						
			· · · · · ·					
		_						
		_						
		-						
		_						
			<u> </u>					
		-						
		-						
		-						
	·							
••	· <u>3</u>							
		<u> </u>	1					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	-	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		V
39	Section 501(c)(7) organizations Enter:	-		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.::	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		_ ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		40-		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "You" Form 990 must be completed instead of Form 990 F7.			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>√</u>
	For	m 99 0	J-CZ	いいのり

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt char d 51.	exempt charitate ritable trusts mus	ole trusts only. Ast answer question	II sec ons 46	tion 3–49k)
46	Did the organization engage in direct or indirect	political campaign activit	ies on behalf of o	r in opposition to		Yes	No
	candidates for public office? If "Yes," complete S				46		
47	Did the organization engage in lobbying activities				47		
	Is the organization a school as described in section				48		<u> </u>
	Did the organization make any transfers to an ex	-	_		49a		<u> </u>
	If "Yes," was the related organization a section 5				49b		
50	Complete this table for the organization's five his						d key
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation	(d) Contributions to		Expen:	
	(a) Name and address of each employee paid more	hours per week	(c) Compensation	employee benefit plans &	àc	ount a	nd
	than \$100,000	devoted to position	-	deferred compensation	other	allowa	nces
							
				+			
				-			
f	Total number of other employees paid over \$100	0.000					
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npensa	ition
	Total number of other independent contractors e	anch recoving over \$100.0					
		· · · · · · · · · · · · · · · · · · ·		1711			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	of this return, including accompaing of preparer (other than officer) is	nying schedules and sta based on all information	atements, and to the bes	any kno	knowle wledge	dge
Sign Here	Signaluje of officer Lunan M Horne Type of print name and title	- , EVP & Gr	n	5-7-/0 Date			
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See	 instruct	ions)
Prepare Use On	I Firm's name for L		EI				
Mav th	e IRS discuss this return with the preparer shown	above? See instructions	PI	none no 🕨	Vac		 lo
	The property and retain with the property shows	. 23570. Geo mandenons	<u> </u>	Foi	Mes → Yes		