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SCANNED AUG 1 8 2010

Return of Private Foundation

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

OMB No 1545-0052

	nt of the Treasury	N	lote The foundation r		e to use a copy of this			rting requirements.	2009
	ndar year 2009,					, and e			
G Check all that apply: Initial return					Initial return of a former public charity			Final return	
			Amended return		Address chan	•		Name change	
Use the labe	THOMA	S HEN	NRY WILSON RA BULLIN	& F2	AMILY FOUN	DATION		A Employer identification 56-6125766	
prin		street (or P	O box number if mail is n	ot delivered	to street address)		Room/suite	B Telephone number	· · · · · · · · · · · · · · · · · · ·
or typ	13 / 0 2	BRANI	OON DRIVE					336-869-20	22
See Spe	I LIKV OF HIV	vn, state, a	nd ZIP code					C If exemption application is pe	
	HIGH							D 1. Foreign organizations	, check here
	k type of organiz		X Section 501(c)(3					Foreign organizations me check here and attach co	mputation
			pt charitable trust		taxable private founda			E If private foundation stat	
	narket value of all		end of year J Acco	ounting me Other (s		Accr	uai	under section 507(b)(1)	• •
(irom ►\$	Part II, col (c),	-	1,853. (Part I,		d) must be on cash b	nasis)		F If the foundation is in a 6 under section 507(b)(1)	
Part	Analysis of R		. / • • • •	I	(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
- Circ	The total of amo	ounts in colu	mns (b), (c), and (d) may notes in column (a))		xpenses per books		ome	income	for charitable purposes (cash basis only)
1	Contributions,	gifts, grani	ts, etc., received	-	23,000.			N/A	
2		• •	n is not required to attach Sch. I	3					
3	Interest on saving cash investments	gs and tempo	orary		1,965.		1,965.		STATEMENT 1
4	Dividends and	ınterest fro	om securities		45,725.	4	5,725.		STATEMENT 2
5	a Gross rents								
1	Net rental income	or (loss)	 						
မ္ 6	Net gain or (loss) Gross sales price		assets not on line 10		<131,908.	>			
<u> </u>	assets on line 6a	_	2,110,098	•					 -
7 <u>ق</u>							0.		
8 9	Net short-term Income modifi		IN .						
10:	Gross sales less			<u> </u>					
	Less Costofgoo	nds sold							
	Gross protition		FD				•		
11	Other income.		70		14,692.		0.		STATEMENT 3
12	Total Add line	s 1_throug	h 1.h O		<46,526.	> 4	7,690.		
13	Compensation	officers, dire	ctors, trustees, etc		2,070.		0.		0.
14	Other employe								
_φ 15	Pension eleas a Legal fees	四世代	benefits						
8 168	a L'egal-tees		STMT 4		2,950.		2,950.		0.
ğ '	 Accounting fee Other profession 		SIMI 4		4,950.		<u> </u>		
Operating and Administrative Expenses 12 12 12 12 12 12 12 12 12 12 12 12 12	Interest	mai iccs			2.	_	2.		0.
18 18 18	Taxes		STMT 5		574.		574.		0.
19	Depreciation a	nd depletio							
[20	Оссирапсу								
₹ 21	Travel, confere	nces, and	meetings					·	· · · · · · · · · · · · · · · · · · ·
E 22	Printing and pi			<u> </u>					
[23	Other expense		STMT 6	-	3,785.		<u>3,785.</u>		0.
E 24	•	-			0 201		7 211	}	0
8	expenses. Add			-	9,381. 25,000.		7,311.		<u>0.</u> 25,000.
25	•			-	45,000.				25,000.
26	Add lines 24 at		nisements		34,381.		7,311.		25,000.
27			12		<u> </u>		<u>. ,</u>		
l			ses and disbursements		<80,907.	>		ļ	
		•	f negative, enter -0-)			4	0,379.		
	Adjusted net i	ncome (if n	egative, enter -0-)					N/A	
923501 02-02-10	LHA For Pri	vacy Act a	nd Paperwork Reduc	tion Act N	otice, see the instruct	ions.	•		Form 990-PF (2009)

Form 290-PF (2009) C/O BARBARA BULLIN 56-6125766 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 133,110. 169,478. 169,478. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 737. 3 Accounts receivable ► 737. Less: allowance for doubtful accounts 737. 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 I 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 1,814,332. 1,683,060. STMT 7 1,805,424. **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 225,339. 238,599. STMT 8 409,214. 13 Investments - other 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 2,172,781. 2,091,874. 2,384,853. Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 22 Other liabilities (describe > _ 23 Total liabilities (add lines 17 through 22) 0. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ▼ X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0. 0. 2,172,781. 29 Retained earnings, accumulated income, endowment, or other funds 2,091,874. 2,172,781. 2,091,874 30 Total net assets or fund balances 2,172,781. 2.091.874 31 Total liabilities and net assets/fund balances 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) 2,172,781. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize) 2,091,874. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

THOMAS HENRY WILSON & FAMILY FOUNDATION 56-6125766 Form \$90-PF (2009) C/O BARBARA BULLIN Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo., day, yr.) (mó., day, yr.) 1a CREDITSUISSE ACCT 700 P VARIOUS **VARIOUS** P VARIOUS b SHADOWLINE VARIOUS c PINNACLE EQUITY FUND Р VARIOUS VARIOUS d PINNACLE EQUITY FUND **VARIOUS K1** Р **VARIOUS** P **K1 VARIOUS** e BLACKSTONE GROUP VARIOUS (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 2,087,244. 2,239,056 <151,812.> 2,950. 9,440. 6,490. b <1,859.> <1,859. 15,274. 15,274. d <1. <1.> Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (I), if any <151,812.> 6,490. b <1,859.> C 15,274. d <1.> е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) <131,908.> 2 If (loss), enter -0- in Part I, line 7 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 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. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 0. 2,319,297 .000000 2008 22,971. 2,439,708. .009415 2007 1,817,970. 2,418,685. .751636 2006 187,000. 3,806,861 .049122 2005 155. 758,136. 2004 325 .041330 2 Total of line 1, column (d) 2 .851503 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 .170301 3 1,905,333. Enter the net value of noncharitable-use assets for 2009 from Part X, line 5 4 324,480. Multiply line 4 by line 3 5

404.

324,884.

25,000.

7

8

Add lines 5 and 6

See the Part VI instructions.

Enter 1% of net investment income (1% of Part I, line 27b)

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.

8 Enter qualifying distributions from Part XII, line 4

		(2Q09) C/O BARBARA BULLIN					<u>-6125</u>			Page 4
Pa	ırt VI	Excise Tax Based on Investment Income (Section 4940	Ю(а), ²	1940(b),	4940(e), or	4948	- see ir	<u>ıstrı</u>	ıctio	ns)
1a	Exempt	t operating foundations described in section 4940(d)(2), check here 🕨 📖 and er	enter "N/A	A" on line 1.)					
		fruling or determination letter: (attach copy of letter if nec								
þ		stic foundations that meet the section 4940(e) requirements in Part V, check here	- []	and enter 1	%	1			8	08.
		I, line 27b								
		er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			:ol. (b) ノ					_
		der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers en	ter -0-)		2	 			0.
3		es 1 and 2				3			8	08.
4		e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	Others er	nter -0-)		4	-			0.
		sed on investment income Subtract line 4 from line 3. If zero or less, enter -0-				5	-		8	08.
6		/Payments:	1.	I	2 544					
		estimated tax payments and 2008 overpayment credited to 2009	6a		3,744	•				
	•	t foreign organizations - tax withheld at source	6b	<u></u>		-	ļ			
	•	id with application for extension of time to file (Form 8868)	6c	ļ 		_				
		o withholding erroneously withheld	6d	L		\dashv ,			2 7	4.4
		redits and payments. Add lines 6a through 6d				7			3,1	44.
8		iny penalty for underpayment of estimated tax. Check here if Form 2220 is attained to the total of least 5 and 8 to more than less 7 and 8 to more than less 7 and 8 to more than less 7 and 8 to more than less 8.	acneo		_	8	 			_
		ie. If the total of lines 5 and 8 is more than line 7, enter amount owed				9	 		2 0	36.
	•	ayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid he amount of line 10 to be: Credited to 2010 estimated tax		2 036	. Refunded	10	 		4,3	<u> </u>
		-A Statements Regarding Activities		4,550	• I neluliueu					<u> </u>
		the tax year, did the foundation attempt to influence any national, state, or local legisl	slation or	r did it nartii	rinate or interve	ne in			Yes	No
	_	litical campaign?	J. G. (1011 01	ala it parti	orpato or into vo			1a	1	X
b		spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see	instruction	s for definition)	?	Ì	1b		X
_		answer is "Yes" to 1a or 1b, attach a detailed description of the activities and			•		Ì			
		outed by the foundation in connection with the activities		· · · · · · · · · · · · · · · · · ·						
c		e foundation file Form 1120-POL for this year?						1c		Х
		he amount (if any) of tax on political expenditures (section 4955) imposed during the	e year:							
	(1) On	n the foundation. > \$0 . (2) On foundation managers.	s. > \$		0					
е		he reimbursement (if any) paid by the foundation during the year for political expendi			n foundation					
	manag	ers. ► \$0 .								
2	Has the	e foundation engaged in any activities that have not previously been reported to the IF	RS?				ĺ	2		X
	If "Yes	s," attach a detailed description of the activities]
3	Has the	e foundation made any changes, not previously reported to the IRS, in its governing ii	ınstrume	ent, articles	of incorporation	ı, or				1
	bylaws	s, or other similar instruments? If "Yes," attach a conformed copy of the change	es					3		X
4a	Did the	e foundation have unrelated business gross income of \$1,000 or more during the year	ar,					4a		_X_
		has it filed a tax return on Form 990-T for this year?				1	I/A	4b		
5		nere a liquidation, termination, dissolution, or substantial contraction during the year?	7					5		X.
		s," attach the statement required by General Instruction T								
6		e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ither:							
		anguage in the governing instrument, or								
		tate legislation that effectively amends the governing instrument so that no mandatory	ry directi	ons that co	nflict with the st	ate law			7,	
_		ain in the governing instrument?					-	<u>6</u>	X	
′		e foundation have at least \$5,000 in assets at any time during the year?					}	7_	X	
0-		s," complete Part II, col. (c), and Part XV	.no\ _							
øa	NC	he states to which the foundation reports or with which it is registered (see instruction	лıs) 🚩							
L		inswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	Morney	Caparal (a-	decianate)					
0		inswer is "Yes" to line 7, has the roundation furnished a copy of Form 990-PF to the At In state as required by Ge <i>neral Instruction G? If "No," attach explanation</i>	attorney (General (Of	uesiynale)			Q.	х	
۵		r state as required by General Instruction G7 ii 1vo, attach explanation foundation claiming status as a private operating foundation within the meaning of sec	otion 40	12(1)(2) or	1012/11/51 for a	alandar	ŀ	8b	<u> </u>	
J		outlidation claiming status as a private operating foundation within the meaning of sec 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," ca				uici iUdl		9		y
10		y persons become substantial contributors during the tax year? If "Yes," attach a schedul	•				}	10		X
.,,	2,0 uil)	, por come decoming desirated during the tax year. If tes, attach a schedul	ure listing i	ureir names a	IG AGGIESSES					_4}

THOMAS HENRY WILSON & FAMILY FOUNDATION Form 990-PF (2009) 56-6125766 Page 5 C/O BARBARA BULLIN Part VII-A Statements Regarding Activities (continued) 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 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Х 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ BARBARA BULLIN Telephone no. > 336-869-2022Located at ► 3709 BRANDON DRIVE, HIGH POINT, NC ZIP+4 ►27265 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here 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 Х 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 Yes X No before 2009? If "Yes," list the years 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 N/A 2b statement - see instructions.) 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009)

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

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,

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

Form 990-PF (2009)

X

3Ь

4a

Yes X No

N/A

during the year?

THOMAS HENRY WILSON & FA	MILY FOUNDATI				
Form 990-PF (2009) C/O BARBARA BULLIN	Town 4700 May Do I		<u>56-61257</u>	66 Pag	e 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be i	required (contin	ued)		_
5a During the year did the foundation pay or incur any amount to:	4045(-)\0		s X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· · ·		S LAL NO		
(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?	r to carry on, unectly or mon		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No		
(4) Provide a grant to an individual for travel, study, or other similar purposes		16	ואונביו אי		
509(a)(1), (2), or (3), or section 4940(d)(2)?	i described in section		s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjugational nurnosas, or :		5 (A) NO		
the prevention of cruelty to children or animals?	or caddational parposes, or		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described		3 (22) 110		
section 53.4945 or in a current notice regarding disaster assistance (see instru		rrogalationo	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•			<u> </u>	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?		. —	s No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• ,				
a personal benefit contract?			s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b 3	Ζ
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	helter transaction?		s X No		
b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	1	_	
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) Expens account, oth allowances	ıer
(a) Name and address	hours per week devoted	(If not paid.	and deterred	account, oth	ıer
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
(a) Name and address SEE STATEMENT 9	hours per week devoted	(If not paid.	and deterred	ačcount, oth allowance:	ıer
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	ačcount, oth allowance:	ier S
SEE STATEMENT 9	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-)	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	hours per week devoted to position luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) 2,070.	and deterred compensation O .	account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •
SEE STATEMENT 9 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 2,070.	and deterred compensation O .	(e) Expens account, oth) •

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

Form 990-PF (2009) C/O BARBARA BULLIN 56-6125766 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 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 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A 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 N/A

Form **990-PF** (2009)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

Form 990-PF (2009)

C/O BARBARA BULLIN

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign f	oundations,	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	1,775,663.
	Average of monthly cash balances	1b	158,685.
	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	1,934,348.
	Reduction claimed for blockage or other factors reported on lines 1a and		
-		\mathbf{p} .	
2	Acquisition indebtedness applicable to line 1 assets		0.
3	Subtract line 2 from line 1d	3	1,934,348.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,015.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,905,333.
6	Minimum investment return Enter 5% of line 5	6	95,267.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	s and certain	
1	Minimum investment return from Part X, line 6	1	95,267.
2a	Tax on investment income for 2009 from Part VI, line 5	3.	
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	808.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,459.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	94,459.
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	94,459.
_	art XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		25 000
a		1a	25,000.
	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:	00	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	25 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000.
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	6	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quaiilles 10	THE SECTION

Page 9

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				94,459.
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 1,312,738.				
d From 2007				
e From 2008				
f Total of lines 3a through e	1,312,738.			
4 Qualifying distributions for 2009 from				*
Part XII, line 4: ►\$ 25,000.				
a Applied to 2008, but not more than line 2a			0.	
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)				25,000.
d Applied to 2009 distributable amount			,	23,000.
e Remaining amount distributed out of corpus	0.			69,459.
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	69,459.			69,459.
6 Enter the net total of each column as indicated below				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,243,279.			
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		J.		
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	1,243,279.			
	1,443,413.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006 1,243,279.				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009			L	

	BARA BULLIN				25766 Page 10
Part XIV Private Operating Fo			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	2009, enter the date of the	he ruling	▶		
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
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)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			***		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	•	than 2% of the total con	tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who			(or an equally large portion	on of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interes	it.			
NONE			<u>.</u>		
2 Information Regarding Contribution					
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations	under other conditions, co	emplete items 2a, b, c, and	<u>l d.</u>
a The name, address, and telephone number	er of the person to whom	n applications should be	e addressed;		
NOT APPLICABLE					
b The form in which applications should b	e submitted and informat	ion and materials they s	should include:		
NOT APPLICABLE c Any submission deadlines:	-				
NOT APPLICABLE		Jacob about the Color	Lundo of water		<u></u>
d Any restrictions or limitations on awards THIS FOUNDATION MAKE			•		
ORGANIZATIONS.	ONIKIDUI.	TOMO TO PRI	POPPECIED CE	TULTINDUE	
A					

Form 990-PF (2009)

Form 990-PF (2009) C/O BARBARA BULLIN
Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual,						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
a Paid during the year	or substantial contributor	recipient	 			
WORLD LAND TRUST-US			CHARITABLE CONTRIBUTION	25,000.		
Total b Approved for future payment		· · · · · · · · · · · · · · · · · · ·	▶ 3a	25,000.		
NONE						
						
Total			▶ 3b	0.		

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		by section 512, 513, or 514	(e)
-	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
С					
d	1 1	•			
e	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,965.	
4 Dividends and interest from securities			14	45,725.	
5 Net rental income or (loss) from real estate:		= -			
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			01	14,692.	
8 Gain or (loss) from sales of assets other				14,002.	-
than inventory			18	<131,908.>	
9 Net income or (loss) from special events			+ + 0	<u> </u>	*
Gross profit or (loss) from sales of inventory					
1 Other revenue:				-	
_					
a					
b	1 1				
<u> </u>					
d	-				
C Cubtatal Add salumas (b) (d) and (s)	-	0		-60 F26	
2 Subtotal. Add columns (b), (d), and (e)		<u> </u>	<u>•1 i</u>	<09,5 <u>4</u> 0.	<69,526
3 Total. Add line 12, columns (b), (d), and (e)	,			13	<09,540
See worksheet in line 13 instructions to verify calculations.					
Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	Exempt P	urposes	
Line No Explain below how each activity for which in	ncomo ie ranartad ii	a column (a) of Part V/I	-A contributor	Limportantly to the accomp	lichment of
the foundation's exempt purposes (other th			A contributed	importantly to the accomp	monnicht of
	an of providing rai	, , , , , , , , , , , , , , , , , , ,			
					
			 		
					
					
					

923621 02-02-10

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Form 990-PF (2009) Part XVII Ir 9) C/O BARBARA BULLIN 56-6125766 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did t	he organization directly or indir	ectly engage in any of the followin	ig with any other organiza	ition described in sect	on 501(c) of		Yes	No
	the C	ode (other than section 501(c)	(3) organizations) or in section 52	?7, relating to political org	anizations?				-
ŧ	a Trans	sfers from the reporting founda	ition to a noncharitable exempt or	ganization of:					
	(1)	Cash					1a(1)		X
	(2)	Other assets					1a(2)		X
		transactions:						_	
	(1)	Sales of assets to a noncharitat	ole exempt organization				1b(1)		х
	• •		ncharitable exempt organization				1b(2)		X
	٠.	Rental of facilities, equipment, o	• •				1b(3)		X
		Reimbursement arrangements	3. 3.1.0. 205010				1b(4)		X
		oans or loan guarantees							X
	,	· ·	mbership or fundraising solicitatio	ine			1b(5)		
	٠,		ling lists, other assets, or paid em				1b(6)		X
				· ·	alwaya about the form	and the section of the sec	1c		
•			"Yes," complete the following sche					ets,	
			oundation. If the foundation received ther assets, or services received.	cu icss than ian market ve	aide ili aliy transaction	Or Sharing arrange	ment, snow in		
a)	Line no	(b) Amount involved	(c) Name of noncharitable	exempt organization	(d) Description				
-,	Citte 110	(b) / thount involved		- CXCIIIPT Organization	(u) Description	of transfers, transactio	ns, and sharing arr	angeme	nts
_			N/A						
									
									
		-							
									
					-				
							<u>-</u>		
									
_									
_									
_					<u> </u>	-			
2			ly affiliated with, or related to, one	, -	inizations described				_
			than section 501(c)(3)) or in sect	ion 527?			Yes	X	No
l	o If"Ye	s," complete the following sche				· · · · · · · · · · · · · · · · · · ·			
		(a) Name of orga	anization	(b) Type of organization	1	c) Description of re	lationship		
		N/A		·					
				<u> </u>					
					+				
	Hada-	penaltipe of person, I de-last that I had	nue examined this seture is a trade	manua sebedula		many lemma and and are a second and a	and at an inci-		
			ave examined this return, including accor than taxpayer or fiduciary) is based on a			my knowledge and bei	ier, it is true, correc	π,	
	,	Ballera	2 210.	19-11	Λ.	. →			
b	<u> </u>	unnature of officer or trustee	D. DUM	7-19-10	ua	m			
2	7 S	gnature of officer or trustee		Date	Title	note of	Denn seeds advant		
_	.o	Preparer's	. 4 14 +		sel		Preparer's identify	ıng num	ver
5	Paid Preparer's Use Only	signature	Se r. mood	~, &	8-10-10 em	ployed ▶ L	NIA		
	Paid epare se On	Firm's name (or yours SHAR)	RARD, MCGEE & C	O., P.A.		EIN > NA			
	د ڇ ا	if self-employed),		•					
		address, and ZIP code HIGH	POINT, NC 2726	2		Phone no. (3	336)884·		
							Form 990 -	-PF (2	2009)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization

THOMAS HENRY WILSON & FAMILY FOUNDATION

C/O BARBARA BULLIN

Creation type (check one)

Filers of: Section:

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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
	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
General Rule	
	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one omplete Parts I and II
Special Rules	
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II
aggregate cor	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, atributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III
contributions If this box is c purpose Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 hecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions of \$5,000 or more during the year

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

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

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

	4	
age		of

1 of Part I

Name of organization

THOMAS HENRY WILSON & FAMILY FOUNDATION C/O BARBARA BULLIN

Employer identification number

<u>56-6125766</u>

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	J. DOUGLAS WILSON	\$ <u>23,000</u> .	Person X Payroll
(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
	Traine, acaress, and En 14	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990-PF INTEREST ON SAVINGS	S AND TEM	PORARY CAS	H INVES	rments	STATEMENT	1
SOURCE					AMOUNT	
TOTAL INTEREST						65.
TOTAL TO FORM 990-PF, PART I, L	INE 3, CO	LUMN A		=	1,9	65.
FORM 990-PF DIVIDENDS A	AND INTER	EST FROM S	ECURITI	es	STATEMENT	2
SOURCE	GROSS	AMOUNT	CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT	
TOTAL DIVIDENDS		45,725.	0.		45,72	
TOTAL TO FM 990-PF, PART I, LN	4	45,725.	0.		45,725	
FORM 990-PF	OTHER I	NCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS	NET :	(B) INVEST- INCOME	(C) ADJUSTE NET INCO	
PARTNERSHIP LOSS NONTAXABLE INCOME	_	<6,99 21,68		0.		
TOTAL TO FORM 990-PF, PART I, L	INE 11	14,69	2.	0.		
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT	4
	(A) KPENSES ER BOOKS	(B) NET INVES MENT INCO		(C) DJUSTED I INCOME	(D) CHARITA PURPOSI	
ACCOUNTING FEES	2,950.	2,9	50.			0.
TO FORM 990-PF, PG 1, LN 16B	2,950.	2,9	50.			0.

FORM 990-PF	TAXES			STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
FOREIGN TAXES PAID	574.		57 4.	_		0.	
TO FORM 990-PF, PG 1, LN 18 =	574.		574.			0.	
FORM 990-PF	ORM 990-PF OTHER EXPENSES				STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
MISC. FEES	3,785.	3,	785.		0 .		
TO FORM 990-PF, PG 1, LN 23	3,785.	3,	785.			0.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	7	
DESCRIPTION			B001	K VALUE	FAIR MARKET	r	
STOCKS AND MUTUAL FUNDS		-	1	,683,060.	1,805,42	24.	
TOTAL TO FORM 990-PF, PART I	TO FORM 990-PF, PART II, LINE 10B 1,683,060.			1,805,424.			
FORM 990-PF	OTHER INV	ESTMENTS	·		STATEMENT	8	
DESCRIPTION		LUATION ETHOD	воог	K VALUE	FAIR MARKE	T	
PINNACLE EQUITY FUND		COST	238,599.		409,214		
		-					

FORM 990-PF PART VIII - LIST TRUSTEES AND			STATE	EMENT 9
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JAMES DOUGLAS WILSON, SR PO BOX 129 CARRBORO, NC 27510	AGENT 5.00	0.	0.	0.
JAMES D. WILSON, JR. 2219 MECKLENBURG AVE. CHARLOTTE, NC 28205	COMMITTEE ME 5.00	EMBER/TRUSTEE 0.	0.	0.
ANNE WILSON PAYNE 2624 BEVERWYCK RAOD CHARLOTTE, NC 28211	COMMITTEE ME 5.00	EMBER/TRUSTEE 0.	0.	0.
DANIEL CULP WILSON 710 HUNGERFORD PLACE CHARLOTTE, NC 28207	COMMITTEE ME 5.00	EMBER/TRUSTEE 0.	0.	0.
BARBARA BULLIN 3709 BRANDON DRIVE HIGH POINT, NC 27265	AGENT 5.00	2,070.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	2,070.	0.	0.

Form , **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box			► X		
-	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the	•				
Do no	t complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed For	rm 8868.			
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	·				
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete				
Part I	only	•		▶ □		
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a income tax returns	an exten	sion of tim	e		
noted (not a you m	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic stomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or coust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic residence and click on e-file for Charities & Nonprofits.	nically if onsolida	(1) you wa ated Form	int the additional 990-T Instead,		
Туре		Emp	Employer identification num			
print	THOMAS HENRY WILSON & FAMILY FOUNDATION					
	C/O BARBARA BULLIN	5	6-612	5766		
File by due dat filing your return	to Number, street, and room or suite no. If a P.O. box, see instructions.					
instruct		_				
Chec	t type of return to be filed (file a separate application for each return):					
	Form 990 Form 990-T (corporation) Form 4	1720				
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5					
	Form 990-EZ Form 990-T (trust other than above) Form 6	6069				
X	Form 990-PF	3870				
	BARBARA BULLIN					
• Th	books are in the care of ► 3709 BRANDON DRIVE - HIGH POINT, NC 27.	265				
	ephone No. ► 336-869-2022 FAX No. ►					
	ne organization does not have an office or place of business in the United States, check this box			▶ □		
	nis is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If t	his is fo	r the whole	group, check this		
box 🕨						
1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: X calendar year 2009 or		The extens	sion		
	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	\$	3,744.		
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			2 744		
	tax payments made Include any prior year overpayment allowed as a credit.	3b	\$	3,744.		
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
С		1 7				
С	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.		

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