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Form 990-PF

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

OMB No 1545-0052

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 o	alend	ar year 2009, or tax year beginning , a	and ending				
<b>G</b> C	heck a	···	turn of a former public			Final return	
Oth F or See	the IR abel. erwise print type. Specifi	Name of foundation THE JAMES C. GOODNIGHT, JI FOUNDATION  Number and street (or P O box number if mail is not delivere POST OFFICE BOX 287  City or town, state, and ZIP code	d to street address)	Room/suite	94- B Telep 800 C If exe	hone number (see page 10 – 828 – 4934  Imputon application is pendereign organizations, check	0 of the instructions)
			28607			oreign organizations meeti	_
I Fa	Section iir marl year (f	ket value of all assets at end from Part II, col (c), J Accounting method Tother (specify)	le private foundation  X Cash Acc	rual	E If provided in the section of the	i% test, check here and at rate foundation status was on 507(b)(1)(A), check her foundation is in a 60-mon	terminated under e
lin	e 16) 🕽		be on cash basis.)		unde	r section 507(b)(1)(B), che	ck nere
P:	ert 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) (see page 11 of the instructions) )	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
•	2	Check ► <b>X</b> if the foundation is <b>not</b> required to attach Sch B					
,	3	Interest on savings and temporary cash investments					
5	4	Dividends and interest from securities	15		15	15	
,	5a	Gross rents					
0	b	Net rental income or (loss)					
2	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
Re	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
,	9	Income modifications					
	10a	Gross sales less returns & allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	-				
	12	Total. Add lines 1 through 11	15		15	15	
	13	Compensation of officers, directors, trustees, etc					
ě	14	Other employee salanes and wages					
penses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
Ж	b	Accounting fees (attach schedule)					
<u>×</u>	c	Other professional fees (attach schedule) ECEIVED			·		- 11 1
Tat	17						
st	18	Taxes (attach schedule) (see page 14 of the instructions)					
Ē	19	Depreciation (attach schedule) and depletary 1 9 2010	Q				
Ę	20	Occupancy	8				
Ă	21	Travel, conferences, and meetings GDEN, UT					
Ē	22	Tilling and publications					
<b>D</b>	23	Other expenses (att sch) STMT 1	35		35	35	
Ë	24	Total operating and administrative expenses.					
Operating and Administrative		Add lines 13 through 23	35		35	35	0
be	25	Contributions, gifts, grants paid	600				600
O	26	Total expenses and disbursements. Add lines 24 and 25	635		35	35	600
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	-620				
	b	Net investment income (if negative, enter -0-)			0		
	С	Adjusted net income (if negative, enter -0-)				0	

c Investments—corporate bonds (attach schedule)  11 investments—business, and equipment basis ▶  12 investments—mortgage loans  13 investments—other (attach schedule)  14 bard, buttings, and equipment basis ▶  15 color assets (describe ↑  16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item 1)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Loans from officers, directors, trustees, and other disqualified persons  19 Deferred revenue  20 Loans from officers, directors, trustees, and other disqualified persons  21 Mortgages and other notes payable (attach schedule)  22 Other labelities (describe ▶  23 Total liabilities (add lines 17 through 22)  24 Unrestricted  25 Femporarily restricted  26 Permanently restricted  27 Femporarily restricted  28 Paden or capatis surplus, or land, bidg, and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  29 Retained earnings, accumulated income, endowment, or other funds  29 Retained carnings, accumulated income, endowment, or other funds  20 Total liabilities and net assets/fund balances (see page 17 of the instructions)  20 Total liabilities and net assets/fund balances (see page 17 of the instructions)  21 Total liabilities and net assets/fund balances (see page 17 of the instructions)  22 Part III Analysis of Changes in Net Assets or Fund Balances  1 Total liabilities and net assets/fund balances (see page 17 of the instructions)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II. column (b), line 30  5 Decreases not included in line 2 (itemize) ▶  5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II. column (b), line 30  6 7, 511	Form !	990-PF (2009) THE JAMES C. GOODNIGHT, JR.	94-342053	2	Page <b>2</b>
Continuinterest-bands 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowence for doubtful accounts ▶ So Grants receivable ▶ Less allowence for doubtful accounts ▶ So Grants receivable ↑ Less allowence for doubtful accounts ▶ So Prepade expenses and deferred charges The investments—Opporate social (attach schedule) Investments—Opporate social (attach schedule) Investments—Opporate social (attach schedule) Less accounts opporate opporate social (attach schedule) Less accounts opporate social (attach schedule) Less accounts opporate social (attach schedule) Less accounts opporate opporate (attach schedule) Le	-	Attached schedules and amounts in the description column	Beginning of year	End o	f year
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Accounts receivable ► Less, allowence for doubtful accounts ►  Pleages receivable ■ Less, allowence for doubtful accounts ►  Pleages receivable ■ Less, allowence for doubtful accounts ►  S Grants receivable —  Receivables due from officers, directors, trustees, and other dequalified persons (attach schedule) (see page 16 of the instructions)  Prepaid expenses and seferred charges  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Investments—Orporate blook (attach schedule)  Investments—Orporate blook (attach schedule)  Investments—Corporate blook (attach schedule)  Investments—Corporate blook (attach schedule)  Investments—orporate blook schedule)  Investments—orporate blook schedule)  Investments—orporate blook schedule)  Deferred reverue  Investments—orporate blook schedule)  Investments—orporate blook schedul	1	Cash—non-interest-bearing .			
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16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item 1)  17 Accounts payable and accrued expenses  18 Grants payable and accrued expenses  19 Deferred revenue  20 Loans from officers, directors, trustees, and other disqualified persons  21 Mortgages and other notes payable (attach schedule)  22 Other liabilities (add lines 17 through 22)  3 Total liabilities (add lines 17 through 22)  4 Unrestricted  25 Temporanly restricted  26 Permanently restricted  27 Capital stock, trust principal, or current funds  28 Pard-in or capital surplus, or land, bidg, and equipment fund  29 Retained earnings, accumulated income, endowment, or other funds  29 Retained earnings, accumulated mcome, endowment, or other funds  30 Total net assets or fund balances (see page 17 of the instructions)  31 Total liabilities and net assets/fund balances (see page 17 of the instructions)  31 Total sasets or fund balances as the principal of the instructions)  21 Total net assets or fund balances or Fund Balances  22 Total net assets or fund balances or Fund Balances  33 Other increases not included in line 2 (itemize)   4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize)   5 Total net assets or fund balances as tend of year (line 4 minus line 5)—Part II, column (b), line 30  5 Total net assets or fund balances as tend of year (line 4 minus line 5)—Part II, column (b), line 30  6 7, 511	15				
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18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ ) 23 Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporally restricted 26 Permanently restricted 27 Temporally restricted 28 Permanently restricted 29 Permanently restricted 29 Permanently restricted 30 Total not 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 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4 Analysis of Changes in Net Assets or Fund Balances 4 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) 4 Enter amount from Part I, line 27a 5 Other increases not included in line 2 (temize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (temize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part III. column (b), line 30 6 7,511	17				
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3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  6 7,511		• •			
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6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30					7,311
			(h) line 20		7 511
	6 To	otal net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (	D), lifte 30	0	Form <b>990-PF</b> (2009)

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

600

7

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	1990-PF (2009) THE JAMES C. GOODNIGHT, JR. 94-3420	532			Р	age 5
	art 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 page 20 of the 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 ap	plication?		13	X	
	Website address ► N/A					_
14	,	elephone no. 🕨	800-8	28-	493	4
	P O BOX 287					
	Located at ► BOONE, NC	ZIP+4 ▶	28607	′		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		1			▶ 📙
	and enter the amount of tax-exempt interest received or accrued during the year		15			
<u> </u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Requir	ea			\\	
4.	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)	□ <b>v</b> aa	X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐ Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	□ v <sub>22</sub>	X No			
	disqualified person?	Yes Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	<ul><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li><li>(5) Transfer any income or assets to a disqualified person (or make any of either available for</li></ul>	res	2 <u>1</u> 140			
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		<u></u>			
	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	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Reg	_	EE			
_	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ □		***************************************	
С	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?		N/A	1c		<u> </u>
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))					
а	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?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	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 page 20 of the instructions.)		N/A	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	∐ Yes	X 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 laps	e of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		37/2			ŀ
_	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 purp			4a	ļ	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz			,.		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning	111 2009 1		4b	l	_ AD

Form **990-PF** (2009)

om	990-PF (2009) THE JAMES C. GO	DODNIGHT, JR.	94-3	3420532	<u>-</u>					<u>P</u>	<u>age 6</u>
Pa	rt VII-B Statements Regarding A	activities for Which Form 4	1720 May Be R	Required (	con	<u>tinue</u>	<u>d)</u>				
5a	During the year did the foundation pay or incur	any amount to			_		_				
	(1) Carry on propaganda, or otherwise attemp	t to influence legislation (section 4	945(e))?			Yes	X	No			
	(2) Influence the outcome of any specific publ	ic election (see section 4955), or t	o carry on,		_		_				
	directly or indirectly, any voter registration	dnve?			$\square$	Yes		No			
	(3) Provide a grant to an individual for travel, s	study, or other similar purposes?				Yes	X	No			
	(4) Provide a grant to an organization other th	an a chantable, etc , organization	described in		_		_				
	section 509(a)(1), (2), or (3), or section 49-	40(d)(2)? (see page 22 of the instr	uctions)		$\square$	Yes	X	No			
	(5) Provide for any purpose other than religiou	is, chantable, scientific, literary, or	educational		_		_				
	purposes, or for the prevention of cruelty to	o children or animals?			$\square$	Yes	X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of t	he transactions fail to qualify unde	r the exceptions de	escribed in							
	Regulations section 53.4945 or in a current no	tice regarding disaster assistance	(see page 22 of th	e instruction	ıs)?		_N	/A	5b		
	Organizations relying on a current notice regar	ding disaster assistance check he	re			•	$\sqcup$				
С	If the answer is "Yes" to question 5a(4), does to	the foundation claim exemption fro	m the tax		_		_				
	because it maintained expenditure responsibili	ty for the grant?		N/A		Yes		No			
	If "Yes," attach the statement required by Regi	ulations section 53 4945-5(d).									
6a	Did the foundation, during the year, receive an	y funds, directly or indirectly, to pa	y premiums		_		_				
	on a personal benefit contract?					Yes	X	No			
b	Did the foundation, during the year, pay premit	ums, directly or indirectly, on a per	sonal benefit contr	ract?					6b		X
	If "Yes" to 6b, file Form 8870						_				
7a	At any time during the tax year, was the found	ation a party to a prohibited tax she	elter transaction?			Yes	X	No			
b	If yes, did the foundation receive any proceeds							/A	7b		L
Pa	Information About Officer	s, Directors, Trustees, Fo	undation Mana	agers, Hi	ghly	Paid	l Em	ploy	ees,		
	and Contractors										
1 L	ist all officers, directors, trustees, foundation	n managers and their compensat	ion (see page 22	of the instru	uctio	ns).			<del>,</del>		
			(b) Title, and average	(c) Compens	ation			tions to	/->-		
	(a) Name and address	s	hours per week	(If not paid,			ployee s and d	benetit eferred		oense ao r allowar	
			devoted to position	-0-)		CC	mpens	ation	<u> </u>		
JA	MES C. GOODNIGHT, JR.	BOONE	PRES & SEC								
P	O BOX 287	NC 28607	10.00					0	4		0
	1 2 2 3 4										
				ł							
						<u> </u>			$oxed{oxed}$		
2	Compensation of five highest-paid employed	es (other than those included on	line 1—see page	23 of the in	struc	tions)					
	If none, enter "NONE."										
			(b) Title, and average					tions to	(-) 5		
	(a) Name and address of each employee pa	aid more than \$50,000	hours per week	(c) Compens	ation		ployee s and d	benent eferred	(e) Exp	pense ad r allowa	
			devoted to position			cc	mpens	ation	<u> </u>		
NO	NE										
									<u> </u>		
						1					
									<b>↓</b>		
		·							$oxed{oxed}$		
							-				_
_									<u> </u>		
ota	number of other employees paid over \$50,000								<b></b>		

Form 990-PF (2009) THE JAMES C. GOODNIGHT, JR.	94-3420532	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid Em	ployees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional services (see page	22 of the instructions) If none onter "NO	NE "
3 Five highest-paid independent contractors for professional services (see page  (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Solvido	(C) Compensation
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statist organizations and other beneficianes served, conferences convened, research papers produced, etc.	tical information such as the number of	Expenses
1 N/A		
2		
3		
3		
4		
	01 - 5 11 - 1 - 1 - 1 - 1	
Part IX-B Summary of Program-Related Investments (see page		Amount
Describe the two largest program-related investments made by the foundation during the tax year on <b>N/A</b>	illes i and 2	Amount
1 M/ EL		
2		
All other program-related investments See page 24 of the instructions		
3		
		,
Total. Add lines 1 through 3	<u> </u>	

, Forn	n 990-PF (2009) THE JAMES C. GOODNIGHT, JR. 94-3420532		Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign f	
	see page 24 of the instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratir	ng
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
_			
Pi	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	600
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	600
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	600
-	Note. The amount on line 6 will be used in Part V. column (b). In subsequent years when calculating whether the foundation		

qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2009)

- 12	THE ARE Undistributed income (see page 26 of	trie instructions)		1	<del></del>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				0
2	Undistributed income, if any, as of the end of 2009.				
а	Enter amount for 2008 only				
b	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004 1,000				
b	From 2005 1,001				
c	From 2006 4,504				
4	From 2007 6,013				
	From 2008 26,002				
	\	38,520			
. T	Total of lines 3a through e	38,320			
4	Qualifying distributions for 2009 from Part XII,				
	line 4. ▶ \$600				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus	600			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
·	indicated below:				
_		39,120			
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	39,120			
D	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
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) (see page 27 of the				
_	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	1 000			
	instructions)	1,000			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	38,120			
10	Analysis of line 9				
а	Excess from 2005 1,001				
b	Excess from 2006 4,504				
С	Excess from 2007 6,013				
d	Excess from 2008 26,002				
e	Excess from 2009 600				

<u> P</u> a	art XIV Private Operating Fou	ındations (see p	age 27 of the inst	ructions and Part	VII-A, question 9	)
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	ting		
	foundation, and the ruling is effective for	2009, enter the date of	of the ruling	•		
b	Check box to indicate whether the foundation			bed in section	942(j)(3) or 494	2(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years	W. 7 - 1	
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	investment return from Part X for	(4) 2000	(-,	(-,		
			1	[		ĺ
L	each year listed		<del></del>			<del></del>
b	85% of line 2a		<del> </del>	<del></del>		<del></del>
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	<del></del>	<del> </del>	<del></del>		<del> </del>
ď	Amounts included in line 2c not used directly				1	[
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c			ļ		
3	Complete 3a, b, or c for the				,	
	alternative test relied upon					
а	"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	<del></del>				
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"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)		ļ			ļ
	(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			<del></del>		
	(4) Gross investment income		Abia nama anticif	the foundation b	-d ¢5 000 on	. in annote of
Pa	Supplementary Inform	•	•		ad \$5,000 or mor	e in assets at
	any time during the ye		or the instruction	ons.)		
1	Information Regarding Foundation Mar	•			h 4b a. 6	
а	List any managers of the foundation who				-	
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2	).)	
	N/A	400/		/		
b	List any managers of the foundation who				portion of the	
	ownership of a partnership or other entity	) of which the foundat	tion has a 10% or grea	ter interest		
	N/A					
2	Information Regarding Contribution, G		-			
	Check here ▶ 🗵 if the foundation only			-		
	unsolicited requests for funds If the foun	dation makes gifts, gr	ants, etc (see page 28	3 of the instructions) to	individuals or	
	organizations under other conditions, con	nplete items 2a, b, c,	and d		<del></del>	
а	The name, address, and telephone numb	er of the person to wh	nom applications shoul	d be addressed.		
	N/A					
b	The form in which applications should be	submitted and inform	ation and materials the	ey should include:		. — -
	N/A				. <u></u>	
С	Any submission deadlines					
	N/A					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kınds of ınstitutıo	ns, or other factors	
	N/A					<u></u>
						Form <b>990-PF</b> (2009)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Recipient show any relationship to status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOSPICE OF WATAUGA COUNTY P O BOX 2451 CHARITABLE 600 BOONE NC 28607 600 ▶ 3a Total **b** Approved for future payment N/A ▶ 3b Total

Enter gross am	ounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	Related or exempt function income (See page 28 of the instructions)
1 Program se				<del>-   </del>		the instructions j
		_		+		
				+ +		
		-		+	<u>-</u>	
		_		<del> </del>		
		<del>-                                    </del>		<del></del>		
f		_		<del> </del>		<u> </u>
=	nd contracts from government agencies	-				<del>-</del>
2 Membership	p dues and assessments					
	savings and temporary cash investments			<del>                                     </del>		
4 Dividends a	and interest from securities			14	15	
5 Net rental in	ncome or (loss) from real estate					
a Debt-fir	nanced property	<u> </u>				
<b>b</b> Not deb	ot-financed property			<del></del>		
6 Net rental in	ncome or (loss) from personal property					
7 Other inves	tment income					
8 Gain or (los	s) from sales of assets other than inventory			14		
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other rever	nue. a					
	- Allerton	_				
		_				
		_ \				
е		_ [				<u></u>
12 Subtotal A	dd columns (b), (d), and (e)			0	15	
13 Total. Add	line 12, columns (b), (d), and (e)				13	15
See worksheet	in line 13 instructions on page 28 to verify calcula	itions)				
Part XVI-B	Relationship of Activities to the	Accomplishme	ent of Exempt I	Purposes		
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt put					
	instructions)	-			<del></del>	
N/A					·	
						<u></u>
						<del></del>
						·········
		··				
-						
-						
		·				
•						
			-			
		-				
			<del></del>			<u> </u>
				<del>.</del>		
	<u> </u>					

28053-2379

BUTLER & STOWE

GASTONIA, NC

PO BOX 2379

Firm's name (or yours if

and ZIP code

self-employed), address,

Form 990-PF (2009)

EIN ▶ 56-0625018

Phone no 704-864-8311

03612 THE JAMES C. GOODNIGHT, JR. 94-3420532 FYE: 12/31/2009	ODNIGHT,	굓.	Federal Statements	itements			5/12/2010 8:58 AM	, ,
		Form (	Form 990-PF, Part I, Lin	Part I, Line 6a - Sale of Assets	sets			
Desci	Description		How Received					
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net ation Gain / Loss	
00	VARIOUS	1/02/09 \$	PURCHASE 27 \$	27	S	ω   	w 	·
TOTAL					0 \$			  0
		Statement 1 -	Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses	t I, Line 23 - Oth	er Expenses			
Description			Total	Net Investment	Adju N	Adjusted Net	Charitable Purpose	<u> </u>
		· ω		· σ-	φ.		· σ-	
EXPENSES INVESTMENT FEES			ን ጉ	٠. ٦		ω 5		
TOTAL		w.		\$ 35	φ.	35	\$	
								•
							•	
							_	
								1

5/12/2010 8:58 AM

03612 THE JAMES C. GOODNIGHT, JR. 94-3420532 Federal Statements

FYE: 12/31/2009

94-3420532

## Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	 _					
<del></del> -	 Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
WELLS FARGO & CO. STOCK						
	\$ 5,597	\$_	5,570	COST	\$_	513
TOTAL	\$ 5,597	\$	5,570		\$_	513