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Form 990-PF

Return of Private Foundation

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

2010

OMB No. 1545-0052

		nt of the Treasury evenue Service	Note. The foundation may	reated as a Privar be able to use a copy of this			rting requirements.	2010
_		ndar year 2010, or ta			, and e			
G	Chec	k all that apply.	Initial return	Initial return of a f	•	harlty	Final return	
			Amended return	Address char	ige .		Name change	
N	me c	of foundation					A Employer identification	numoer
		THE FAIL	LE FOUNDATION				06-1379812	
NL	mber		mber if mail is not delivered to stree	at address)		Room/sulte	B Telephone number	
		125 S. I	ELM STREET				336-272-90	04
Ci	ty or i	town, state, and ZIP co		•			C If examption application is po	
<u></u>	01	GREENSBO					1. Foreign organizations 2. Foreign organizations mer check here and attach cor	, check here
"		k type of organization: action 4947(a)(1) non	Section 501(c)(3) Exempt charitable trust		ation		1	
i F			s at end of year J Account		Ассп	ual ·	E If private foundation state under section 507(b)(1)(A), check here
		Part II, col. (c), line	16) X C	Other (specify) MODIFI	ED CAS	<u> </u>	F If the foundation is in a 6	
	►\$	2,8	335,349 . (Part I, coli		i -		under section 507(b)(1)	B), check here.,
P,	ärt	Analysis of Revent (The total of amounts is	is and Expenses n columns (b), (c), and (d) may not mounts in column (a).)	(a) Revenue and expenses per books	(b) Net Inv inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
-	1		grants, etc., received	expenses per seems				(cash pasia only)
	2		undation is not required to attach Sch. B					
	3	interest on savings and						
	4		st from securities	31,122.	3	1,122.		STATEMENT L
				STATE OF STREET, STREE	27 - 1 EXSTANCE OF THE	od Balbara Inc.	Slavovju (70 Pilot III i 1 States	
		Net rental Income or (los		11 105		mir inggn (v. X	CANADA CARA CARA CARA CARA CARA CARA CARA C	
age uge	b	Gross soles price for all	136,971.		140000000			
Revenue	7		(from Part IV, line 2)	The state of the s	1	1,195.		
Œ	8	Net short-term capita	ıl gain					
	9	Income modifications	s	11,195.			# C122 8120-610-464-mbs-182 8413	
		Gross ades less returno and allowances						
	, ,	Grass profit or (loss)	1,	Americanna cross salasta 2.52.12 to			STORY AND LEAST STATE OF THE ST	
	111			15,923.		5,923.		STATEMENT 2
	12		rough 11	58,240.	51	3,240.		CHICAGO AND FOLL
	13	•	s, directors, trusteos, etc.	0.		0.		0.
	14		iles and wages					
SB SB	15 189		oyee Denents					
cpenses	Ь	Accounting fees						
ú	0	Other professional fe	es STMT 3	13,000.	13	3,000.		0.
tř	17	Interest	STMT 4			241		
Operating and Administrative	18		S'I'M'I' 4	341.		341.		
ain.	19 20	Occupancy	netion					Last ver-selatings and present
Adr	21	Travel, conferences	រកិត្តិតំតែ FD					
and	22	Printing and publicati	ia-a					
Bu	23	Other expenses	Q		· · · · · ·			
100	24	Total operating and		12 241	1:	3,341.		0.
õ	25	expenses Ado Ilnes Contributions, gifts,	13 INTOUDIT 23	13,341.				60,000.
	26	Total expenses-end-	disbursements:		a milestor C. Lill	to organizate	1 / 4/4 100 200	
	_	Add lines 24 and 25		73,341.	13	3,341.		60,000.
	27	Subtract line 26 from		25:000000000000000000000000000000000000				
			xpenses and disbursements	-15,101.		899.		
	1	Nat investment incor					N/A	
0225		Adjusted net income	(ii negativo, enter -U-)	b et a.ca.s. ett. 7. Tel v.d. yel yel yelgili.	THE PROPERTY OF	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		A A PARTY COMMENTAL CONTROL OF THE PARTY OF

Form 990-PF (2010)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and desc	ribe the kind(s) of property sold (e.g	., real estate,	(b)	How acquired	(c) Date ac	quired	(d) Date sold
	arehouse; or common stock, 200 sh	s. MLC Co.)	1	- Purchase - Donation	(mo., day		(mo., day, yr.)
	OF AMERICA				04/09		12/22/10
b THE BOND FUND	OF AMERICA				04/09	/10	10/21/10
<u>c</u>							
<u>t</u>							
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		expense of sale		(h) Gali (e) plus (or (loss) f) minus (
a 129,983.		 	119,516.		<u> </u>	·	10,467
b 6,988.			6,260.				728.
C							
d							
e							
Complete only for assets showing	g gain in column (h) and owned by t			(1)	Gains (Col. (k), but not	(h) gain i	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (i) r col. (j), if any	ÇüL (Losses (fr	om coL (t	1))
	23 01 12/3 1/33	010	cor. gr, it only				10,467.
a b	- · · · · · · · · · · · · · · · · · · ·						728
C							
d							
_B							
2 Capital gain net income or (net cap	pital loss) { If gain, also enter if (loss), enter -0-	in Part I, line In Part I, line	7	2			11,195.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and		<u>, </u>				
If gain, also enter in Part I, line 8, (column (c).		}	3		N/A	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net Inv	estment Inco	me		
If section 4940(d)(2) applies, leave the Was the foundation liable for the section of the sectio	ion 4942 tax on the distributable among the section 4940(e). Do not core	mplete this pa	ırt.				Yes X No
(a)	ach column for each year; see instru	ctions before		-,- · · · · · · · · · · · · · · · · · · 			(4)
Base period years Calendar year (or tax year beginnin			(c) Net value of nonchar		(00	Distribu I. (b) divid	d) ition ratio led by col. (c))
2009		0,061. 3,481.		743,852.			.047401
<u>2008</u> 2007		5,401. 5,978.	3	,180,524. ,652,407.	 		.037689
2007	163	2,759.	3	430.420	 		.047446
2005	169	9,669.	3.	,430,420. 372,686.	 	 .	.050307
2 Total of line 1, column (d)	**** **********************************		****** ***********************		2		.248560
3 Average distribution ratio for the 5	-year base period - divide the total or	n line 2 by 5,	or by the number of yea	ırs			
the foundation has been in existen-	ce if less than 5 years				3		.049712
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X. III	пе 5			4	1	,996,750.
					_		
5 Multiply line 4 by line 3					5		99,262.
6 Enter 1% of net investment income	(1% of Part I, line 27b)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6		449.
7 Add lines 5 and 6					7		99,711.
8 Enter qualifying distributions from	Part XII, line 4	•••••			8	,	60,000.
	ine 7, check the box in Part VI, line 1	b, and comp	late that part using a 1%	s tax rate.			
See the Part VI Instructions.							- 000 PE (2010)

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P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instr	uctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "WA" on line 1.		32345111 32345111	The more	Mac.
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				48.3(-1)
ŧ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			8	98.
	of Part I, line 276		Telahar.		
C	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2	T		8	98.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0-			- 8	98.
6	Credits/Payments:		S. 65 61		
	2010 estimated tax payments and 2009 overpayment credited to 2010				
	Exempt foreign organizations - tax withheld at source 6b			100	
	Tax pald with application for extension of time to file (Form 8868).		IN S	型党	
	Backup withholding erroneously withheld 6d				
	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				26.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9	24.
10	Overpayment. If line 7 is more than the total of lines 6 and 8, enter the amount overpaid	7			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11	T			
Pa	tt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Me	Yes	No
	any political campaign?		1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.		1	350,1	22.7
C	Did the foundation file Form 1129-POL for this year?		10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		新	53.0	
	(1) On the foundation. ▶ \$ O _ (2) On foundation managers. ▶ \$				
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			影響	
	managers. > \$0 .				3 411.6
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. 5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				200
	By language in the governing instrument, or			1000	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law				
	remain in the governing instrument?		6		<u>X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	TRACES OF THE SECOND
	If "Yes," complete Part II, col. (c), and Part XV.				湖南
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	FL				
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			孤歷	組織
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	2000
	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		<u>X</u>
n	Did not promone house a chalantial annially the section the few small contract of the section of		1 40		Y

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P	art VILA Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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 compty with the public inspection requirements for its annual returns and exemption application?		X	Ĺ
	Website address ► N/A			
14	The books are in care of MICHAEL SPOHN C/O OLD NORTH STATE T Telephone no.	336-272-9	004	
		IP+4 ►27401		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in Ileu of Form 1041 - Check here		▶	لـــا
	and enter the amount of tax-exempt interest received or accrued during the year	15 N	/A	NI -
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	ا مد ا	Yes	X
	securities, or other financial account in a foreign country?	16	1000	Chur;
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	37 E		
10	the foreign country ► The foreign country ► The	B185- 8-0	145'623'DM	32025-03-
Ritter	File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies.	经计划	Yes	No
12	During the year did the foundation (either directly or indirectly):	2010 (8)	SERVE	
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			N.
	for the benefit or use of a disqualified person)?	X No		
	(6) Agree to pay money or property to a government official? (Exception, Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			305
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations		G-1121	::
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	7540	<u> </u>
_	Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
G	before the first day of the tax year beginning in 2010?		KATEARE!	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		HE STATE	
_	defined in section 4942(j)(3) or 4942(j)(5)):			1420 11 E
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
Ī	before 2010? Yes	X No		
	If "Yes," list the years ▶			Planter Paster
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			leuxi2
	statement - see instructions.)	N/A 2b	77.75	
6	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1233	
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	· ·		
		X No		
	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			20-148 24 (1) 8
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispersional building and the section 4943(c)(7)	15 6		
	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,	N/A 3b	STATE CALL	Kunth
a-	Form 4720, to determine if the foundation had excess business holdings in 2010.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			<u>x</u>
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th		328S	
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		K+.501.	X
	100 100 100 100 100 100 100 001 00 100 100 001 or the lost and ordinaried in so [61] (1) (1)	Form 990	-PF (2	

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PartVII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (conti	nued)	
5a During the year did the foundation pay or incur any amount to:			9.00 90.00 90.00	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	🗀 ү	es X No	
Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	rectly,	Ž.	
any voter registration drive?		🖵 Ү	es 🔀 No 🖁	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	🗀 ү	es 🗶 No 🔋	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ү	es LXINo	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for		
the prevention of cruelty to children or animals?		Y	es 🔀 No 📳	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un				
section 53,4945 or in a current notice regarding disaster assistance (see Instr	uctions)?		<u>N/A</u>	5b
Organizations relying on a current notice regarding disaster assistance check i	1919		▶∟ 🎉	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t				
expenditure responsibility for the grant?		Y [A.N.	BS LINO	
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		٠. ا	[37] B	
a personal benefit contract?				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			. (V)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	ineiler Iransaction?	[] YI	S LA NO E	7b
b If Yes, did the foundation receive any proceeds or have any net income attribution. Information About Officers, Directors, Trust				/0
Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation wa	mayers, mym	y	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compansation	(d) Contributions to employee benefit plans and defense	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred	account, other allowances
SEE STATEMENT 6		0.	0.	0.
		!		
]		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contribute	/a) Ermanas
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and defensed	(e) Expansa account, other
	devoted to position		compensation	allowances
NONE				
		 		
				
	;			
Total number of other employees paid over \$50,000			—	0
ו איני ווייייייייייייייייייייייייייייייי				

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, en			
(a) Name and address of each person pald more than \$50,000	(b) Type of service	(c) (Compensation
NONE			
		}	
		D	
Total number of others receiving over \$50,000 for professional services. Part X-A Summary of Direct Charitable Activities		<u></u>	
· · · · · · · · · · · · · · · · · · ·	Stational Indonesial on a such an Abra	_ 	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr	aduced, etc.	Exper	ises
1 N/A			
2			
3			
4			
Part X-B Summary of Program-Related Investments		·····	
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amou	ınt
1 N/A			
2			
All other program-related investments. See instructions.			
3			

Total. Add lines 1 through 3

T.	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,229,552.
	Average of monthly cash balances	1b	14,458.
	Fair market value of all other assets	16_	783,147.
đ		1d	2,027,157.
е	Reduction claimed for blockage or other factors reported on lines 12 and		
-	1c (attach detailed explanation) 1e 0		
2	Acquisillon indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,027,157.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30,407.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,996,750.
6	Minimum investment return. Foter 5% of line 5	6	99,838.
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here in and do not complete this part.)	nd certain	
1	Minimum Investment return from Part X, line 6	1	99,838.
2a	Tax on investment Income for 2010 from Part VI, line 5	1986	
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	20	898.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	98,940.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	98,940.
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	98,940.
_	Qualifying Distributions (see instructions)	18 4841	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	#15.3i	60 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	60,000.
b	Program-related investments - total from Part IX-8	1b	U •
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	60 000
4	Qualifying distributions. Add Ilnes 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,000.
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		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,000.
	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.	jualifies for	the section

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PartXIII Undistributed Income (see Instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				98,940.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005b From 2006				
c From 2007				
d From 2008				
8 From 2009				
f Total of lines 3a through e		obelicii (California de California de California de California de California de California de California de Ca Porto de California de Cal		
4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 60,000.				
a Applied to 2009, but not more than line 2a			0.	Hotel Carlo
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
E Treated as distributions out of corpus	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	entra en			60,000.
e Remaining amount distributed out of corpus	0.			<u> 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 </u>
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			
6 Enter the net total of each column as indicated below:				
8 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b		V •		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
a Undistributed Income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must				
be distributed in 2011				38,940.
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 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	را			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2007 c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

	LE FOUNDAT				1379812	Page 1
Part XIV Private Operating F				N/A		
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective for						
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or	4942(])(5)	
2 a Enter the lesser of the adjusted net	Tax year	(h) 0000	Prior 3 years	(4) 0007	(e) Tota	.1
income from Part I or the minimum	(a) 2010	(h) 2009	(c) 2008	(d) 2007	(6) 1018	
investment return from Part X for						
each year listed						
b 85% of line 2a		 	 	ļ .		
c Qualifying distributions from Part XII,						
line 4 for each year listed			 		 	
used directly for active conduct of						
exempt activities						
e Qualifying distributions made directly				 		
for active conduct of exempt activities.				1		
Subtract line 2d from line 2c					1	
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			Ì		ĺ	
securities loans (section		į	1			
512(a)(5)), or royaltles)					_	
(2) Support from general public and 5 or more exempt						
organizations as provided in					ļ	
I '					 	
(3) Largest amount of support from an exempt organization					Į	
(4) Gross investment income	·					
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or n	nore in asset	3
at any time during th			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
1 Information Regarding Foundation	Managers;	30				
a List any managers of the foundation who	have contributed more		ributions received by the t	foundation before the c	lose of any tax	
year (but only if they have contributed mo	ore than \$5,000). (See s	ection 507(d)(2).)				
NONE	····					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a	partnership or	
• •	a tow or Areater offeres	14.				
ONE	. 0 0:4 1	Data lasa bis ata Du				
2 Information Regarding Contribution Check here ► X if the foundation on				e a construction of the construction of the		r
the foundation makes gifts, grants, etc. (s						
a The name, address, and telephone number						
a mo name, accised, and talephone number	. o. tile belook to gilot					
h The days is subject a subject on about the	and a little de and information	les and materials through	muld familiate			
b The form in which applications should be	Sometimen and minimal	TON AND MARKINGS MAY ST				
c Any submission deadlines:						
d Any restrictions or limitations on awards,	such as by geographica	l areas, charitable fields, l	kinds of institutions, or ot	her factors:		
23601 12-07-10					Form 990-PF	(2010)

Amount

10,000.

40,000.

10,000.

Purpose of grant or contribution

SUPPORT TO SENIOR

SUPPORT OF COMMUNITY

SCHOLARSHIP FUND

CITIZENS

EVENTS

If recipient is an individual,

show any relationship to any foundation manager or substantial contributor

NONE

NONE

NONE

Foundation status of recipient

509(A)(2)

509(A)(1)

SCHOOL

			1	
		į		
•				
Total			≥ 3a	60,000.
b Approved for future payment				
		ĺ		
	}			

Total SEE STATEMENT

75,000.

nter gross amounts unless otherwise indicated.		ousiness income		by section 512, 513, or 614	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(G) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
£					
đ					
8		··			
1			<u> </u>		
g Fees and contracts from government agencies			 		
! Membership dues and assessments		·	 -	· · · · · · · · · · · · · · · · · · ·	
Interest on savings and temporary cash					
investments			1 1	21 122	
Dividends and Interest from securities	1822-19345 1232 (Feb	ASSESSED TO THE PERSON OF	14	31,122.	
Net rental income or (loss) from real estate:			COLUMN TO		
a Debt-financed property					
b Not debt-financed property			 		
Net rental income or (loss) from personal					
property			14	15,923.	
Gain or (loss) from sales of assets other				13/5231	
than inventory			18	11,195.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			h		
Other revenue:		······································			
a			}		
b	1 1				
6					
d					
<u> </u>		0 -		58,240.	
Subtotal. Add columns (b), (d), and (e)			1.55,655,755	00/410	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			***************************************		58,24
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			***************************************		58,24
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activiti	15.)			13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Activiti	es to the Accom	plishment of Ex	empt P	urposes	58,24
Subtotal. Add columns (b), (d), and (e)	es to the Accom	plishment of Explument (e) of Part XVI-A	empt P	urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activiti ne No. Explain below how each activity for which	es to the Accom	plishment of Explument (e) of Part XVI-A	empt P	urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation art XVI-B Relationship of Activiti ne No. Explain below how each activity for which	es to the Accom	plishment of Explument (e) of Part XVI-A	empt P	urposes	
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Firm's address ▶ 1111 METROPOLITAN AVENUE, SUITE 1000

CHARLOTTE, NC 28204

704-377-1678

Phone no.

Use Only

FORM 990-PF	DIVIDEND	S AND	INTER	EST	FROM	SEC	URITIES	3	STATEMENT	1
SOURCE			GROSS	AMO	UNT		PITAL C		COLUMN (A	ł)
DIVIDENDS - BEHRINGE DIVIDENDS - H BECK I		•			650.			0.	5,6 12,6	550. 503.
DIVIDENDS - KBS REAL INVESTMENT TRUSTS DIVIDENDS - SCOTTRAD INTEREST - SCOTTRADE	ESTATE E INC			5,	956. 902. 11.			0. 0.	5,9	956. 902. 11.
TOTAL TO FM 990-PF,	PART I, LI	N 4		31,	122.			0.	31,1	22.
FORM 990-PF		0:	THER I	NCOM	IE			****	STATEMENT	2
DESCRIPTION			1	REV	A) ENUE BOOKS	5	(B NET IN MENT I	VEST-	(C) ADJUSTE NET INCO	
JACKSON NATIONAL LIFT DISTRIBUTION	e insurano	CE			15,9	23.	1	5,923.		
TOTAL TO FORM 990-PF	, PART I,	LINE	11		15,9	23.	1	5,923.		
FORM 990-PF	01	THER I	PROFES	SION	AL FE	ES			STATEMENT	3
DESCRIPTION		(<i>I</i> EXPEN PER E	nŚES		(B) ' INVE T INC		ADĴ	C) USTED INCOME	(D) CHARITA PURPOS	
INVESTMENT MANAGEMENT	r fees	13	3,000.		13,	000.	<u> </u>			0.
TO FORM 990-PF, PG 1,	LN 16C	13	3,000.		13,	000.				0.

FORM 990-PF	TAXES				STATEMENT 4			
DESCRIPTION	(A) EXPENSI PER BOO				(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES	
FOREIGN TAXES			341.		0.			
TO FORM 990-PF, PG 1, LN 18			341.				0.	
FORM 990-PF	OTHER	INV	ESTMENTS			STATEMENT	5	
DESCRIPTION		VALUATION METHOD		вос	K VALUE	FAIR MARKET VALUE		
MUTUAL FUNDS		COST		1,005,366. 1,497,404.		1,217,038. 1,541,698.		
ANNUITIES								

	PART VIII - LIST OF OFFICERS, DIRECTORS S TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
TONI FAILE LYERLY 125 S. ELM ST., STE. 100 GREENSBORO, NC 27401	PRESIDENT 0.00	0.	0.	0.
DANICA A. ZUPIC 125 S. ELM ST., STE. 100 GREENSBORO, NC 27401	VICE PRESIDENT 0.00	0.	0.	0.
ALICIA M. ZUPIC 125 S. ELM ST., STE. 100 GREENSBORO, NC 27401	SECRETARY 0.00	0.	0.	0.
JENNIFER J. FAILE 125 S. ELM ST., STE. 100 GREENSBORO, NC 27401	VICE PRESIDENT 0.00	0.	0.	0.
LAWRENCE LYERLY 125 S. ELM ST., STE. 100 GREENSBORO, NC 27401	TREASURER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM 990-PF GRANTS APPROVE	STATEMENT 7		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
QUEEN LOUISE HOME LUTHERAN SOCIAL SERVICES OF USVI - 516 HOSPITAL STREET FREDERIKSTED, ST. CROIX, VIRGIN ISLANDS, VIRGIN ISLANDS, U.S. 00840	NONE PROVIDE SUBSIDIZED LOW INCOME HOUSING FOR SENIORS AND DISABLED ADULTS	509(A)(1)	15,000.
ST. CROIX COUNTRY DAY SCHOOL - RR #1, BOX 6199 KINGSHILL, ST. CROIX, VIRGIN ISLANDS, VIRGIN ISLANDS, U.S. 00850-9807	NONE SUPPORT OF GRADES NURSERY THROUGH 12	SCHOOL	25,000.
MOORE COUNTY HABITAT FOR HUMANITY OF THE NC SANDHILLS 2268 HWY 5 ABERDEEN, NC 28315	NONE BUILD OR REPAIR DECENT, AFFORDABLE HOMES	509(A)(1)	10,000.
OASIS MINISTRIES 1722 SUWANEE DRIVE WEST PALM BEACH, FL 33409	NONE SUPPORT OF CHURCH MINISTRY	CHURCH	15,000.
FAYETTVILLE WEST STAKE MISSION 6420 MORGANTON ROAD FAYETTVILLE, NC 28314	NONE SUPPORT OF IDEALS OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	CHURCH	5,000.
MURRIETA STAKE MISSION 24820 LAS BRISAS ROAD MURRIETA, CA 92562	NONE SUPPORT OF IDEALS OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	CHURCH	5,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3B		75,000.

Note. Only complete Part III ryou have already been granted on automatic 5-month extension on a previously filed Form 8868. * If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Page 11 Page 12 Page 13 Page 14 Page 14	Form 8868 (Rev. 1-2011)					Page 2	
Pige or print P						X	
Partill Additional (Not Automatic) 3-Month Extension of Time. Only lile the original (no copies needed). Name of exempt organization Employer Identification number print print print print Name of exempt organization Content print Content pr	Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868.		
Name of exempt organization THE FAILE FOUNDATION THE FAILE FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. One of the return of the faile street, and room or suite no. If a P.O. box, see instructions. One of the return of the faile street, and room or suite no. If a P.O. box, see instructions. One of the return of the faile street, and ZIP code. For a foreign address, see instructions. One of the return of the return that this application is for (file a separate application for each return) One of the return of the ret							
Type or PHE FAILE FOUNDATION Number, street, and room or suite no. if a P.O. box, see instructions.	Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the original (no c	opies	needed).		
Instructions Number, street, and room or suite no. If a P.O. box, see instructions.	Type or Name of exempt organization						
Number, etreel, and room or suite no. If a P.U. box, see instructions. Ins	THE FAILE FOUNDATION			06-1379812			
Enter the Return code for the return that this application is for (file a separate application for each return) D 4 Application Return Application Return Application Return Application Return Application Return Application Return Return Application Return Application Return Application Return Return Application Return Return Application Return Return Return Application Return Return Return Application Return Return Return Return Return Application Return Ret	extended Number, street, and from or suite no. If a P.O. box, so due date for 1125 S. ELM STREET	see instruc	tions.				
Application Return Application Return Application Return Septem Septem	mtum. See City, town or post office, state, and ZiP code. For a f	foreign add	lress, see instructions.				
Is For Code Is Form 990-BL D1 Extra Code Is Form 990-BL D2 Form 1914-14 D3 Code C	Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4	
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 01 Form 4720 09 Form 990-EZ 01 Form 4720 09 Form 990-F 04 Form 5227 10 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6227 10 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 05 Form 6669 111 Form 990-T (lesc. 401(a) or 408(a) trust) 06 Form 6868. MICHAEL SPOHN C/O CLD NORTH STATE TRUST The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 − GREENSBORO, NC 27401 Telephone No. ▶ 336 − 272 − 9004 FAX No. ▶	Application	Return	Application		·	Return	
Form 990-BL 02 Form 1041-A 08 Form 990-FC 01 Form 4720 09 Form 990-FC 01 Form 4720 09 Form 990-FC 04 Form 6227 10 Form 990-FC 04 Form 6227 10 Form 990-FC 105 FORM 900-FC 105	ls For	Code	Is For	VIII I I I I I I I I I I I I I I I I I		1122.5	
Form 990-EZ	Form 990	01		aliasi		S. S. S.	
Form 990-PF	Form 990-BL	02	Form 1041-A			08	
Form 990-T (trust other than above) 05 Form 8069 11 Form 990-T (trust other than above) 06 Form 8070 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MTCHAEL SPOHN C/O OLD NORTH STATE TRUST • The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 - GREENSBORO, NC 27401 Telephone No. ▶ 336-272-9004 • If the organization does not have an office or place of business in the United States, check this box. ▶ □ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ □ If it is for part of the group, check this box ▶ □ and attach a list with the names and ElNs of all members the extension is for. 4 I request an additional 3-month extension of time until NOVEMBER 15, 2011. • For calendar year 2010, or other tax year beginning	Form 990:EZ	01	Form 4720			09	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL SPOHN C/O OLD NORTH STATE TRUST • The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 − GREENSBORO, NC 27401 Telephone No. ▶ 336−272−9004 • If the organization does not have an office or place of business in the United States, check this box. ▶ □ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ □ If it is for part of the group, check this box ▶ □ and attach a list with the names and EliNs of all members the extension is for. 4 I request an additional 3-month extension of time until NOVEMBER 15, 2011. 5 For calendar year 2010 , or other tax year beginning . and ending	Form 990-PF	04	Form 5227			10	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MICHAEL SPOHN C/O OLD NORTH STATE TRUST The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 − GREENSBORO, NC 27401 Telephone No. ▶ 336−272−9004 if the organization does not have an office or place of business in the United States, check this box	Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
MICHAEL SPOHN C/O OLD NORTH STATE TRUST The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 - GREENSBORO, NC 27401 Telephone No. ▶ 336-272-9004 FAXNo. ▶ if the organization does not have an office or place of business in the United States, check this box	Form 990-T (trust other than above)	06	Form 8870			12	
The books are in the care of ▶ 125 S. ELM STREET, SUITE 100 - GREENSBORO, NC 27401 Telephone No. ▶ 336-272-9004 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box					ed Form 8868.		
Telephone No. ▶ 336-272-9004 FAX No. ▶ if the organization does not have an office or place of business in the United States, check this box							
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box In this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box In this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box In this is for the whole group, check this box In this is for the whole group, check this box In this is for the whole group, check this box In this application is for for less than 12 months, check reason: In this is for the whole group, check this box In this application is for Form 990-BL is for less than 12 months, check reason: In this is for the whole group, check this box In this application is for Form 990-BL is for less than 12 months, check reason: In this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount peld previously with Form 8868. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount peld previously with Form 8868. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Balance tax for the whole group. Balance tax for the whole group. Balance tax for the whole group. Bal		EET, S	<u> SUITE 100 - GREENSBO</u>	RO,	NC 27401		
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For calendar year 2010, or other tax year beginning				<u>memb</u>	ers the extension is	for.	
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions. By If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.		NOVEME	BER 15, 2011.				
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