

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



Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2010

Fo	r cal	endar year 2010, or tax year beginning	, ar	nd ending			
G	Che	ck all that apply	Initial return of a for	mer public cha	ity	Final re	eturn
		Amended return	Address change	☐ Na	ne c	hange	
Na	me o	foundation			A	mployer identification nu	mber
СН	ILD	TRUST FOUNDATION				20-0477	249
_		and street (or P O box number if mail is not delivered to street ad	ldress)	Room/suite	В	elephone number (see pag	
515	51 G	LENWOOD AVENUE		300		(919) 781-	-9310
_		wn, state, and ZIP code			C If	exemption application is pe	
RA	LEI	SH .	NC	27612		Foreign organizations, che	
Н	Che	ck type of organization: X Section 501(c)(3) exe				Foreign organizations med	
	Se	ction 4947(a)(1) nonexempt charitable trust 🔲 (Other taxable private	foundation		check here and attach cor	nputation ▶ 🗌
1	Fair	market value of all assets at end J Accounting	method	X Accrual	_	рпvate foundation status w nder section 507(b)(1)(A), c	
	of y	ear (from Part II, col. (c),	pecify)	_		the foundation is in a 60-m	
	line	16) ▶ \$ 7,046,321 (Part I, column (d) must be on cash basi	ıs)	u	nder section 507(b)(1)(B), o	heck here
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		_		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm income	ent	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see page 11 of the instructions))	books	moome		Income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)STM	T 1 1,487,808				
	2	Check ▶ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	76		76)
	4	Dividends and interest from securities	120,571	120	<u>,571</u>		
		a Gross rents			0		
e	_	Net rental income or (loss) 0	00.574			j 1	
ū		Net gain or (loss) from sale of assets not on line 10	-69,571				
Revenue	_	Gross sales price for all assets on line 6a 591,506		*		ſ.	
2	7 8	Capital gain net income (from Part IV, line 2) Net short-term capital gain			0	0	
	9	Income modifications) x
	•	a Gross sales less returns and allowances 0				<u> </u>	
		D Less Cost of goods sold 0					
		Gross profit or (loss) (attach schedule)	0	3.3			
	11	Other income (attach schedule)	0		0	0	
	12	Total. Add lines_1 through 11/FD	1,538,884	120	,647	0	
S	13	Compensation of officers, directors, trustees, etc	0				
SE	14	Other employee salaries and wages					
Expenses	15	Other employee salaries and wages Pension plans, employee benefite011 Legal fees aftach schedule)					
X		Legal fees (attach schedule)	0		0	0	0
ē		O Accounting rees (attach schedule) UT Other professional rees (attach schedule) SIMT 2	0		0		0
Administrative			30,159	30	,159	0	0
str	17 18	Interest Tayon (Attach achadula) (and page 14 of the mateurity and STAT	2 140		227		
ij	19	Taxes (attach schedule) (see page 14 of the instructions)STMT Depreciation (attach schedule) and depletion	3 2,140 0		337 0	0	0
Ē	20	Occupancy .				- 0	
	21	Travel, conferences, and meetings	-				
and	22	Printing and publications					
Z E	23	Other expenses (attach schedule)	0		0	0	0
9.Ĕ	24	Total operating and administrative expenses.					
⊒ E		Add lines 13 through 23	32,299	30	496	0	0
걸	25	Contributions, gifts, grants paid	26,000				26,000
ĕO	26	Total expenses and disbursements. Add lines 24 and 25	58,299	30	496	0	26,000
<u>ק</u>	27	Subtract line 26 from line 12					
빌		Excess of revenue over expenses and disbursements	1,480,585				
Ž		Net investment income (if negative, enter -0-)		90	151		
ANNED MAT TO		Adjusted net income (if negative, enter -0-) .				0	

P-	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	459,681	167,191	167,191
	2	Savings and temporary cash investments .			
	3	Accounts receivable 0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
	_	instructions) .	0	0	0
	7	Other notes and loans receivable (attach schedule)			
Assets	_	Less allowance for doubtful accounts	0	0	0
ŝŝ	8	Inventories for sale or use			
Ä	9	Prepaid expenses and deferred charges	35,473	33,670	33,670
	10 a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
	1	o Investments—corporate stock (attach schedule) . STMT 4	5,327,126	7,102,004	6,845,460
	(Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis	:		
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)	0		0
	15	Other assets (describe)	0	0	0
	16	Total assets (to be completed by all filers—see the			
	<u> </u>	instructions Also, see page 1, item I)	5,822,280	7,302,865	7,046,321
	17	Accounts payable and accrued expenses			, ,
w	18	Grants payable			3
Ë	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	f
ä	21	Mortgages and other notes payable (attach schedule)	0	0	•
	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	•
		Foundations that follow SFAS 117, check here . ► X			3
S	ł	and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted	5.822.280	7,302,685	
	25	Temporarily restricted .	0,022,200	7,002,000	
B	26	Permanently restricted		. –	•
ğ		Foundations that do not follow SFAS 117, check here			,
Ξ		and complete lines 27 through 31.			
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds		o	t
S	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds			
Ş	30	Total net assets or fund balances (see page 17 of the	'		
*		instructions)	5,822,280	7,302,685	
ž	31	Total liabilities and net assets/fund balances (see page 17	3,3,,-	.,000,000	
		of the instructions)	5,822,280	7,302,685	
Pai	t III	Analysis of Changes in Net Assets or Fund Balances	0,022,200	.,002,000	
		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
		f-year figure reported on prior year's return)		1	5,822,280
		amount from Part I, line 27a		2	1,480,585
_		increases not included in line 2 (itemize)		3	0
		nes 1, 2, and 3		4	7,302,865
		ases not included in line 2 (itemize)		5	0
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	. 6	7 302 865

Pantiv Capital Ga	ins and	LOSSES for Tax on inve	stme	ent incor				
		kind(s) of property sold (e.g., real est e, or common stock, 200 shs MLC C			(b) How acquire P—Purchase D—Donation		c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRADED	SECUR	ITIES						
_b								
C							<u> </u>	
d								
								
(e) Gross sales price		(f) Depreciation allowed (or allowable)			other basis nse of sale			nn or (loss) (f) minus (g)
	1,506	0			661,0	77		-69,571
b	0	0				0		0
<u>C</u>	0	0		-		0		0
d	0	0				0		0
Complete calufor con-	<u> </u>	U			40/04/00	<u> </u>		0
Complete only for asse	ts snowin	ng gain in column (h) and owned	by th	-	•	_		ol (h) gain minus
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69			s of col (i) (j), if any		• • •	ot less than -0-) or (from col. (h))
а	0	0	-			0		-69,571
b	0	0				0		0
С	0	0				0		0
d	0	0				0		0
е	0	0				0		. 0
2 Capital gain net inco	me or (n			nter in Pai		}		
	•	If (loss), r (loss) as defined in section				J <u>2</u>	-	-69,571
		ne 8, column (c) (see pages				1		
instructions). If (loss)			is ai	iu 17 01 t	ie	} _		0
		r Section 4940(e) for Re	duca	d Tay a	n Not Invoc	mont	Income	<u> </u>
	e for the	section 4942 tax on the dis qualify under section 4940(base period?	Yes X No
1 Enter the appropria	te amou	int in each column for each	year;	see page	18 of the insti	uctions	before makır	ng any entries
(a)		(b)			(c)			(d)
Base period years Calendar year (or tax year beg	(חו מחוחווי	Adjusted qualifying distribution	ıs	Net value o	f nonchantable-us	e assets		stribution ratio divided by col. (c))
2009	, <u>.</u> ,,	71	.000		3.5	57,354		0.019959
2008		303	,086			352,765		0.056622
2007			,655			17,848		0 065460
2006			,048		4,0	72,657	7	0 069254
2005		235	,958		3,4	166,113	3	0 068076
2 Total of line 1, colum							2	0 279371
		the 5-year base period—div				r by		
the number of years	the foun	dation has been in existence	e if les	ss than 5	years .		3	0.055874
4 Enter the net value of	f noncha	aritable-use assets for 2010	from	Part X, lin	e5		4	5,190,955
5 Multiply line 4 by line	3						5	290,039
6 Enter 1% of net inves	stment ir	ncome (1% of Part I, line 27I	o)				6	902
7 Add lines 5 and 6 .				٠			7	290,941
8 Enter qualifying distri If line 8 is equal to or the Part VI instruction	greater	than line 7, check the box in	n Part	VI, line 1	o, and comple	te that	part using a 1	26,000 1% tax rate See

Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p	age 1	18 of the	e inst	ructi	ons)
1	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 ☐					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1	,803	
	here ▶ ☐ and enter 1% of Part I, line 27b					
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	_			~ × a	
	of Part I, line 12, col (b)		}			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	_		0	
3	Add lines 1 and 2	3		1	,803	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1	,803	
6	Credits/Payments					:
	a 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 35,473					ļ
	Exempt foreign organizations—tax withheld at source					
	c Tax paid with application for extension of time to file (Form 8868) 6c 0					
	d Backup withholding erroneously withheld	- <u>-</u> -			470	
7	Total credits and payments Add lines 6a through 6d	7	ļ	35	,473	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	 		0	-
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded	10 11	<u> </u>		,670	
			<u> </u>		0	<u> </u>
	rt VII-A Statements Regarding Activities					
1 :	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	└
	participate or intervene in any political campaign?			1a		X
1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			46		
	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					
c Did the foundation file Form 1120-POL for this year?					·	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
•	(1) On the foundation \blacktriangleright \$(2) On foundation managers \blacktriangleright \$				4	1
	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			'		~ -
	on foundation managers \$,	u ^c `	İ
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
4 :	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
ı	o If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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			·		
	By language in the governing instrument, or					-
	 By state legislation that effectively amends the governing instrument so that no mandatory directions 			:		
	that conflict with the state law remain in the governing instrument?			6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	ind Pa	art XV	7	X	
8 8	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					ſ
_	instructions) NC					
ì	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				ا - ل-	i
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation		•	8b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	٠.				'
	or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)7				V
40	If "Yes," complete Part XIV			9		<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	TEME	NT 5	40	, l	
	their names and addresses S1P		• •	10	X	

Par	t 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		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► INVESTORS MANAGEMENT CORPORATION Telephone no ► (919) 781-9	310		
	Located at ► 5151 GLENWOOD AVENUE, SUITE 300 RALEIGH NC ZIP+4 ► 27612			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the year		_	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	•	,	
	the name of the foreign country			
Рa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No		·	,
	(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			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	į
	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)	ι	, ,	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	- '		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		X
	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 2010?	1c	m 4	. X
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 2010, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2010?			
_	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)			1
	(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 22 of the instructions)			
_		2b	N/A	-
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	}		<u>'</u>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	^		
Jd	enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			
-	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved		,	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2010)	3ь	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Χ
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х

	art VII-B Statements Regarding Activiti	es for which Forn	n 4/20 May Be R	equited (continued)			
	During the year did the foundation pay or incur any					T	
	(1) Carry on propaganda, or otherwise attempt t		(section 4945(e))?	Yes X	No		
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry			1	Ī
	on, directly or indirectly, any voter registratio	n drıve?		Yes X	No	ľ	
	(3) Provide a grant to an individual for travel, stu	ıdy, or other sımılar pur	poses?	Yes X	No		
	(4) Provide a grant to an organization other than	a charitable, etc , orga	nization described		1		
	in section 509(a)(1), (2), or (3), or section 49			Yes X] No		*
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	·		Yes X] No		
þ	If any answer is "Yes" to 5a(1)–(5), did any of the	transactions fail to qual	ify under the exception	ons described in		*******	
	Regulations section 53 4945 or in a current notice	regarding disaster assi	stance (see page 22	of the instructions)?	5b	N/A	
	Organizations relying on a current notice regarding			▶∟	J		
С	If the answer is "Yes" to question 5a(4), does the f	•	tion from the		,		
	tax because it maintained expenditure responsibilit		. n	Yes] No 1		14
_	If "Yes," attach the statement required by Regulati						
ьа	Did the foundation, during the year, receive any fur	nds, directly or indirecti	y, to pay	П., Б	1 l .		
L	premiums on a personal benefit contract?				No C		
D	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	, directly or indirectly, o	n a personal benefit	contract?	6b		X
	At any time during the tax year, was the foundation] No		
	If "Yes," did the foundation receive any proceeds of				7b	<u> </u>	
Р	art VIII Information About Officers,	Directors, Truste	es, Foundation	Managers, Highly Pai	d Employ	ees,	
	and Contractors						
_1	List all officers, directors, trustees, found				instruction	1s)	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expen		
		devoted to position	-0-)	and deferred compensation	other al	lowance	s
SE	E ATTACHED STATEMENT 6		_	_			_
		00	0	0			0
							_
		ا مما	^				
		.00	0	0)		0
		.00	0	0			0
		00					0
	Compensation of five highest-paid employ	00	0	0		ons).	
2		00 00 yees (other than tho	0 ose included on li	0 ne 1—see page 23 of the	e instructio		0
		00 00 yees (other than tho	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio		0 0 unt,
	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,
(a)	If none, enter "NONE." Name and address of each employee paid more than \$50,0	00 /ees (other than tho (b) Title, and avera hours per week	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 ne 1—see page 23 of the (d) Contributions to employee benefit plans and deferred	e instructio	se acco	0 0 unt,

Form 990-PF (2010)

CHILDTRUST FOUNDATION

20-0477249

Form 990-PF (2010) CHILDTRUST FOUNDATION		20-0477249	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)			rage I
3 Five highest-paid independent contractors for professional services (see page 23 of the in	nstructions). If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Ty	ype of service	(c) Compensa	tion
NONE			0
			0
			0
			0
			0
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 chantable activities during the tax year. Include relevant statistical information the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ı such as	Expenses	
1 NONE			
2			
3		, ,	
4			
Part IX-B Summary of Program-Related Investments (see page 24 of the	instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount	
1 NONE			
2			

All other program-related investments See page 24 of the instructions

Total. Add lines 1 through 3

Form **990-PF** (2010)

ightharpoonup

0

5

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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) Adjusted qualifying distributions. Subtract line 5 from line 4

26,000

26.000

4

5

Pa	rt XIII Undistributed Income	(see page 26 of the	instructions)			177210
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from	Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7			Ì		257,745
2	Undistributed income, if any, as of	the end of 2010				
	a Enter amount for 2009 only				0	
	b Total for prior years 20, 20), 20		0		
3	Excess distributions carryover, if a	ny, to 2010				
	a From 2005	0				
	b From 2006	27,614				
	c From 2007	92,953				
	d From 2008	38,776				
	e From 2009	0				
	f Total of lines 3a through e		159,343			
4	Qualifying distributions for 2010 fro	om Part				
	XII, line 4 • \$2	6,000				
	a Applied to 2009, but not more than	line 2a			o	
	b Applied to undistributed income of	prior years				
	(Election required—see page 26 of	f the instructions)		o		
	c Treated as distributions out of corp	ous (Election				***
	required—see page 26 of the instru	uctions)	0			
	d Applied to 2010 distributable amou	int				26,000
	e Remaining amount distributed out	of corpus	0			
5	Excess distributions carryover appli	lied to 2010	159,343			159,343
	(If an amount appears in column (o same amount must be shown in co					=
6	Enter the net total of each colum indicated below:					
		- Lubtraat line E	0		Í	
	Corpus Add lines 3f, 4c, and 4e S	 	U			
	b Prior years' undistributed income S	Subtract		0		
	line 4b from line 2b	4.4.6.1.1		0		
•	Enter the amount of prior years' un					
	income for which a notice of deficie	•				
	been issued, or on which the section	on 4942(a)				
	tax has been previously assessed	. 				
(d Subtract line 6c from line 6b Taxat	•				
	amount—see page 27 of the instru			0	· · · · · · · · · · · · · · · · · · ·	
•	Undistributed income for 2009 Sub			+		
	4a from line 2a Taxable amount—	see page 27 of the				
	instructions				0	
1	Undistributed income for 2010 Sub			1		
	lines 4d and 5 from line 1. This am	ount must				
-	be distributed in 2011	. <u>.</u>				72,402
7	Amounts treated as distributions or	1				
	corpus to satisfy requirements impo	- I				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27 of			I	
_	the instructions)					
8	Excess distributions carryover from	I	İ			
	not applied on line 5 or line 7 (see p	page 27 of the	_		ļ	
_	instructions)	<u> </u>	0			
9	Excess distributions carryover to	2011.	Į			
	Subtract lines 7 and 8 from line 6a	<u> </u> _	0			
10	Analysis of line 9				İ	
ä	Excess from 2006	0	l		j	
t	Excess from 2007	0	l		1	
(Excess from 2008	0				
(Excess from 2009 .	0				
E	Excess from 2010	ol			1	

N/A

CHILDTRUST FOUNDATION

Part XV Supplementary Information (continued)

Name and address (home or business) a Paid during the year AB COMBS ELEMENTARY SCHOOL 20.01 LORIMER ROAD RALEICH NC 27805 Total Total Total Total Total Total Total Total Total Total Total	3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Name and address (home or business) a Pad dung the year A B COMBS ELEMENTARY SCHOOL 20,000 RALEIGH NC 27606 THE PLACE OF POSSIBILITIES, INC P O BOX 69 AULANDER NC 27805 Total	Recipient		1		Amount	
AB COMBS ELEMENTARY SCHOOL 2001 LORIMBR ROAD RALEIGH NC 27606 THE PLACE OF POSSIBILITIES, INC P 0 BOX 69 AULANDER NC 27605 Total	Name and address (home or business)		recipient	Contribution		
Total	A.B COMBS ELEMENTARY SCHOOL 2001 LORIMER ROAD		PUBLIC		20,000	
b Approved for future payment Total	THE PLACE OF POSSIBILITIES, INC P O BOX 69		PRIVATE	HEALTHCARE AND	6,000	
b Approved for future payment Total	Total				26 000	
		· ·		► 3a	26,000	
			•			
000 PF	Total			▶ 3b		

, many one or meeting reading reading					
Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a		0		0	
b		0		0	
0		0		0	
с 		0	· · · · · · · · · · · · · · · · · · ·	0	0
a a		0		0	
e					0
T		0		0	0
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	76	
4 Dividends and interest from securities			14	120,571	
5 Net rental income or (loss) from real estate					·
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-69,571	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory				·	
11 Other revenue a		0		0	0
b		0		0	0
С		0		0	0
d		0		0	0
е		0		0	0
40 O 4 (-1-1 Add1 //-) /// 4 /->		0		51,076	0
12 Subtotal Add Columns (b), (d), and (e)	1 ' 1				
12 Subtotal Add columns (b), (d), and (e) 13 Total, Add line 12, columns (b), (d), and (e)				· · · · · · · · · · · · · · · · · · ·	
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calc.				13	51,076
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calculated.	ilations)			· · · · · · · · · · · · · · · · · · ·	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc	ilations)	of Exempt P	urposes	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calculated.	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acciline No. Explain below how each activity for which income the accomplishment of the foundation's exempt process.	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions on page 29 to verify calcular XVI-B Relationship of Activities to the Acc Explain below how each activity for which income the accomplishment of the foundation's exempt page 29 of the instructions)	complishment	of Exempt Poumn (e) of Part XV	urposes VI-A contributed in	13	

Preparer

Use Only

Firm's name

Firm's address

a T () () () () () () () () () () () () ()	n section organiza or	Exempt Organization directly of the Code attorns?	r indirectly	engage in any of the following	with any o	other organization	a described			
a 7 () () () () () () () () () () () () ()	n section organiza or	on 501(c) of the Code			with any o	other organization	n described			
a 1 (((((((((((((((((((rganiza ransfer 1) Cas		(other than						Yes	No
a 7 () () () () () () c S	ransfer 1) Cas	ations?	(section 501(c)(3) organizatior	s) or in se	ection 527, relatin	g to political	ļ		İ
() b () () () () c s d h	1) Cas							ŀ		ĺ
() b () () () c s d H				a noncharitable exempt orga	nization o	f ⁻				ĺ
b () () () () c S d H	2) Oth							1a(1)		X
() () () () c S d h		er assets						1a(2)		Χ
() () () () c S d H		ansactions								
() () () c S d H				empt organization .				1b(1)		Х
() () c S d h				able exempt organization .				1b(2)		_X
(c S d h				er assets		•	•	1b(3)		X
c S d H		mbursement arrangem						1b(4)		Х
c S d lt v		ns or loan guarantees		• • • • • • •				1b(5)		_X
d II				hip or fundraising solicitations				1b(6)		X
			_	sts, other assets, or paid emp	•		•	1c		Χ_
(a) L	alue of	the goods, other asse	ets, or service	complete the following scher ces given by the reporting four lement, show in column (d) th	idation. If	the foundation re	ceived less that	ı fair m	arket	; j
	ne no	(b) Amount involved	(c) Name	of nonchantable exempt organization	(d) De	escription of transfers,	transactions, and sh	aring arr	angem	ents
		0			N/A					
		0								
		0								
		0								
		0								
		0								
		0								
		0								
	_	0	· · · · · · · · · · · · · · · · · · ·							
		0								
		0								
		0								
	—— [-	0								
		0								
		0			_					
d	escribe	undation directly or inc ed in section 501(c) of complete the following	the Code (c	ated with, or related to, one on other than section 501(c)(3)) o	more tax- r in section	-exempt organiza n 527?	itions Y	es X	No	
		(a) Name of organization		(b) Type of organization			Description of relation	nship		
			- · · · · · · · · · · · · · · · · · · ·			N/A	 ·-			
	_	 				 				
				<u> </u>		 				
									••	
	Undo	r consistence of profile I dealers	o that I have a	I ramined this return, including accompa						
Sigi Her	n belief,	it is true correct, and complete	ete Deota ation	of preparer (other than taxpayer or fix W, See / Inlan	uciary) is bas	sed on all information	of which preparer has	any kno	wledge	;
	Sı	gnature of officer or trustee	/ / / -	- / / ///	Date	Tit	le		-	
Paid Pres	arer	Print/Type preparer's nam	e	Preparer's signature		Date	Check if self-employed	PTIN		

Firm's EIN

Phone no

Schedule B

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

Department of the Treasury Internat Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization		Employer identification number					
CHILDTRUST FOUNDATION	N	20-0477249					
	Organization type (check one):						
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 foundat	ion					
	501(c)(3) taxable private foundation						
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II.	or more (in money or					
Special Rules	ic contributor. Complete Farts Fand II.						
sections 509(a)(1) an	3) organization filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), and received from any one contributor, during the yea % of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, lir	ar, a contribution of the greater					
the year, aggregate c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III						
the year, contributions aggregate to more the year for an exclusivel applies to this organization.	7), (8), or (10) organization filing Form 990 or 990-EZ that received from s for use <i>exclusively</i> for religious, charitable, etc., purposes, but these can \$1,000. If this box is checked, enter here the total contributions that way religious, charitable, etc., purpose. Do not complete any of the parts uncation because it received nonexclusively religious, charitable, etc., contributions.	ontributions did not vere received during the nless the General Rule					
Caution. An organization that	t is not covered by the General Rule and/or the Special Rules does not fi	ile 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)

Schedule B ((Form 990.	990-EZ.	or 990-PF)	(2010)

Name of organization

 Page 1 of 1 of Part I	
Employer identification number	

CHILDTRUST FOUNDATION 20-0477249 Part I Contributors (see instructions) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution INVESTORS MANAGEMENT CORPORATION . . . 1 . . . Person 5151 GLENWOOD AVENUE, SUITE 300 Payroll RALEIGH NC 27612 Noncash 1,496,992 Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 2 Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution __3___ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution __4___ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution __5__ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution __6__ Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution)

Name of organization

Employer identification number

CHILDTRUST FOUNDATION 20-0477249 Part II **Noncash Property** (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 57,400 SHARES OF BB&T COMMON STOCK (TICKER. BBT) ...1... \$ 1,496,992 12/20/2010 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) ------(a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** (see instructions) Part I

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part III		
Name of or	ganization		Employer identification number		
	JST FOUNDATION		20-0477249		
Part III	Exclusively religious, charitable, etc., in				
	aggregating more than \$1,000 for the yea				
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.				
(a) No.	Contributions of \$1,000 of less for the year.	. (Enter this information once. See	e instructions) ▶ \$ 0		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
		(e) Transfer of gift			
	Transferee's name, address, and ZI	P + 4 Relation	nship of transferor to transferee		
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, and ZI	P + 4 Relation	nship of transferor to transferee		
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		•••••			
	(e) Transfer of gift				
	Transferee's name, address, and ZI	P + 4 Relation	Relationship of transferor to transferee		
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			-		
			-		
	<u> </u>	(e) Transfer of gift			
	Transferee's name, address, and ZI	P + 4 Relation	nship of transferor to transferee		

For Prov

Country

CHILDTRUST FOUNDATION YEAR ENDED DECEMBER 31, 2010

FORM 990-PF, PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

(a) Description of Property	(b) How Acquired (c) Date Acquired	ı	(d) Date Sold	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost Basis	(h) Gain or (loss)
900 shares Kroger	P-Purchase	6/17/2009	1/8/2010	18,194	0	19.700	(1,506)
900 shares Kroger	P-Purchase	2/10/2008	1/8/2010	18,194	0	23,533	(5.338)
550 shares BP Billiton	P-Purchase	7/1/2009	1/12/2010	43,302	0	30,788	12.514
1,000 shares Morgan Stanley		5/20/2009	1/15/2010	30,125	0	28,366	1,759
500 shares Morgan Stanley	P-Purchase	6/11/2009	1/15/2010	15,063	0	14,759	304
300 shares Morgan Stanley		10/6/2009	1/15/2010	9,038	0	9,246	(208)
1,500 shares XTO Energy	P-Purchase	2/17/2007	3/11/2010	71,116	0	76,952	(5,836)
900 shares News Corporation	•	2/14/2007	4/16/2010	14,078	0	18,319	(4,241)
600 shares News Corporation	P-Purchase	1/3/2008	4/16/2010	9,385	0	11,998	(2,613)
1,500 shares News Corporation		6/10/2008	4/16/2010	23,464	0	25,883	(2,419)
700 shares BHP Billiton PLC		1/12/2010	6/30/2010	36,238	0	46,130	(8,892)
400 shares Andarko Petroleum		2/14/2007	6/30/2010	14,478	0	25,349	(10,871)
1,000 shares Loews Corporation		12/14/2007	7/22/2010	36,774	0	47,473	(10,698)
2,000 shares Navios Maritime Partners		2/14/2007	8/6/2010	35,160	0	36,476	(1,316)
500 shares Comcast Corp	P-Purchase	0/30/2009	8/6/2010	969'8	0	7 119	1.577
2,100 shares Cabot Oil and Gas	P-Purchase	2/14/2007	9/14/2010	61,893	0	77,624	(15,731)
1,200 shares CVS Caremark	P-Purchase	10/6/2009	9/23/2010	36,063	0	41,425	(5,362)
1,300 shares Loews Corp	•	2/14/2007	9/23/2010	48,278	0	61,715	(13,437)
700 shares Oracle Corp	P-Purchase	3/13/2008	9/24/2010	18,874	0	13,768	5,106
400 shares Lockheed Martin	P-Purchase	10/6/2009	11/4/2010	28,729	0	30,436	(1,707)
200 shares Lockheed Martin	P-Purchase	0/21/2009	11/4/2010	14,365	0	14,020	344

اد

(69,571)

Totals

CHILDTRUST FOUNDATION YEAR ENDED DECEMBER 31, 2010

EIN: 20-0477249 STATEMENT 1

FORM 990-PF, PART I, LINE 1

CONTRIBUTIONS, GIFTS, GRANTS, ETC. RECEIVED

, , , , , , , , , , , , , , , , , , , ,	BASIS	FAIR MARKET VALUE
CASH	0	0
57,400 SH BB&T (TICKER BBT)	414,288	1,487,808
·		
	414,288	1,487,808

CHILDTRUST FOUNDATION YEAR ENDED DECEMBER 31, 2010 EIN 20-0477249 STATEMENT 2

FORM 990-PF, PART I, LINE 16c

OTHER PROFESSIONAL FEES

INVESTMENT ADVISORY FEE

30,159

CHILDTRUST FOUNDATION YEAR ENDED DECEMBER 31, 2010

EIN. 20-0477249 STATEMENT 3

FORM 990-PF, PART I, LINE 18

TAXES	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
TAX ON INVESTMENT INCOME FOREIGN TAX EXPENSE	1,803 337	0 337
TOTAL	2,140	337

EIN 20-0477249 STATEMENT 4

FORM 990-PF, PART II, LINE 10b

INVESTMENTS -- CORPORATE STOCK

	END OF YEAR		END OF YEAR	
SECURITY	BOOK VALUE	FAIR MARKET VALUE	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCKS PREFERRED STOCKS MASTER LIMITED PARTNERSHIPS	5,220,411 0 106,715	4,466,693 0 88,740	7,033,505 0 68,499	6,767,660 0 77,800
TOTAL	5,327,126	4,555,433	7,102,004	6,845,460

EIN: 20-0477249 STATEMENT 5

FORM 990-PF, PART VII-A, LINE 10

SUBSTANTIAL CONTRIBUTORS FOR 2010

NAME	ADDRESS
INVESTORS MANAGEMENT CORPORATION	5151 GLENWOOD AVENUE, SUITE 300 RALEIGH, NC 27612

FORM 990-PF, PART VIII, LINE 1

INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, HIGHLY PAID EMPLOYEES, AND CONTRACTORS

NAME AND ADDRESS	TITLE	AVERAGE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO BENEFIT PLANS	EXPENSE ACCOUNT, OTHER ALLOWANCES
JAMES H MAYNARD 5151 GLENWOOD AVE SUITE 300 RALEIGH, NC 27612	PRESIDENT, DIRECTOR	1	\$0	\$0	\$0
EASTER A. MAYNARD 1506 DOUGHTON ST RALEIGH, NC 27608	VICE PRESIDENT DIRECTOR	5	\$0	\$0	\$0
RICHARD A URQUHART, III 5151 GLENWOOD AVE SUITE 300 RALEIGH, NC 27612	TREASURER, DIRECTOR	1	\$0	\$0	\$0
RONALD M BARBEE 5151 GLENWOOD AVE SUITE 300 RALEIGH, NC 27612	SECRETARY	3	\$0	\$0	\$0
THEODORE M FOWLER 5151 GLENWOOD AVE. SUITE 300 RALEIGH, NC 27612	DIRECTOR	0	\$0	\$0	\$0