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990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

| For | calend | lar year 2010, or ta | | | and ending | | , , , , , , , , , , , , , , , , , , , | <u>-</u> | | | | |
|---------------------------------|----------|--|--|--------------|------------------------------|--|---------------------------------------|---|--|--|--|--|
| G | Check a | all that apply | Initial return | Initial re | turn of a former put | olic c | harity | | Final return | | | |
| | | | Amended return | Add | ress change | | Name | change | | | | |
| Na | me of fo | oundation | | | | | | 1 . | loyer identification numl | per | | |
| Н | ORA | CE G. FRAI | LIN CHARITABLE | TRUST | 1 | | | | phone number (see page 10 | of the instructions) | | |
| | | | number if mail is not delivered to | | | Ro | om/suite | - | 0-776-7444 | • | | |
| P | .0. | BOX 29600 |) | | | | | C If exemption application is pending, check here | | | | |
| Cıt | y or tow | n, state, and ZIP code | | | | D 1. Foreign organizations, check here | | | here 🕨 🗌 | | | |
| R | OAN | OKE | VA 2 | 4018 | | | | 2. F | oreign organizations meetin | g the | | |
| Н | Check t | ype of organization | Section 501(c)(3) ex | empt private | foundation | | | 8: | 5% test, check here and atta | ach computation 🕨 | | |
| X | Section | 1 49 <u>4</u> 7(a)(1) nonexe | empt charitable trust | Other taxabl | e private foundation | ١ | | -1 ' | vate foundation status was t | . | | |
| | | ket value of all asse | | - | Cash X | Accr | ual | secti | on 507(b)(1)(A), check here | ▶ ∐ | | |
| | • | ear (from Part II, col | • • • | r (specify) | | | | 1 | foundation is in a 60-month | | | |
| | ne 16) I | | 23,741 (Part I, colur | • | | | | unde | r section 507(b)(1)(8), chec | | | |
| P | art l | - | enue and Expenses (The to s (b), (c), and (d) may not necess | | (a) Revenue and expenses per | 1 | (b) Net in | vestment | (c) Adjusted net | (d) Disbursements for chantable | | |
| | | | mn (a) (see page 11 of the instri | | books | | | ome | income | purposes | | |
| | 1 | | | | | 1 | | 1 | | (cash basis only) | | |
| | 2 | | Contributions, gifts, grants, etc , received (attach schedule) Check ► X if the foundation is not required to attach Sch B | | | | ••••• | | | | | |
| | 3 | _ | s and temporary cash invest | 478,2 | 30 | 4 | 47,232 | 478,230 | | | | |
| Revenue | 4 | | erest from securities | 334,4 | | | 34,183 | | | | | |
| | 5a | Gross rents | | | | | | , | | | | |
| | b | Net rental income | or (loss) | | | | | | | | | |
| | 6a | Net gain or (loss) from sa | ale of assets not on line 10 Stm | it 1 | 1,556,1 | 03 | | | | | | |
| | b | Gross sales price for all a | assets on line 6a 4, 4 | 95,634 | | | ~ 45 AP C | <u> </u> | | | | |
| | 7 | Capital gain net in | come (from Part IV, line 2) | | ME | | CIVCI | 0 ا | | · | | |
| | 8 | Net short-term cap | pital gain | | - 0 | | | 18 | 0 | | | |
| | 9 | Income modification | Ì | | 4 MU | V. | 5 7911 | | | | | |
| | 10a | Gross sales less retu | | | lm , , , | | | - 2 | | | | |
| | b | Less Cost of good | | | | 100 | | // CT | | | | |
| | C A | | ss) (attach schedule) | it 2 | 1 06 | | <u>:N. 14</u> | 14,528 | 221 702 | | | |
| | 11 12 | Other income (atta Total, Add lines 1 | • | IL Z | 321,7 2,690,5 | | | 395,943 | | | | |
| | 13 | | officers, directors, trustees, | etc | 24,0 | | | 99,943 | 1,134,427 | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | | |
| es | 14 | Other employee sa | • | EIC | 12,0 | | | | | | | |
| enses | 15 | Pension plans, em | • | | | 18 | | | **** | | | |
| Ω. | 16a | Legal fees (attach | • | it 3 | 2,9 | | | | | | | |
| Ш Ш | ь | Accounting fees (a | | it 4 | 24,0 | | | | | | | |
| ?) ¥ | С | Other professional fe | es (attach schedule) | | | | | | | | | |
| Operating and Administrative Ex | 17 | Interest | | | | [| | | | | | |
| ist | 18 | | (see page 14 of the instructions) | | | | | | | | | |
| Ę | 19 | | schedule) and depletion | | | | | | | | | |
| Αď | 20 | Occupancy | | | | \dashv | | | | | | |
| <u></u> | 21 | Travel, conference | ~ | | | | | | | ····· | | |
| <u> </u> | 22 | Printing and public | | it 5 | 1 266 0 | 57 | 1 | 11,301 | | | | |
| ୍ଦ <u>ପ</u> | 23 | Other expenses (att sch.) | nd administrative expense | | 1,366,8 | ١ / ا | | 11,301 | | | | |
| rati | | Add lines 13 throu | | 7 3. | 1,430,7 | اړم | 1 | 11,301 | o | 0 | | |
| þ | 25 | Contributions, gifts | - | | 1,816,8 | _ | | , | i i | 1,816,826 | | |
| - 0 | 26 | | d disbursements. Add lines 24 | and 25 | 3,247,5 | _ | 1 | 11,301 | 0 | 1,816,826 | | |
| | 27 | Subtract line 26 fro | | | | | | | | , | | |
| | a | | over expenses and disburse | ments | -557,0 | 00 | | ` | | | | |
| | b | | ncome (if negative, enter -0- | | | | 7 | 84,642 | | | | |
| | С | Adjusted net inco | ome (if negative, enter -0-) | | | | | | 1,134,427 | | | |
| | | | | | | | | | - | | | |

For Paperwork Reduction Act Notice, see page 30 of the instructions.

m 990-PF (2010)

Page 2

| Part (| Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End of | End of year | | |
|---|---|---------------------------------------|----------------|-----------------------|--|--|
| ratti | 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 | | | | | |
| 2 | Savings and temporary cash investments | 5,106,858 | 902,049 | 902,049 | | |
| 3 | Accounts receivable ▶ | + | | | | |
| | Less allowance for doubtful accounts ▶ | | | | | |
| 4 | Pledges receivable ▶ | | _ | | | |
| | Less allowance for doubtful accounts ▶ | | | | | |
| 5 | Grants receivable | | | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | disqualified persons (attach schedule) (see page 15 of the | | | | | |
| | instructions) | | | | | |
| 7 | Other notes and loans receivable (att. schedule) ► See Wrk 1,350,732 | | | | | |
| | Less allowance for doubtful accounts ▶ 0 | 808,762 | 1,350,732 | 1,350,732 | | |
| <u>v</u> 8 | Inventories for sale or use | | | | | |
| Assets 9 9 10a | Prepaid expenses and deferred charges | | | | | |
| V 10a | Investments—U.S. and state government obligations (attach schedule) Stmt 6 | 7,924,299 | 8,107,713 | 8,287,356 | | |
| b | Investments—corporate stock (attach schedule) See Stmt 7 | 2,158,978 | 408,978 | 469,847 | | |
| c | Investments—corporate bonds (attach schedule) See Stmt 8 | 224,925 | 224,925 | 239,936 | | |
| 11 | Investments—land, buildings, and equipment basis | 221/320 | 22./, 320 | | | |
| ''' | Less accumulated depreciation (attach sch) | ĺ | | | | |
| 12 | Investments—mortgage loans | | | | | |
| 13 | Investments—other (attach schedule) See Statement 9 | 21,560,069 | 26,132,954 | 34,418,806 | | |
| 14 | Land, buildings, and equipment basis | 21,300,005 | 20/132/331 | 31/110/000 | | |
| '- | Less accumulated depreciation (attach sch.) | į į | | | | |
| 15 | | 256,601 | 355,015 | 355,015 | | |
| | | 230,001 | 333,013 | 333,013 | | |
| 16 | Total assets (to be completed by all filers—see the | 38,040,492 | 37,482,366 | 46,023,741 | | |
| 17 | instructions. Also, see page 1, item I) | 2,306 | 1,180 | | | |
| 1 | Accounts payable and accrued expenses | 2,300 | 1,100 | | | |
| s 18 | Grants payable | | | | | |
| 19 | Deferred revenue | | | | | |
| Liabilities 10 10 10 10 10 10 10 10 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| <u>E</u> 21 | Mortgages and other notes payable (attach schedule) | | | | | |
| 22 | Other liabilities (describe) | 2,306 | 1,180 | | | |
| 23 | Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here | 2,300 | 1,100 | | | |
| 6 | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| Ses 24 | , | | | | | |
| 24 | Unrestricted | | | | | |
| 25 26 | Temporarily restricted | | | | | |
| Net Assets or Fund Balan | Permanently restricted Foundations that do not follow SFAS 117, check here ▶ X | | | | | |
| <u>ב</u> | Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31. | | | | | |
| 느 27 | · - | 38,038,186 | 37,481,186 | | | |
| Ö 27 | Capital stock, trust principal, or current funds | 30,030,100 | 37,401,100 | | | |
| \$ 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | · · · · · · · · · · · · · · · · · · · | | | | |
| 29 SS | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| ¥ 30 | Total net assets or fund balances (see page 17 of the | 38,038,186 | 37,481,186 | | | |
| Š . | instructions) | 30,030,100 | 37,401,100 | | | |
| 31 | Total liabilities and net assets/fund balances (see page 17 | 38,040,492 | 37,482,366 | | | |
| Dow | of the instructions) | 30,040,492 | 37,402,300 | | | |
| Part I | | agrae with | | | | |
| | net assets or fund balances at beginning of year—Part II, column (a), line 30 (must | agree will | 1 | 38,038,186 | | |
| | of-year figure reported on prior year's return) | | 2 | -557,000 | | |
| | r amount from Part I, line 27a | | 3 | 337,000 | | |
| | r increases not included in line 2 (itemize) | | 4 | 37,481,186 | | |
| | lines 1, 2, and 3 | | 5 | 21,401,100 | | |
| | eases not included in line 2 (itemize) | han 20 | 6 | 37,481,186 | | |
| ь Iota | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), | iine 30 | <u></u> | 21,401,100 | | |

|) Date sold o , day, yr) |
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| ratio (y) col (c)) . 05901 . 04980 . 03809 . 03581 . 04231 |
| ratio y col (c)) . 05901 . 04980 . 03809 . 03587 . 04237 . 22516 . 04503 |
| ratio y col (c)) . 0590 . 0498(. 03809 . 0358 . 0423 . 22516 |
| ratio (c)) . 0590 . 0498(. 03809 . 0423 . 0423 . 22516 . 04503 |
| ratio y col (c)) . 05901 . 04980 . 03809 . 03587 . 04237 . 22516 . 04503 |
| ratio y col (c)) . 0590 . 04980 . 0380 . 0358 . 0423 . 22516 . 04503 603, 33 |
| ratio (c)) . 0590 . 0498(. 03809 . 0423 . 0423 . 22516 . 04503 |
| ratio y col (c)) . 0590 . 04980 . 0380 . 0358 . 0423 . 22516 . 04503 . 783, 43 |
| ratio y col (c)) . 0590 . 04980 . 0380 . 0358 . 0423 . 22516 . 04503 603, 33 |
| |

| Form | 990-PF(2010) HORACE G. FRALIN CHARITABLE TRUST 54-1509505 | | Pa | age 4 |
|--------|--|----------|-------------|----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruct | ions) | | |
| 1a | 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 | | 7,8 | 346 |
| | here ► X and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% 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-) | | | 0 |
| 3 | Add lines 1 and 2 | | 7.8 | 346 |
| 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- | _ | 7.8 | 346 |
| 6 | Credits/Payments | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 7, 600 | | | |
| a | | | | |
| b | | | | |
| C | | | | |
| d - | Backup withholding erroneously withheld 6d 7 | | 16 | 100 |
| 7 | Total credits and payments Add lines 6a through 6d | | 15, | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | 47 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 207 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 207 |
| 11 | Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 0 Refunded ▶ 11 | | /,. | 207 |
| Pa | rt VII-A Statements Regarding Activities | | 1 | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | — | Yes | No_ |
| | participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | 1 | | |
| | of the 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 | | 1 | |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| ď | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | 1 | |
| | (1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ | | Ì | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers \$ | | | |
| 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 | | Χ_ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | X |
| 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 | | | |
| | 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 | Χ | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) ► VA | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8ь | Χ | |
| 9 | 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 on page | | 1 | |
| | 27)? If "Yes," complete Part XIV | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | <u> </u> |
| | | 10 | | Х |
| | names and addresses | Form 99 | 0-PF | |
| | | | | / |

| orm | 990-PF (2010) HORACE G. FRALIN CHARITABLE TRUST 54-150950 | 5 | | | | | P | age 5 |
|----------|---|----------|-------|----------|---------|-----|-----|-------|
| Pa | rt VII-A Statements Regarding Activities (continued) | | | | | | | |
| 1 | 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 | | Χ |
| 2 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | | | | | |
| | August 17, 2008? | | | | | 12 | | Χ |
| 3 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application | 17 | | | | 13 | Χ | |
| | Website address ► N/A | | | | | | | |
| 4 | The books are in care of ▶ THE TRUST Tele | phone | no 🕨 | 54 | 10-7 | 76- | 744 | 4 |
| | PO BOX 29600 | | | | | | | |
| | Located at ► ROANOKE VA | ZI | P+4 ▶ | 24 | 1018 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | | | | | | | ► X |
| | and enter the amount of tax-exempt interest received or accrued during the year | | ▶ _ | 15 | | | 31, | 219 |
| 6 | 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 | | Χ |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter | | | | | | 1 | |
| | the name of the foreign country | | | | | | | |
| Pa | 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 | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | Yes | X | No | | 1 | |
| | (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? | | Yes | X | No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | Yes | X | No | | | |
| | (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)? | \sqcup | Yes | 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) | | Yes | X | No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation | \$ | | _ | | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | | | | 1\\\ \A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | • | | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | | . / . | | | |
| _ | were not corrected before the first day of the tax year beginning in 2010? | | | D | 1/A | 1c | | |
| 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 | | V | X | NI- | | - | |
| | 6e, Part XIII) for tax year(s) beginning before 2010? | | Yes | | No | | - | |
| L | If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | | | | | |
| b | (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) | | | N | 1/A | 2b | • | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | ٠ | 1, 11 | | | |
| • | ► 20 , 20 , 20 , 20 | | | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | | | | | |
| - | at any time during the year? | X | Yes | | No | | | |
| b | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or | ت | | ب | | | | |
| - | 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) | | | | | 3b | | Χ |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | | | 4a | | X |
| 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?

Form 990-PF (2010)

| Form | 990-PF (2010) HORACE G. | FRALIN CHARITABLE T | 'RUST 54-1 | 50950 <u>5</u> | | | Page 6 |
|--|---|--|---|--|--|--------|---------------------------------------|
| Pa | rt VII-B Statements Regar | ding Activities for Which Fo | rm 4720 May Be Re | quired (contin | nued) | | |
| 5a | During the year did the foundation pay | or incur any amount to | | | _ | | |
| | (1) Carry on propaganda, or otherwise | attempt to influence legislation (section | n 4945(e))? | _ Y | es X No | | |
| | (2) Influence the outcome of any spec | ific public election (see section 4955), o | or to carry on, | | _ | | |
| | directly or indirectly, any voter regi | stration drive? | | Y | es X No | | - |
| | (3) Provide a grant to an individual for | travel, study, or other similar purposes | ,7 | Y | es X No | | |
| | (4) Provide a grant to an organization | other than a charitable, etc., organizati | on described in | _ | | | 1 |
| | section 509(a)(1), (2), or (3), or se- | ction 4940(d)(2)? (see page 22 of the ii | nstructions) | _ Y | es 🗓 No | | ł |
| | (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 X No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did | any of the transactions fail to qualify u | nder the exceptions desc | ribed in | _ | | 1 |
| | Regulations section 53 4945 or in a cu | rrent notice regarding disaster assistar | ice (see page 22 of the in | structions)? | N/A | 5b | |
| | Organizations relying on a current notic | ce regarding disaster assistance check | here | | ▶ 🗌 | | |
| С | If the answer is "Yes" to question 5a(4) | , does the foundation claim exemption | from the tax | | | | 1 |
| | because it maintained expenditure res | ponsibility for the grant? | | N/A 🗌 Y | es No | | |
| | If "Yes," attach the statement required | | | | _ | | |
| 6a | Did the foundation, during the year, red | ceive any funds, directly or indirectly, to | pay premiums | | _ | | ŧ |
| | on a personal benefit contract? | | | _ Y | 'es 🛚 No | | |
| b | Did the foundation, during the year, pa | y premiums, directly or indirectly, on a | personal benefit contract | > | | 6b | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| 7a | At any time during the tax year, was th | e foundation a party to a prohibited tax | shelter transaction? | Y | 'es X No | | |
| _b | If Yes, did the foundation receive any p | | | | N/A | 7b | |
| Pa | rt VIII Information About | Officers, Directors, Trustees, | , Foundation Mana | gers, Highly P | Paid Employe | es, | |
| | and Contractors | | | | | | |
| 1 1 | ist all officers, directors, trustees, fo | undation managers and their compe | ensation (see page 22 o | the instructions |). | | |
| (b) Title, and average (c) Compensation (d) Contributions to | | | | | | | |
| | | | (b) Title, and average | (c) Compensation | | (e) Ex | nense account |
| | (a) Name a | nd address | hours per week | (If not paid, enter | employee benefit plans and deferred | | pense account, er allowances |
| | (a) Name a | nd address | hours per week devoted to position | | employee benefit | | |
| w | HEYWOOD FRALIN | ROANOKE | hours per week devoted to position CO-TRUSTEE | (If not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| | HEYWOOD FRALIN O BOX 29600 | ROANOKE VA 24018 | hours per week devoted to position CO-TRUSTEE 40.00 | (If not paid, enter | employee benefit plans and deferred | othe | |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN | ROANOKE VA 24018 ROANOKE | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE | (if not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 | ROANOKE VA 24018 | hours per week devoted to position CO-TRUSTEE 40.00 | (If not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN | ROANOKE VA 24018 ROANOKE | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE | (if not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN | ROANOKE VA 24018 ROANOKE | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE | (if not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN | ROANOKE VA 24018 ROANOKE | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE | (if not paid, enter -0-) | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 | ROANOKE VA 24018 ROANOKE VA 24018 | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 | (if not paid, enter -0-) 12,000 | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid | ROANOKE VA 24018 ROANOKE VA 24018 | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 | (if not paid, enter -0-) 12,000 | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 | ROANOKE VA 24018 ROANOKE VA 24018 | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 | (if not paid, enter -0-) 12,000 | employee benefit plans and deferred compensation | othe | er allowances |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of Inone, enter "NONE." | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 don line 1 see page | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation O tions). | (e) E | or allowances 0 0 copense account, |
| WI | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 | (if not paid, enter -0-) 12,000 | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances O |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation O tions). | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of Inone, enter "NONE." | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| 2 | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |
| 2 | HEYWOOD FRALIN O BOX 29600 LLIAM H. FRALIN O. BOX 29600 Compensation of five highest-paid of none, enter "NONE." (a) Name and address of each en | ROANOKE VA 24018 ROANOKE VA 24018 PARTICLE OF THE PROPERTY | hours per week devoted to position CO-TRUSTEE 40.00 CO-TRUSTEE 40.00 do n line 1 — see page (b) Title, and average hours per week | (if not paid, enter -0-) 12,000 12,000 23 of the instruct | employee benefit plans and deferred compensation Compensation Compensation Compensation Compensation | (e) E | or allowances 0 0 copense account, |

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

| orm 990-PF (2 | 010) HORACE G. FRALIN CHARITABLE TRUST | 54-1509505 | Page 7 |
|-------------------|--|--|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Foundat and Contractors (continued) | tion Managers, Highly Paid Emp | loyees, |
| 3 Five high | est-paid independent contractors for professional services (see page 23 c | of the instructions). If none, enter "NONE | " |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
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| otal number o | f others receiving over \$50,000 for professional services | | > |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | on's four largest direct charitable activities during the tax year. Include relevant statistical infed other beneficiaries served, conferences convened, research papers produced, etc | formation such as the number of | Expenses |
| 1 N/A | | | |
| | | | |
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| 2 | | | |
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| 3 | | | |
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| 4 | | · | - |
| 7 | | | |
| | | | |
| Part IX-B | Summary of Program-Related Investments (see page 2 | | |
| | o largest program-related investments made by the foundation during the tax year on lines 1 | and 2 | Amount |
| 1 N/A | | | |
| | | | |
| 2 | | | |
| | | 1 | |
| All other program | m-related investments. See page 24 of the instructions | | |
| 3 | m related investments. See page 24 of the institutions | | |
| | | | |

Form **990-PF** (2010)

Total. Add lines 1 through 3

| Pa | Irt X Minimum Investment Return (All domestic foundations must complete this part. Forei | gn fo | undations, |
|----|--|---------|------------|
| | see page 24 of the instructions.) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 8,744,503 |
| b | Average of monthly cash balances | 1b | 1,693,052 |
| С | Fair market value of all other assets (see page 25 of the instructions) | 1c | 29,165,777 |
| d | Total (add lines 1a, b, and c) | 1d | 39,603,332 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 39,603,332 |
| 4 | Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 25 of | | |
| | the instructions) | 4 | 0 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 39,603,332 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 1,980,167 |
| Pa | art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations | erating | |
| | foundations and certain foreign organizations check here | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 1,980,167 |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010 (This does not include the tax from Part VI) |] . | |
| С | Add lines 2a and 2b | 2c | 7,846 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 1,972,321 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 1,972,321 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 1,972,321 |
| Pa | art XII Qualifying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 1,816,826 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,816,826 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | 7,846 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,808,980 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | 1 | |

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

Form 990-PF (2010) HORACE G. FRALIN CHARITABLE TRUST 54-1509505 Page 9 Part XIII Undistributed Income (see page 26 of the instructions) (d) Years prior to 2009 Corpus 2009 Distributable amount for 2010 from Part XI, 2010 1,972,321 line 7 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only 1,675,767 b Total for prior years 20 ____ , 20 ____ , 20 ____ Excess distributions carryover, if any, to 2010 a From 2005 **b** From 2006 c From 2007 d From 2008 e From 2009 f Total of lines 3a through e Qualifying distributions for 2010 from Part XII. line 4 ▶ \$ 1,816,826 a Applied to 2009, but not more than line 2a 1,675,767 b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required-see page 26 of the instructions) d Applied to 2010 distributable amount 141,059 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be 1,831,262 distributed in 2011 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 Excess from 2006 Excess from 2007 b Excess from 2008

е

Excess from 2009 Excess from 2010

Check here ▶ ☐ If the foundation only makes contributions to preselected chantable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number of the person to whom applications should be addressed

W. HEYWOOD FRALIN 540-776-7444

PO BOX 29600 ROANOKE VA 24018

b The form in which applications should be submitted and information and materials they should include N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

| 3 Grants and Contributions Paid During the | Year or Approved for Fu | ture Pavment | | |
|--|--|----------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year SEE ATTACHED SCHED | | | | 1,816,826 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | , | | | |
| | | | | |
| Total | | | ▶ 3a | 1,816,826 |
| b Approved for future payment | | | - Ja | 1,010,020 |
| N/A | | | | |
| | | | | |
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| | | | | |
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| | | | | |
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| | | | | |
| Total | | <u></u> | ▶ 3b | |
| , Otal | | | <u> </u> | |

DAA

Part XVI-A

Analysis of Income-Producing Activities

Form 990-PF (2010)

| Enter gròss amounts unless otherwise indicated | | Unrelate | business income | Exclude | d by section 512, 513, or 514 | (e) | | |
|--|--------------|--|--|---------------------------------------|--|--|---|--|
| 4 | Drogram co. | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of | |
| ' | | vice revenue | | | | | the instructions) | |
| | a | | | | | | | |
| | <u> </u> | | | | | | | |
| | d | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | u | | | | | | | |
| | f | | | | | | | |
| | · ——— | d contracts from government agencies | <u> </u> | | | | | |
| 2 | | dues and assessments | | | | | | |
| | | avings and temporary cash investments | ' | - | 1 | | | |
| | | nd interest from securities | <u> </u> | | | | | |
| | | come or (loss) from real estate | | | | | | |
| • | | anced property | | | | | | |
| | | -financed property | | | | | | |
| 6 | | come or (loss) from personal property | | | | | · ·· | |
| | Other invest | | | | | | | |
| | | i) from sales of assets other than inventory | | | | | | |
| | | or (loss) from special events | - | | | | | |
| | | or (loss) from sales of inventory | | | <u> </u> | | | |
| | Other revenu | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | b _' | | | | <u> </u> | | | |
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| | d | • | | | - | | | |
| | ~ _ е | | | | ╆ - | - | | |
| 12 | | d columns (b), (d), and (e) | <u> </u> | | - | | | |
| | | ne 12, columns (b), (d), and (e) | | | <u> </u> | 13 | | |
| | | n line 13 instructions on page 29 to verify calculations |) | | | '' – | | |
| | art XVI-B | Relationship of Activities to the Acc | | ent of Exempt Pu | irposes | · · · · · · · · · · · · · · · · · · · | | |
| | _ine No. | Explain below how each activity for which income is | | | | | | |
| - | ▼ | accomplishment of the foundation's exempt purpose | | | | | the | |
| | | instructions) | | , p | | , (p-g | | |
| | N/A | | | | | | | |
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Roanoke, VA 24006-1165

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| Form 990-PF (20) | <u>10) HORACE G.</u> | <u>.</u> FRAL] | <u>IN CHARITA</u> | <u>ABLE TRUS</u> | ST <u>54</u> - | -15095 <u>05</u> | | | Pag | <u>e</u> 13 |
|------------------|--|--------------------------------------|--|--|---------------------------------------|--------------------------|--|-------------|---------------------|-------------|
| Part XVII | Information Reg Exempt Organiz | _ | ansfers To and | d Transaction | ns and Relat | ionships Wit | h Noncharitable | | | |
| 1 Did the orga | anization directly or indi | | un any of the follow | wing with any oth | er organization o | lescribed | | | res | No |
| in section 5 | 01(c) of the Code (othe | | | - | | | | | 162 | 140 |
| organization | | | | | | | | | - | |
| | rom the reporting found | ation to a nor | ncharitable exempt | organization of | | | Ī. | | ŀ | 3.7 |
| (1) Cash | | | | | | | _ | a(1) | | <u>X</u> |
| (2) Other a | | | | | | | 1 | a(2) | | _X |
| b Other trans | | | | | | | | | 1 | |
| | of assets to a noncharita | • | - | | | | _ | b(1) | | <u>X</u> |
| | ses of assets from a no | | · · | ח | | | _ | b(2) | | <u>X</u> |
| | of facilities, equipment, | | ets | | | | _ | b(3) | | <u>X</u> |
| | ırsement arrangements | ; | | | | | | b(4) | | <u>X</u> |
| (5) Loans of | or loan guarantees | | | | | | | b(5) | ∔ | X |
| (6) Perform | nance of services or me | embership or | fundraising solicita | itions | | | <u>1</u> | b(6) | - | <u>X</u> |
| c Sharing of f | facilities, equipment, m a | ailing lists, oth | ner assets, or paid | employees | | | L | 1c | | X |
| | er to any of the above is | | | | | | | | | |
| value of the | goods, other assets, o | r services giv | en by the reporting | g foundation If the | e foundation rec | eived less than fa | ır market | | | |
| value in any | transaction or sharing | arrangement | t, show in column (| d) the value of th | e goods, other a | ssets, or services | received | | | |
| (a) Line no | (b) Amount involved | (c) Name | of noncharitable exer | mpt organization | (d) Descr | iption of transfers, tra | ansactions, and sharing as | rangem | ents | |
| N/A | | | | | <u> </u> | . <u></u> . | | | | |
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| | lation directly or indirect | | | | | ons | ۲ | ٦ ٧ | √ | |
| | n section 501(c) of the (| | nan section 501(c) | (3)) or in section | 52/7 | | Ļ | _ Yes | | No |
| | mplete the following sch | nedule | 7 77 7 | | | (-) D | | | _ | |
| | a) Name of organization | | (b) Type of | organization | | (C) Descrip | otion of relationship | | | |
| N/A | | | | | | | | | | |
| | | | | | <u></u> | _ | | | | |
| | | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | <u>. </u> | | l | | | | | |
| Sign Here | charties of berjury, ()declare is rule, correct, and comple mature of officer or this tee | e that I have ex ete (Declaration | amined this return, in of preparer (other th | cluding accompanyi an taxpayer or fiduc | ng schedules and stary) is based on a | statements, and to the | ne best of my knowledge a h preparer has any knowle | nd idge | - | |
| | Transport of the state of the s | <u>-</u> | | Daniel III | 4 / / / / | , 1100 | | | | |
| Paid | Type preparer's name | . JR | | Preparer's signa | Allense Allense | es As | Date | | Check (self-emp | |
| | | | ger & Moso | dell, P.C | 1. | _ 10 | PTIN PO1 | 3061 | 135 | |
| | | | | | | | | | _ | |

540-985-0308

Firm's EIN ▶ 54-1467814

Phone no

Firm's address ▶

FYE: 12/31/2010

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

| | Description | 1 | | How Received | ı | Who So | | Date Acquire |
|--------------|----------------|----------------|-------|-----------------|-----|--------------|-----|--------------------|
| Date Sold | Sale Price | Cost | E | xpense | | Depreciation | | Net Gain / Loss |
| LONG TERM OT | HER K-1 PASSTH | ROUGH | | Purchase | | | | Variou |
| Various | \$ 967,837 | \$ | \$ | | \$ | | \$ | 967,837 |
| SECTION 1250 | K-1 PASSTHROU | GH | | Purchase | | | | Variou |
| Various | 254,322 | | | | | | | 254,322 |
| SECTION 1231 | PASS THROUGH | | | Purchase | | | | Variou |
| Various | 90,311 | | | | | | | 90,311 |
| FINAL K-1'S | PASS-THROUGH | | | Purchase | | | | Variou |
| Various | -54,058 | | | | | | | -54,058 |
| SHORT TERM O | THER K-1 PASST | HROUGH | | Purchase | | | | Variou |
| Various | 224,549 | | | | | | | 224,549 |
| MOORINGS GRO | UP (See attack | rea) | | Purchase | | | | Variou |
| Various | 1,750,657 | 1,670,509 | | | | | | 80,148 |
| PLEDGED ASSE | T ACCOUNT (See | attached) | | Purchase | | | | Variou |
| Various | 150,000 | 150,015 | | | | | | -15 |
| MOORINGS GRO | UP #0846 (See | a Hached) | | Purchase | | | | Variou |
| Various | 1,090,000 | 1,119,007 | | | | | | -29,007 |
| Short-term G | ain/Loss from | Pass-through E | ntity | | | | | |
| | -8,659 | | | | | | | -8,659 |
| Long-term Ga | in/Loss from P | ass-through En | tity | | | | | |
| | 30,675 | | | | | | _ | 30,675 |
| Total | \$ 4,495,634 | \$ 2,939,531 | \$ | 0 | \$_ | 0 | \$_ | 1,556,103 |

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description Net Investment Adjusted Net Revenue per Íncome Books Income Other Investment Income 114,528 \$ 114,528 \$ 114,528 MISCELLANEOUS 21,072 21,072 OTHER P/S INCOME 116,683 116,683 OTHER SFM LP'S LOSS 17,738 17,738 UNRELATED BUS. INC. ON 990 51,772 51,772 321,793 114,528 \$ 321,793 Total

Horace G Fralm Charitable Trust 54-1509505

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| | Date Acquired | Date of Sale | Proceeds | Cost Basis | Realized Gain or Loss |
|------------------------|---------------|--------------|------------|------------|--------------------------|
| 125000 Kent Cnty Mich | 4/30/2008 | 3/1/2010 | 125,000 00 | 125,246 25 | (246 25) |
| 105000 Virginia St Hsg | 11/6/2006 | 4/1/2010 | 105,000 00 | 102,299 40 | 2,700.60 |
| 250000 Miami Dade | 4/18/2007 | 4/9/2010 | 260,110 00 | 250,012 50 | 10,097 50 |
| 225000 Virginia Beach | 10/16/2006 | 5/17/2010 | 242,422 50 | 229,977 59 | 12,444 91 |
| 250000 Danville | 4/30/2009 | 5/19/2010 | 268,685 00 | 250,007 50 | 18,677 50 |
| 220000 Virginia St Hsg | 11/6/2006 | 6/7/2010 | 224,627 00 | 214,640 30 | 9,986 70 |
| 250000 Montgomery Cty | 11/22/2006 | 6/22/2010 | 274,812 50 | 249,500 00 | 25,312 50 |
| 250000 Medical Univ | 12/19/2007 | 8/15/2010 | 250,000 00 | 248,825 00 | 1,175 00 |

80,148 46

\$ 1,750,657 00 \$ 1,670,508 54 \$

Horace G Fralin Charitable Trust 54-1509505

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| Date Acquired | Date of Sale | | Proceeds | | Cost Basis | Realized Gain or Loss |
|---------------|--------------|---|--------------------------|----------|-----------------------------|--------------------------|
| 1/22/2009 | 1/25/2010 | 8 | 150,000 00 \$ 150,015 00 | ↔ | 150,015 00 | (15 00) |
| | | | | | | |
| | | ક | 150,000 00 | & | 150,000 00 \$ 150,015 00 \$ | \$ (15 00) |

Horace G Fralin Charitable Trust 54-1509505

| SALES |
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| | Date Acquired | Date of Sale | Proceeds | Cost Basis | Gain or Loss |
|-----------------------|---------------|--------------|------------|------------|--------------|
| 250000 Burke Cnty | 7/20/2009 | 4/1/2010 | 250,000 00 | 254,424 50 | (4,424 50) |
| 590000 Fairfax Cnty | 7/9/2009 | 5/15/2010 | 590,000 00 | 610,865 60 | (20,865 60) |
| 250000 Waterbury Conn | 8/14/2009 | 9/1/2010 | 250,000 00 | 253,717 50 | (3,717 50) |

(29,007 60)

\$ 1,090,000 00 \$ 1,119,007 60 \$

25760T HORACE G. FRALIN CHARITABLE TRUST

54-1509505

Federal Statements

FYE: 12/31/2010

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

| Description | | | | | | |
|---------------------|-------------|-----|-------------------|---------------------|-----|-----------------------|
| | Total | _ | Net Investment | Adjusted Net | | Charitable Purpose |
| Indirect Legal Fees | | | | | | |
| - | \$ 2,929 | \$_ | | \$ | \$_ | |
| Total | \$ 2,929 | \$_ | 0 | \$ 0 | \$ | 0 |

Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees

| Description | | | | | | |
|--------------------------|--------------|-----|-------------------|---------------------|-----|-----------------------|
| | Total | _ | Net Investment | Adjusted Net | | Charitable Purpose |
| Indirect Accounting Fees | | | | | | |
| - | \$ 24,000 | \$_ | | \$ | \$_ | |
| Total | \$ 24,000 | \$_ | 0 | \$ 0 | \$ | 0 |

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | | | | | | | |
|-----------------------|----------|-----------|---------|-------------------|-----------------|---------------|-----------------------|
| | | Total | | Net Investment | Adjusted Net | - | Charitable Purpose |
| | \$ | | \$ | | \$ | \$ | |
| Expenses | | | | | | | |
| BANK CHARGES | | 7.5 | | 7.5 | | | |
| FIDUCIARY FEES | | 75 | | 75 | | | |
| | | 104,867 | | 104,867 | | | |
| INVESTMENT DEDUCTIONS | | 613,724 | | | | | |
| ROYALTY DEDUCTIONS | | | | | | | |
| DEPLETION | | 129,753 | | | | | |
| DEFLETION | | 98,186 | | | | | |
| MISCELLANEOUS | | 6.250 | | 6 250 | | | |
| NONDEDUCTIBLE | | 6,359 | | 6,359 | | | |
| | | 395,728 | | | | | |
| FOREIGN TAXES | | 18,165 | | | | | |
| Total | ,— \$ | 1,366,857 | , \$ | 111,301 | \$ | 0 \$ | 0 |
| IOCAI | → | 1,300,037 | ~_ | 111,301 | ¥ | <u> </u> | |

25760T HORACE G. FRALIN CHARITABLE TRUST
54-1509505 Federal Statements

FYE. 12/31/2010

| Description | | | | | | |
|------------------------------|----------------------|----------------------|------------------------|-----------------------|------------|----------------------|
| | Beginning of Year | · | End of Year | Basis of Valuation | | Fair Market Value |
| See a Hached | \$ 7,924,2 | 299 \$ | 8,107,713 | Cost | \$_ | 8,287,356 |
| Total | \$ 7,924,2 | <u> </u> | 8,107,713 | | \$ | 8,287,356 |
| Statement 7 - Form 990- | PF, Part II, Line | 10b - C | orporate Stoc | k Investme | <u>nts</u> | |
| Description | · | | | | | |
| | Beginning of Year | | End of Year | Basis of Valuation | _ | Fair Market Value |
| See attached | \$ 2,158,9 |) 78 \$ | 408,978 | Cost | \$_ | 469,84 |
| Total | \$ 2,158,9 | 978 \$ <u> </u> | 408,978 | | \$_ | 469,84 |
| Statement 8 - Form 990- | PF, Part II, Lin | e 10c - C | orporate Bon | d Investme | nts | |
| Description | | | | | | |
| | Beginning of Year | | End of Year | Basis of Valuation | _ | Fair Market Value |
| See attached | \$ 224,5 | 925 \$ | 224,925 | Cost | \$_ | 239,93 |
| Total | \$ 224,5 | 925 \$ | 224,925 | | \$_ | 239,93 |
| Statement 9 - Forn | n 990-PF, Part | II, Line 1 | 3 - Other Inve | estments | | |
| Description | | | | | | |
| See attached | Beginning of Year | | End of Year | Basis of Valuation | _ | Fair Market Value |
| o otherwood | \$ 21,560, |)69 \$ | 26,132,954 | Cost | \$_ | 34,418,80 |
| Total | \$ 21,560, |)69 \$ | 26,132,954 | | \$_ | 34,418,80 |
| Statement 10 - F | orm 990-PF, P | art II, Lir | ne 15 - Other <i>I</i> | <u>Assets</u> | | |
| Description | | Beginning of Year | | End of Year | _ | Faır Market Value |
| COME/EXCISE TAXES RECEIVABLE | <u> </u> | 256, | 601 \$ | 355,015 | \$ | 355,01 |
| ond, andrea minde Macaryman | ` | 256, | | 355,015 | _ | 355,01 |

THE HORACE G FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 7 -NOTES RECEIVABLE

| BEAUFONT OAKS II L P | \$ 39,100 |
|-------------------------------|-----------------|
| CREEKWOOD VILLAGE | 38,722 |
| F&W OFFICE PARK III (1) & (2) | 269,496 |
| FALCON POINTE L.P | 257,482 |
| LAUREL PINES L.P | 143,813 |
| PULASKI RETIREMENT CENTER | 36,032 |
| FALCON POINTE | 14,980 |
| ART MUSEUM | 551,107 |
| | |
| | \$ 1,350,732 |

HORACE G FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 10a - INVESTMENTS - U S & STATE GOVT OB

| INVESTMENTS OF CONTINUE OF THE | Book Value | | Market Value | |
|---|---------------|---------|-----------------|-----------|
| 460,000 FED FARM CR 4.75% DUE 9/30/15 | \$ | 487,730 | \$ | 512,182 |
| 250,000 BARTOW-CARTERSVILLE 5.914% DUE 11/1/26 | | 259,065 | | . 246,193 |
| 250,000 CHARLOTTESVILLE 3.79% DUE 2/15/18 | | 250,015 | | 251,435 |
| 250,000 DANVILLE, VA 4.55% DUE 3/1/15 | | 250,007 | | 269,782 |
| 300,000 DOWNTOWN SAVANNAH 4 25% DUE 8/1/17 | | 305,025 | | 315,879 |
| 175,000 EDEN PRAIRIE, MN 5 5% DUE 2/1/16 | | 179,110 | | 195,069 |
| 250,000 FORT WAYNE, IN 5 125% DUE 2/1/14 | | 251,625 | | 268,753 |
| 500,000 INDIANA BD BK 5 68% DUE 7/15/14 | | 515,255 | | 556,720 |
| 250,000 ISLE OF WIGHT VA, 5% DUE 3/1/21 | | 249,390 | | 259,670 |
| 100,000 JOHNSON CNTY KS, 4.6% DUE 9/1/20 | | 99,765 | | 103,146 |
| 255,000 LAKE & MCHENRY, 5.25% DUE 1/1/18 | | 255,015 | | 255,000 |
| 100,000 LEESBURG, VA 4 57% DUE 2/1/18 | | 100,015 | | 102,824 |
| 250,000 MCHENRY CNTY IL,3.64% DUE 2/1/16 | | 250,015 | | 250,177 |
| 250,000 MIAMI-DADE COUNTY 5 46% DUE 4/1/15 | | 250,012 | | 262,923 |
| 250,000 MUNICIPAL ELEC 5.07% DUE 1/1/19 | | 245,355 | | 249,502 |
| 250,000 NEBRASKA PUB PWR 5.14% DUE 1/1/14 | | 250,015 | | 270,318 |

HORACE G FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 10a - INVESTMENTS - U S & STATE GOVT OB

| | Book Value | Market Value |
|---|---------------|-----------------|
| 250,000 RICHLAND CNTY, 4.4% DUE 5/1/19 | 253,700 | 256,657 |
| 250,000 STAFFORD CNTY, 3 168% DUE 2/15/15 | 250,015 | 251,323 |
| 220,000 SUFFOLK, VA 4.36% DUE 2/1/17 | 220,015 | 226,063 |
| 250,000 VIRGINIA BEACH, VA 5.75% DUE 8/1/12 | 255,531 | 267,233 |
| 150,000 VIRGINIA ST HSG, 3.05% DUE 6/1/20 | 149,147 | 140,367 |
| 475,000 DORCHESTER CNTY 1.55% DUE 5/1/11 | 475,015 | 476,515 |
| 500,000 JAMES CITY CNTY, VA VAR 2036 DUE 12/1/36 | 500,015 | 500,000 |
| 300,000 MCHENRY CNTY IL, 1.79% DUE 2/1/12 | 300,015 | 300,384 |
| 200,000 MISSISSIPPI BUS VAR 2039 DUE 12/1/39 | 200,015 | 200,000 |
| 150,000 NORFOLK VA 0 98% DUE 4/1/11 | 150,224 | 149,973 |
| 225,000 VIRGINIA BEACH 5.75% DUE 8/1/12 | 242,565 | 240,509 |
| 200,000 VIRGINIA ST PUB BLD, 5% DUE 8/1/13 | 223,721 | 220,032 |
| 175,000 VIRGINIA ST RES, 5.25% DUE 10/1/12 | 190,294 | 188,727 |
| 500,000 WHEATON COLLEGE VAR 2035 DUE 10/1/35 | 500,027 | 500,000 |
| | \$ 8,107,713 | \$ 8,287,356 |

THE HORACE G FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 10b - INVESTMENTS - CORPORATE STOCK

| | Book Value | Market Value |
|--------------------------------|-------------------|---------------------|
| 14,940 KAYNE ANDERSON MLP INVT | \$ 408,978 | 469,847 |
| | \$ 408,978 | \$ 469,847 |

THE HORACE G FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 10c - INVESTMENTS - CORPORATE BONDS

| INVESTMENTS - COM ORATE BONDS | Book Value | Market Value |
|--|---------------|-------------------|
| 100,000 STANFORD UNIV 3.625% DUE 5/1/14 | \$ 99,910 |) \$ 105,847 |
| 125,000 UNIV NOTRE DAME 4 141% DUE 9/1/13 | 125,015 | 133,549 |
| | \$ 224,925 | <u>\$ 239,936</u> |

THE HORACE G. FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 13 -

| OTHER INVESTMENTS | | Book | | Market |
|---|----|-----------|----|----------|
| | | Value | _ | Value |
| Fralın and Waldron Office Park Limited Partnership | \$ | 246,756 | \$ | 782,942 |
| F&W Office Park II Limited Partnership | | 13,036 | | 70,256 |
| Fralin & Waldron Commercial Rental II Limited Partnership | | 239,500 | | 567,554 |
| MFW Associates, L.L.C | | 2,156 | | 9,417 |
| MFW Associates Limited Partnership | | 14,472 | | 43,207 |
| Central Investors Limited Partnership | _ | -4,826- | _ | - 23,060 |
| F&W Development, L.L.C | | 4,895 | | 25,000 |
| Clearview Manor Limited Partnership | | 25,444 | | 57,958 |
| Creekwood Village Limited Partnership | | (20,187) | | 4,236 |
| Falcon Pointe | | (394,867) | | 0 |
| Ferncliffe South Apartments | | 2,211 | | 0 |
| Laurel Pines Apartments | | (122,501) | | 75,593 |
| London Oaks Limited Partnership | | 527 | | 0 |
| Newman Village Apartments | | (5,246) | | 0 |
| Peppertree Apartments | | (8,358) | | 431,846 |
| Peppertree II Limited Partnership | | (35,884) | | 367,990 |
| Shawnee Apartments | | 2,452 | | 131,560 |
| Shawnee II Apartments | | 286 | | 128,437 |
| Southview Village Apartments | | 55,041 | | 121,424 |
| Spruce Village Limited Partnership | | 17,286 | | 44,920 |
| Timberlyne Village Limited Partnership | | (2,047) | | 4,630 |
| Twin Canal Village Limited Partnership | | (6,068) | | 0 |
| Willow Woods Limited Partnership | | (2,309) | | 7,033 |
| F&W Management Corporation | | 347,544 | | 49,611 |
| Region Properties, Inc | | 45,476 | | 305,160 |
| Falcun Corporation | | 5,635 | | 16,950 |
| Medical Facilities of America LXVIII (68) Limited Partnership | | 0 | | 7,704 |
| Drapers Meadow West, L.L.C | | 12,532 | | 31,464 |
| Beaufont Oaks Limited Partnership | | (67,710) | | 195,212 |
| Beaufont Oaks II Limited Partnership | | (3,503) | | 18,026 |
| F&W Office Park III, L.C | | 137,483 | | 446,100 |
| FW Properties, L L.C. | | 92,058 | | 209,028 |
| FW Properties II, L L C | | 212,337 | | 345,838 |
| FW Properties VI, L.L.C. | | 32,890 | | 76,288 |
| FW Properties VII, L L C. | | 144,546 | | 457,725 |

THE HORACE G. FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 2, PART II, LINE 13 -

| OTHER INVESTMENTS | Book Value | Market Value |
|--|---------------|-----------------|
| | | |
| Horace Fralin, L.L.C | \$ 15,508 | 24,005 |
| Ferncliff Apartments Limited Partnership | 36,209 | 197,855 |
| MAP 2004 | 653,127 | 750,000 |
| MAP 2006 | 486,581 | 800,000 |
| MAP 2009 | 224,366 | 237,500 |
| Wellington | 793,293 | 898,378 |
| SFM Global Strategies, LP | 13,449,850 | 14,097,245 |
| SFM Capital Markets, LP | 7,906,459 | 10,544,570 |
| SFM PE, LP | 1,495,640 | 1,751,149 |
| SFM Opportunities III, LP | 81,212 | 86,935 |
| Total | \$ 26,132,954 | \$ 34,418,806 |

HORACE G. FRALIN CHARITABLE TRUST 54-1509505 12/31/2010

FORM 990-PF, PAGE 11, PART XV, LINE 3 - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| Name and Address | Purpose | Amount | | |
|---|---------------------|--------------|--|--|
| Art Museum of Western Virginia Roanoke, Virginia | Various | \$ 1,810,781 | | |
| VWCC Educational Foundation Roanoke, Virginia | Educational Support | 6,000 | | |
| From K-1's | Various | 45 | | |
| TOTAL | | \$ 1,816,826 | | |

7 1 1 1

Form **8868** (Rev January 2011) Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of the Internal Revenue | | ► File a | separate a | pplication for each return. | | | |
|------------------------------------|------------------------------------|---|-----------------|---|---------------|--------------------|-----------------|
| | | tomatic 3-Month Extension, complete | only Part I | and check this box | | | ▶ X |
| • | _ | · | - | plete only Part II (on page 2 of this form |) | | - (-) |
| - | _ | • | | nonth extension on a previously filed Form | | | |
| | | | | | | | |
| Electronic fili | ng (e-file). You | ı can electronically file Form 8868 if you | need a 3-mo | onth automatic extension of time to file (6 | months f | for | |
| a corporation i | required to file | Form 990-T), or an additional (not autom | natic) 3-mont | th extension of time. You can electronical | y file For | m | |
| 8868 to reque | st an extension | of time to file any of the forms listed in f | Part I or Part | II with the exception of Form 8870, Inform | nation | | |
| | | | | must be sent to the IRS in paper format (s | | | |
| instructions) F | | | | v/efile and click on e-file for Charities & N | onprofits | | |
| Part I | <u> Automati</u> | c 3-Month Extension of Time. | Only sub | mit original (no copies needed) | | | |
| A corporation | required to file | Form 990-T and requesting an automati | c 6-month ex | xtension-check this box and complete | | | . 🗀 |
| Part I only | | | | | | | ▶ ∐ |
| • | • | ng 1120-C filers), partnerships, REMICs | , and trusts | must use Form 7004 to request an exten- | sion of tir | ne | |
| to file income | | | | | | | |
| Type or | Name of exe | empt organization | | | Employ | er identi | fication number |
| print | HODAGE | | | YOT. | - 4 1 | - 0 0 - | 0.5 |
| File by the due date for | | G. FRALIN CHARITAB | | | 54-1 | 5095 | J.5 |
| filing your | 1 | eet, and room or suite no. If a P.O. box, BOX 29600 | see instruction | ons | | | |
| return See instructions | | post office, state, and ZIP code For a f | oreign addre | ass see instructions | | | |
| msagcaons | ROANOR | | . 24018 | | | | |
| | 1 110111101 | V23 | 21010 | <u> </u> | - | | |
| Enter the Retu | urn code for the | return that this application is for (file a s | eparate app | lication for each return) | | | [0. |
| Application | | | Return | Application | | | Return |
| ls For | | | Code | ls For | | | Code |
| Form 990 | | | 01 | Form 990-T (corporation) | | | 0.7 |
| Form 990-B | L | | 02 | Form 1041-A | | | 08 |
| Form 990-E | Z | | 03 | Form 4720 | | | 09 |
| Form 990-P | F | | 04 | Form 5227 | | | 10 |
| Form 990-T | (sec 401(a) o | r 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T | (trust other tha | an above) | 06 | Form 8870 | | | 12 |
| | | THE TRUST | | | | | |
| | | PO BOX 29600 | | | | | |
| | | ► ROANOKE | | _ | | V | A 24018 |
| • | | 0-776-7444 | FAX No | | | | |
| • | | not have an office or place of business in | | | | | ▶ ⊔ |
| | | urn, enter the organization's four digit Gro | | —————————————————————————————————————— | his is | | |
| ` | group, check th | | the group, ci | heck this box | ከ | | |
| | | Is of all members the extension is for | | 5 000 T) | | | |
| - | | 3-month (6 months for a corporation red | | • | | | |
| | | · | i for the orga | anization named above. The extension is | | | |
| lor the t | organızatıon's r calendar year | | | | | | |
| | tax year begin | | | | | | |
| | tax year begin | ining , and ending | | | | | |
| | ix year entered Change in accor | in line 1 is for less than 12 months, checunting period | ck reason | Initial return Final return | | | |
| 3a If this a | pplication is for | Form 990-BL, 990-PF, 990-T, 4720, or | 6069, enter t | the tentative tax, less any | | | |
| | | See instructions | | | 3a | \$ | 15,100 |
| b If this a | pplication is for | Form 990-PF, 990-T, 4720, or 6069, en | ter any refun | ndable credits and | | | |
| | | s made Include any pnor year overpayr | | | 3ь | s | 7,600 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS

(Electronic Federal Tax Payment System) See instructions

7,500

| 25760T | <i>)</i> 1 • <i>k</i> | | | | <i>p</i> | ٠٢ | |
|------------------------|--|-----------------|-----------------------------|-------------------|----------|-------------------|---------------|
| For ₄ 8868 | 3 (Řev *1-2011) | | | | | | Page 2 |
| | are filing for an Additional (Not Automatic) 3-Month E | xtension, con | plete only Part II and chec | k this box | | | → X |
| | complete Part II if you have already been granted an a | | | | 88 | | |
| | are filing for an Automatic 3-Month Extension, compl | | | y mea (5.111 555 | ,,, | | |
| Part II | Additional (Not Automatic) 3-Month I | | | original (no i | conies | neede | 4/ |
| Type or | Name of exempt organization | <u> </u> | or rance only me are | | | | cation number |
| print | , and the same state of the sa | | | ' | -inploy. | or identification | cation number |
| File by the | HORACE G. FRALIN CHARITA | ARLE TRI | IST | | 5/1 – 1 | 50950 | 15 |
| extended | Number, street, and room or suite no. If a P.O. bo | | | <u></u> | J4 I | <u> </u> | |
| due date for | P.O. BOX 29600 | x, see mande | ions | | | | |
| filing your return See | City, town or post office, state, and ZIP code For | a foreign addr | ass soo instructions | | | | |
| instructions | † | 7A 24018 | | | | | |
| - | THOUSE THE PROPERTY OF THE PRO | A 24010 | · | | | | |
| Enter the F | Return code for the return that this application is for (file | a separate app | blication for each return) | | | | 04 |
| Applicat | tion | Return | Application | | | | Return |
| Is For | | Code | Is For | | | | Code |
| Form 99 | 0 | 01 | | | | - | |
| Form 99 | IO-BL | 02 | Form 1041-A | | | , | 08 |
| Form 99 | 0-EZ | 03 | Form 4720 | | - | | 09 |
| Form 99 | 00-PF | 04 | Form 5227 | | | | 10 |
| Form 99 | 00-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 99 | 00-T (trust other than above) | 06 | Form 8870 | | | - | 12 |
| STOP! Do | not complete Part II if you were not already granted | an automatic | 3-month extension on a p | reviously filed | Form 8 | 3868. | <u> </u> |
| | THE TRUST | | | | | | |
| | PO BOX 29600 | | | | | | |
| The bo | oks are in the care of ▶ ROANOKE | | | | | VA | 24018 |
| Teleph | none No ▶ 540-776-7444 | FAX No | • | | | | |
| • If the o | organization does not have an office or place of busines | s in the United | States, check this box | | | | ▶ □ |
| • If this | is for a Group Return, enter the organization's four digit | Group Exempt | ion Number (GEN) | If this is | | | |
| | | | p, check this box | ▶ and att | ach a | | |
| list with the | e names and EINs of all members the extension is for | | | _ | | | |
| 4 I rec | quest an additional 3-month extension of time until 1 | 1/15/11 | | | | | |
| 5 For | calendar year 2010, or other tax year beginning | ng | , and ending | | | | |
| 6 If the | e tax year entered in line 5 is for less than 12 months, cl Change in accounting period | neck reason | Initial return | Final return | | | |
| 7 Stat | e in detail why you need the extension | | | | | | |
| | DDITIONAL TIME IS NEEDED TO | GATHER | INFORMATION. | ONE K-1 | WIT | 'H HIS | STORICALLY |
| | GNIFICANT ACTIVITY HAS NOT | | | | | | |
| | | | | | | | |
| 8a If th | is application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, enter | the tentative tax, less any | | T | | |
| | refundable credits. See instructions | • | , | | 8a | \$ | 15,100 |
| b If th | is application is for Form 990-PF, 990-T, 4720, or 6069, | enter any refu | ndable credits and | | | | |
| | mated tax payments made Include any prior year overp | • | | | | | |
| amo | ount paid previously with Form 8868 | | • | | 8b | \$ | 15,100 |

Signature and Verification

Under penalties of penjury, 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 the best of my knowledge and belief, it is true, correct, and complete, and the best of my knowledge and belief, it is

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

Title ▶

(o-Trustee

8c