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Form **990-PF**

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

Internal Revenue Service Note. The foundation may be	e able to use a copy of this		rting requirements.	
For calendar year 2010, or tax year beginning		, and ending	<u> </u>	
G Check all that apply:		ormer public charity	Final retur	n
Amended return	Address change	ge L	Name change	<u> </u>
Name of foundation			A Employer identificatio	n number
m		170	FC 105050	,
THE SYLVESTER FAMILY			56-1950780	<u>. </u>
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	100
PO BOX 295			910-324-13	
City or town, state, and ZIP code			C If exemption application is	
RICHLANDS, NC 28574			D 1. Foreign organization 2. Foreign organizations m check here and attach c	IS, CRECK RETE
H Check type of organization: X Section 501(c)(3) ex	•		check here and attach o	omputation
	Other taxable private founda		E If private foundation st	
Fair market value of all assets at end of year J Accounting		Accrual	under section 507(b)(1	
(from Part II, col (c), line 16)	her (specify)	haere I	F If the foundation is in a	
Part Analysis of Revenue and Expenses			under section 507(b)(1	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	348,988.		N/A	(cash basis only)
1 Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B	340,300.		N/A	-
interest on savings and temporary				·-
cash investments Dividends and interest from securities	72,207.	72,207.		STATEMENT 1
5a Gross rents	72,207	72,207.		DIMITMENT I
Net rental income or (loss)				
62 Net gain or (loss) from sale of assets not on line 10	16,055.			
b assets on line fa	20,033.			
b Gross sales price for all assets on line 6a 1,007,982. 7 Capital gain net income (from Part IV, line 2)		16,055.		
8 Net short-term capital gain	<u>-</u> .			
	1			
9 Income modifications RECEIVED 10a Gross sales less returns RECEIVED and allowances				
D Less Cost of goods sold				
c Gross profit of Abss) MAY 19 2011 C				
11 Other income	59.	59.		STATEMENT 2
12 Total Add lines 1 through 1 - 2 1 1 1	437,309.	88,321.		
13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
14 Other employee salaries and wages				
Pension plans, employee benefits				
Ψ l 16a enal tees				ļ
b Accounting fees STMT 3	16,211.	12,159.		4,052.
c Other professional fees		24.0		
9 17 Interest	313.	313.		0.
b Accounting fees STMT 3 c Other professional fees 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	2,544.	2,544.		0.
19 Depreciation and depletion	-		 	
E 20 Occupancy				+
Z1 Travel, conferences, and meetings				
22 Printing and publications	-		-	
23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23				
24 Total operating and administrative	19,068.	15,016.		4 052
expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	199,088.	13,010.		4,052. 199,075.
26 Total expenses and disbursements.	133,013.			133,013.
Add lines 24 and 25	218,143.	15,016.		203,127.
27 Subtract line 26 from line 12:	210,143.	15,010.		203,121.
a Excess of revenue over expenses and disbursements	219,166.			
b Net investment income (if negative, enter -0-)	215,100.	73,305.		
c Adjusted net income (if negative, enter -0-)		,	N/A	
023501 12-07-10 LHA For Paperwork Reduction Act Notice, see	the instructions.	· · · · · · · · · · · · · · · · · · ·	<u>,</u>	Form 990-PF (2010)

For	m 99	0-PF (2010) THE SYLVESTER FAMILY FOU	NDATION INC.	56-	1950780 Page 2
Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	ı	Savings and temporary cash investments	43,191.	21,626.	21,626.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			<u> </u>
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	899.	124.	124.
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	3,493,833.	3,733,674.	<u>4,596,886.</u>
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe ► ACCRUED DIVIDENDS)	0.	2,209.	2,209.
_		Total assets (to be completed by all filers)	3,537,923.	3,757,633.	4,620,845.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe ►STATEMENT 6)	0.	544.	
		7		- 44	
_	23	Total liabilities (add lines 17 through 22)	0.	544.	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.	2 527 022	2 757 000	
Assets or Fund Balances	24	Unrestricted	3,537,923.	3,757,089.	
ala	25	Temporarily restricted			
ē	26	Permanently restricted			
Ę	•	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31			
6	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net/	1	Total net assets or fund balances	3,537,923.	3,757,089.	
Z	30	Total liet assets of fullu balances	3,331,323	3,131,003.	
	31	Total liabilities and net assets/fund balances	3,537,923.	3,757,633.	
Ξ			<u> </u>	3,737,033.1	
<u> </u>	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	3,537,923.
2	-	amount from Part I, line 27a		2	219,166.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	3,757,089.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	3,757,089.
					Form 990-PF (2010)

See the Part VI instructions.

	990-PF (FOUNDATI			10.101.)	56	<u>-195</u>	<u>0780</u>		Page 4
	t VI						Section 494			4940(e), o	r 4948	- see	instru	ıctio	ns)
1a	Exempt (operating f	foundations (here ➤ 📖 and e)	- 1	1			
			etermination				n copy of letter if ne							_	
			ons that mee	t the secti	on 4940(e) r	equirements in P	art V, check here		and enter 1	%	1	-		<u> </u>	<u>33.</u>
	•	, line 27b													
							rganizations enter 4°			ol. (b). ノ					_
			511 (domest	tic section	4947(a)(1) 1	rusts and taxable	e foundations only. (Others e	nter -0-)		2				0.
-		s 1 and 2									3_	-		<u> 7</u>	33.
							e foundations only.	Others e	enter -0-)		4	-			0.
			stment inco	me Subti	act line 4 fro	m line 3. If zero o	or less, enter -0-				5	-			33.
		Payments:						1.	1	0.04					
						credited to 2010		6a		899) •				
		-	anizations -			5		6b	 		_				
			cation for ex			Form 8868)		6c	 		_				
			g erroneousl					_6d			⊢ _			_	00
			ayments. Ad		-	~ <u>_</u>	1				7	+		8	<u>99.</u>
							If Form 2220 is att	acned			8	 			
						7, enter amount				· ·	9	 			<u> </u>
							amount overpaid		100	ا ما ا	10	+		T	66.
			tements			stimated tax			100	• Refunded	<u> </u>				0.
							al, state, or local legi	olation (or did it portio	unata ar intan	ana in		1	Yes	No
		tical campa		iiualiyii al	rembt to mu	terioe arry mations	ai, state, ur iucai iegi	Siation	טו טוט וו אַמוּ נוּנ	ipale of littery	ene m		1a	103	X
			_	uring the s	iaar (aithar d	rectly or indirect	ly) for political purpo	neae Iea	a inetriietiani	s for definition	١2		1b		X
							of the activities an						10		
						the activities	or the activities an	u copii	es or any me	ateriais publis	siled of				
		-	file Form 11			, the delivines							1c		x
					-	es (section 4955) imposed during th	e vear:							
							foundation manager		}	() .				
							r for political expend								
					0.										
		_				not previously b	een reported to the	IRS?					2		х
	If "Yes,	" attach a	detailed de	escriptioi	of the act	vities	•								
3	Has the	foundation	n made any c	hanges, n	ot previously	reported to the l	RS, in its governing	ınstrum	nent, articles	of incorporatio	n, or				
	bylaws,	or other si	mılar ınstrum	nents? <i>If</i> '	'Yes," attac	h a conformed	copy of the chang	ges					3	L	X
4a	Did the f	foundation	have unrelat	ted busine	ss gross inc	ome of \$1,000 or	more during the ye	ar?					4a		X
b	If "Yes,"	has it filed	a tax return	on Form 9	990-T for this	year?					1	A\V	4b		
5	Was the	re a liquida	ation, termina	ation, diss	olution, or se	ubstantial contrac	ction during the year	?					5		X
	If "Yes,	" attach ti	he statemei	nt requin	ed by Gene	ral Instruction 7	Γ								
6	Are the r	requiremer	nts of section	n 508(e) (ı	elating to se	ctions 4941 throi	ugh 4945) satisfied (either:							
	-		he governing	•	-										
	By sta	te legislati	on that effect	tively ame	nds the gove	rning instrument	so that no mandato	ry direc	tions that cor	offict with the s	tate law				
		-	verning instr										6	X	
						ny time during the	e year?						7	X	
			te Part II, co												
8a		e states to	which the fo	undation	reports or wi	th which it is regi	stered (see instructi	ons) 🕨	<u> </u>						
	NC_		=												
							Form 990-PF to the	Attorney	/ General (or	designate)					
						If "No," attach							8b	Х	
							nin the meaning of s				calendar				**
					-		Part XIV)? If "Yes,"						9		X
IU	vio any	persons be	ecome subst	<u>antial con</u>	uidutors dur	ing the tax year?	If "Yes," attach a sched	tule listing	g their names ai	nd addresses			10		X

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Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	_
	Website address ► N/A			
14	The books are in care of ▶ LEON W. SYLVESTER III Telephone no. ▶910-	324-1	106	
	Located at ►RICHLANDS, NC ZIP+4 ►	28574		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	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			
Pε	art 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	a 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?	o		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	l l		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X N			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
	(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)?	0		
	(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.)	0		
b	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)?	<u> 1b</u>		
	Organizations relying on a current notice regarding disaster assistance check here	J		
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	. !		
	before the first day of the tax year beginning in 2010?	10		_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)):			
8	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010? Yes X N	0		
	If "Yes," list the years ,,			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0.0	during the year?	,		
ŀ	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	,		
L	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)	. зь		
42	a 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	- 70		
-	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	46		Y

orm 990-PF (2010) THE SYLVESTER FAMILY FOU			<u>56-19507</u>	80 Page 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
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))?	Ye	s X No	1
(2) Influence the outcome of any specific public election (see section 4955); of	ectly,			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio				1 :
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f			1
the prevention of cruelty to children or animals?	or sassansnar perpesso, or r		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the excentions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru	·	ii riogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			-
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nod		
			. 🗀 🗤	
expenditure responsibility for the grant?		ī/A	s L No	1 1
If "Yes," attach the statement required by Regulations section 53.494.				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	┌	. .	
a personal benefit contract?		Ye	s X No	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	· · · · · · · · · · · · · · · · · · ·			7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<u>'</u>	
List all officers, directors, trustees, foundation managers and their	compensation.			
C.) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
LEON W. SYLVESTER JR.	DIRECTOR			
PO BOX 295]			
RICHLANDS, NC 28574	1.00	0.	0.	0.
JEON W. SYLVESTER III.	DIRECTOR			
PO BOX 295]			
RICHLANDS, NC 28574	1.00	0.	0.	0.
MARY S. HARGETT	DIRECTOR			
PO BOX 295				
RICHLANDS, NC 28574	1.00	0.	0.	0.
	j			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
() North and address of each annulation and many than CFO 000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				
	1			
· · ·				-
	1			
	1	1		
	1			
Total number of other employees paid over \$50,000	l			

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Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued)		
B Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		_
First I number of others recovered over \$50,000 for professional convect		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
N/A	<u>,</u>	
2		
3	· · · · · · · · · · · · · · · · · · ·	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0 . Form 990-PF (2010)
		101111 000-1 1 (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, see 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	3,403,965.
b	Average of monthly cash balances	1b	3,403,965. 95,369.
C	Fair market value of all other assets	1c	<u></u>
d	Total (add lines 1a, b, and c)	1d	3,499,334.
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	3,499,334.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	52,490.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,446,844.
6	Minimum investment return. Enter 5% of line 5	6	172,342.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certair	
1	Minimum investment return from Part X, line 6	1	172,342.
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.)	1	
C	Add lines 2a and 2b	2c	733.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	171,609.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	171,609.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	171,609.
P	art XII Qualifying Distributions (see 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	203,127.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	···
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
þ	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	203,127.
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	5	<u>733.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	202,394.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		round prior to 2000	2003	2010
line 7				171,609.
2 Undistributed income, if any, as of the end of 2010			······································	171,005.
a Enter amount for 2009 only			0.	
b Total for prior years:				-
·		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006				
c From 2007				
d From 2008 9,104.				
e From 2009				i
f Total of lines 3a through e	9,104.			
4 Qualifying distributions for 2010 from	J,104.		·	
Part XII, line 4: ► \$ 203, 127.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
•				<u> </u>
c Treated as distributions out of corpus	^			
(Election required - see instructions)	0.			151 600
d Applied to 2010 distributable amount	21 510			171,609.
e Remaining amount distributed out of corpus	31,518.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,622.			
b Prior years' undistributed income. Subtract	10/0220			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.			·	
Subtract lines 7 and 8 from line 6a	40,622.			
O Analysis of line 9:	±0,044•			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 9, 104.			;	
d Excess from 2009				
e Excess from 2010 31,518.				
0 E VOCO3 O 50 0				- 000 DF

	VESTER FAMI				50780 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2010, enter the date of t	he ruling	•		
b Check box to indicate whether the found	lation is a private operatin	ig foundation described if	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter			<u>.</u>		
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					-
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			if the founda	tion had \$5,000 or m	ore in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh year (but only if they have contributed n			ributions received t	by the foundation before the clo	se of any tax
SEE STATEMENT 7					
b List any managers of the foundation wh			or an equally large	portion of the ownership of a p	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE		<u> </u>		 .	
2 Information Regarding Contribut		•	-	daaa aab aaaaabaaal.a.ba.da.	
Check here X if the foundation of the foundation makes gifts, grants, etc.					
	·	· -		ons, complete items za, b, c, and	<u> </u>
a The name, address, and telephone num	der of the person to who	n applications should be	auuresseu.		
b The form in which applications should to	e submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
					. <u></u> <u></u>
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institution	s, or other factors:	
	- -				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
a Paid dunng the year				
SEE STATEMENT 8				
Total	··· ·	Т	▶ 3a	199,075
b Approved for future payment				
NONE				
Total			▶ 3b	0
023611 12-07-10			F	orm 990-PF (2010)

Form 990-PF (2010) THE SYLVESTER	FAMILY FO	UNDATION I	NC.	56-1	950780 Page 12
Part XVI-A Analysis of Income-Proc	lucing Activitie	s			
Enter gross amounts unless otherwise indicated.		usiness income (b)	Excluded by	y section 512 513 or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	Amount	sion code	(d) Amount	function income
•	COGE		1000	}	
ab	_				
	_				
C]				
d			 		
e	_		 		
g Fees and contracts from government agencies	_		 		
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash			 		
investments					
4 Dividends and interest from securities			14	72,207.	
5 Net rental income or (loss) from real estate:			<u> </u>	12,201.	
a Debt-financed property					 :
					· <u>-</u>
					
6 Net rental income or (loss) from personal					
property 7 Other investment income	900001	59.	 		
	300001	23.	<u> </u>		
8 Gain or (loss) from sales of assets other			18	16,055.	
than inventory Net income or (loss) from special events			10	10,055.	
10 Gross profit or (loss) from sales of inventory		<u> </u>	 		
10 Gloss profit of (loss) from sales of inventory					
ab			1		
			 		
c					• •
e	- 	59.		88,262.	0.
13 Total. Add line 12, columns (b), (d), and (e)			·1	13	88,321
(See worksheet in line 13 instructions to verify calculations	1				00,321
Part XVI-B Relationship of Activitie		nlishment of F	xempt Pi	ımoses	
Explain below how each activity for which in the foundation's exempt purposes (other the			a contributed	importantly to the accomp	DIISTIMENT OF
the foundation's exempt purposes (other tr	ian by providing lands	Tor Such purpossoy.			.
	•				
		<u>. </u>			
		•			
					_
					-
				•	
	_				
			-		

023621 12-07-10

Firm's name RSM MCGLADREY, /INC./
3120 WELLONS BLVD.

Firm's EIN ► 41-1944416

lying schedules and statements, and to the best of my knowledge and belief, it is true, correct,

Firm's address ► NEW BERN, NC 28562 Phone no. 252-638-5154

Form **990-PF** (2010)

Preparer

Use Only

Under penalties of

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

Employer identification number

T	HE SYLVESTER FAMILY FOUNDATION INC.	56-1950780
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 foundation	
	501(c)(3) taxable private foundation	
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more aplete Parts I and II	(in money or property) from any one
Special Rules		
509(a)(1) and 17(1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of th 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	•
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one obutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lite foruelty to children or animals. Complete Parts I, II, and III	
contributions for If this box is che purpose Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one of use exclusively for religious, charitable, etc., purposes, but these contributions did no cked, enter here the total contributions that were received during the year for an exclusively of the parts unless the General Rule applies to this organization because, contributions of \$5,000 or more during the year	not aggregate to more than \$1,000 clusively religious, chantable, etc.,
_	that is not covered by the General Rule and/or the Special Rules does not file Scheo	• • • • • • • • • • • • • • • • • • • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

THE	SYLVESTER	FAMILY	FOUNDATION	INC

56-1950780

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LEON W. SYLVESTER JR. PO BOX 295 RICHLANDS, NC 28574	\$348,988.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

THE SYLVESTER FAMILY FOUNDATION INC.

56-1950780

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	SHARES OF MANULIFE FINL CORP & CASH	-	
_		\$ <u>348,988.</u>	03/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- •	

Name of orga	anization	Employer identification number				
THE SV	LVESTER FAMILY FOUNDAT	TON INC	56-1950780			
Part III	Exclusively religious, charitable, etc., in	ndividual contributions to section e columns (a) through (e) and the ous, chantable, etc., contributions	on 501(c)(7), (8), or (10) organizations aggregating following line entry. For organizations completing s of			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee			
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	sfer of gift Relationship of transferor to transferee			

FORM 990-PF DIVIDEND	S AND	INTERI	EST	FROM	SECU	JRITIES	STATEMENT	1
SOURCE	(GROSS	AMO	UNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
FIRST CITIZENS BANK WELLS FARGO - 0132 WELLS FARGO - 1307 WELLS FARGO - 2717	_		5,	156. 113. 929. 588.		1,581. 0. 0.	33,5 5,1 23,9	13. 29.
WELLS FARGO - 2717 WELLS FARGO - 3679			9,	002.		0.	9,0	88. 02.
TOTAL TO FM 990-PF, PART I, I	.N 4		73,	788.		1,581.	72,2	07.
FORM 990-PF	ОТІ	HER IN	1COF	Œ			STATEMENT	2
DESCRIPTION		I	REV	A) ENUE BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
MERRILL LYNCH CLASS ACTION PR	OCEEDS				59.	59	•	
TOTAL TO FORM 990-PF, PART I,	LINE :	11			59.	59	•	<u> </u>
FORM 990-PF	ACC	OUNTIN	NG E	EES			STATEMENT	3
DESCRIPTION	(A EXPEN; PER B	SES		(B) INVE IT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES ADVISORY FEES		,022. ,189.			,017.		1,0	
TO FORM 990-PF, PG 1, LN 16B	16	,211.		12,	,159.		4,0	52.

FORM 990-PF	TAX	ES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO				
EXCISE TAXES FOREIGN TAXES	775. 1,769.		75. 69.	0.		
TO FORM 990-PF, PG 1, LN 18	2,544.	2,5	44.	0.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 5		
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE		
WACHOVIA SECURITIES FIRST CITIZENS		COST	2,815,230. 918,444.	3,521,909. 1,074,977.		
TOTAL TO FORM 990-PF, PART	II, LINE 13	<u>-</u>	3,733,674.	4,596,886.		
FORM 990-PF	OTHER LIA	BILITIES		STATEMENT 6		
DESCRIPTION			BOY AMOUNT	EOY AMOUNT		
ACCRUED FOREIGN TAXES		_	0.	544.		
TOTAL TO FORM 990-PF, PART	II, LINE 22	=	0.	544.		
FORM 990-PF	PART XV - L	INE 1A		STATEMENT 7		

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

LEON W. SYLVESTER JR. LEON W. SYLVESTER III.

MARY S. HARGETT

FORM 990-PF GRANTS PAID	STAT	STATEMENT 8	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
CROWN FINANCIAL MINISTRIES PO BOX 100 GAINSVILLE, GA 30503	NONE CHARITABLE	NONPROFIT	2,025.
FLOYD POND HOLINESS CHURCH	NONE CHARITABLE	CHURCH	1,000.
RICHLANDS UNITED METH CHURCH RICHLANDS, NC 28540	NONE CHARITABLE	CHURCH	160,000.
SWANSBORO METH CHURCH 665 WEST CORBETT AVENUE SWANSBORO, NC 28584	NONE CHARITABLE	CHURCH	25,050.
JARVIS MEMORIAL UNITED METHODIST CHURCH 510 S. WASHINGTON ST. GREENVILLE, NC 27858	NONE CHARITABLE	CHURCH	2,000.
CYSTIC FIBROSIS FOUNDATION	NONE CHARITABLE	NONPROFIT	1,000.
THE REFUGE	NONE CHARITABLE	NONPROFIT	3,000.
BROAD ST. CLINIC	NONE CHARITABLE	NONPROFIT	5,000.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		199,075.

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 $\triangleright \mathbf{X}$

If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	oration	
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	xtension	
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cei	rtaın	
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on ti	he elec	ctronic filing of this f	orm,	
visit wwv	v.irs gov/efile and click on e-file for Chanties & Nonprofits	l					
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)				
A corpor	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete			
Part I on!	ly				. •		
	corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time		
Type or	ype or Name of exempt organization					number	
print	MUE CVIVECMED EXMITY BOINTS	MT ON	TNO	_	EC 1050700		
File by the	THE SYLVESTER FAMILY FOUND			1 3	6-1950780		
due date for filing your		ee instruc	tions				
return See	PO BOX 295		I				
instructions	0.00, 10.000 0.000, 0.000, 0.000	oreign add	iress, see instructions				
	RICHLANDS, NC 28574						
C-4 4b-	Datum and for the ration that this application is for (file					0 4	
Enter the	Return code for the return that this application is for (file	e a separa	tte application for each return)			[0]4]	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	0	01	Form 990-T (corporation)			07	
	Form 990-BL 02 Form 1041-A					08	
Form 99		03	Form 4720			09	
	Form 990-PF 04 Form 5227					10	
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
1 01111 00	LEON W. SYLVES					1. 12	
• The b	ooks are in the care of RICHLANDS, NC		57 4				
	hone No ▶ 910-324-1106		FAX No. ▶				
	organization does not have an office or place of business	s in the Ur					
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole aroun o	heck this	
box ►	☐ If it is for part of the group, check this box ▶☐	•					
	equest an automatic 3-month (6 months for a corporation				COS THE CATCHOLOTTIS	101	
, ,,,	AUGUST 15, 2011 , to file the exemp		·		The extension		
us 1	for the organization's return for:				THE EXTENSION		
	X calendar year 2010 or						
	tax year beginning	. an	nd endina				
•					_		
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	son Initial return Fina	al retur	'n		
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	enter the tentative tax less any		<u> </u>		
	nrefundable credits. See instructions	J. 0000, 6		3a	 \$	733.	
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja		. , , , , ,	
	timated tax payments made. Include any prior year overp	•		3b	\$	899.	
	lance due. Subtract line 3b from line 3a Include your pa			Ī			
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	s	0.	
	. If you are going to make an electronic fund withdrawal v		······································	8879-	EO for payment inst		
	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re		

023841