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Form 990-PF

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

OMB No 1545-0052 **2010** 

Department of the Treasury Internal Revenue Service

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

For	alend	ar year 2010, or tax year beginning , a	and ending			_	
G C	heck a		turn of a former public ress change		e change	Final return	
		pundation			A Empl	loyer identification num -1951984	nber
		ckland Family Foundation  and street (or P O box number if mail is not delivered to street address	\ T p.	oom/suite		hone number (see page 1)	10 of the instructions)
		Box 2273	55)	on/suite		mption application is pen-	ding, check here
		n, state, and ZIP code			1	oreign organizations, chec	· ·
		tteville NC 28302			2. Fc	oreign organizations meet	ing the
H C	heck t	ype of organization 🕱 Section 501(c)(3) exempt private	foundation		85	% test, check here and a	ttach computation >
	Section	· · · · · · · · · · · · · · · · · · ·	e private foundation		-1	ate foundation status was	- I
		ket value of all assets at J Accounting method	X Cash Acc	rual		on 507(b)(1)(A), check he	
		ear (from Part II, col (c), Uther (specify)			1	foundation is in a 60-mor r section 507(b)(1)(B), che	<u> </u>
	e 16) <b>irt i</b>				under	3ection 307 (b)(1)(b), cit	
F	ai t i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Netir	ivestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	20,575			ė	
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch. B				R	CEIVED
	3	Interest on savings and temporary cash investments	18,091		18,091		
	4	Dividends and interest from securities				<u> </u>	0 6 2011
	5a	Gross rents	24,364		24,364	®  MA	0 6 2011 0
ne ne	b	Net rental income or (loss) 11,588	<u></u>				(y)
Revenue	6a	Net gain or (loss) from sale of assets not on line 10				003	PEN, UT
é	b	Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)	<del></del>		0	······	
Ľ	7   8	Net short-term capital gain				0	
	9	Income modifications	<u> </u>				
	10a	Gross sales less returns & allowances					
	Ь	Less Cost of goods sold	3 11 - 1 - 1 11 1 1 1 1 1 1 1 1 1 1 1 1		111111111111111111111111111111111111111		
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 1	33				
	12	Total. Add lines 1 through 11	63,063		42,455	0	
Ś	13	Compensation of officers, directors, trustees, etc.	0				
penses	14	Other employee salaries and wages		<u>-</u>			
pe	15	Pension plans, employee benefits	ļ	<u> </u>			
Ä	16a	Legal fees (attach schedule)  Accounting fees (attach schedule)  Stmt 2	2,252	l			
and Administrative E	b c	Other professional fees (attach schedule)	2,232				
ati	17	Interest					
ist	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 3	4,213				
Ë	19	Depreciation (attach schedule) and depletion Stmt 4	8,278				
þ	20	Occupancy	12,776		12,776		
and A	21	Travel, conferences, and meetings					
an	22	Printing and publications					
<b>E</b> D	23	Other expenses (att sch) Stmt 5	42	ļ			
atiı	24	Total operating and administrative expenses.			10 554		,
Operating		Add lines 13 through 23	27,561		12,776	<u> </u>	31,450
ŏ	25	Contributions, gifts, grants paid	31,450 59,011	***********	12,776	<u> </u>	
	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	39,011	<del> </del>	12,110		, 31,450
Operating	a a	Excess of revenue over expenses and disbursements	4,052			<b>‡</b>	
)	a	Net investment income (if negative, enter -0-)	1,032	<del>                                     </del>	29,679		
•	C	Adjusted net income (if negative, enter -0-)	<del></del>	<b></b>	<del>'</del>	C	
		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					· · · · · · · · · · · · · · · · · · ·

Fo	m 990	O-PF(2010) Strickland Family Foundation	56-195198	4	Page 2
-	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
_	raiti	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			
١	2	Savings and temporary cash investments	68,358	29,346	29,346
	3	Accounts receivable ▶		İ	
		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		İ	
		disqualified persons (attach schedule) (see page 15 of the			
		instructions)			
	7	Other notes and loans receivable (att schedule) ► See Wrk 346,545			
		Less allowance for doubtful accounts ▶ 0	300,061	346,545	346,545
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
4	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
í	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 240,703			
		Less accumulated depreciation (attach sch) ► Stmt 6 39,620	209,361	201,083	240,703
	15	Other assets (describe ► See Statement 7 )		4,000	4,000
	16	Total assets (to be completed by all filers—see the			
4		instructions Also, see page 1, item I)	577,780	580,974	620,594
ı	17	Accounts payable and accrued expenses			
Š	18	Grants payable	-		
Liabilities	19	Deferred revenue			
į	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )	<u> </u>		
_	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ë		and complete lines 24 through 26 and lines 30 and 31.	<u> </u>		
an	24	Unrestricted			
ä	25	Temporarily restricted			,
9	26	Permanently restricted			
Ě		Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31.			
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·			
ō	27	Capital stock, trust principal, or current funds	-		
əte	28	Paid-in or capital surplus, or land, bldg, and equipment fund	577 700		
SS	29	Retained earnings, accumulated income, endowment, or other funds	577,780	580,974	
ď	30	Total net assets or fund balances (see page 17 of the	E 77 700	E00 074	
흦	١	instructions)	577,780	580,974	
_	31	Total liabilities and net assets/fund balances (see page 17	E77 700	E00 074	
_	<b>D</b> = 144	of the instructions)	577,780	580,974	
	Part	·····		·	<del> </del>
1		I net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	ist agree with		E77 70/
		of-year figure reported on prior year's return)		1	577,780
		er amount from Part I, line 27a		2	4,052
		er increases not included in line 2 (itemize)		3	E01 03
		lines 1, 2, and 3		4	581,832 858
5	Dec	reases not included in line 2 (itemize) ▶ See Statement 8		_ 5	1 626

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

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(a) List and describe the	Losses for Tax on Investment kind(s) of property sold (e.g., real estate,	Income	(b) How acquired P—Purchase	(c) Date ac		(d) Date sold
<del>_</del>	e, or common stock, 200 shs MLC Co )		D—Donation	(mo , day	/, yr )	(mo , day, yr )
1a N/A						
<u>b</u>			<del> </del>			<u> </u>
d d						
e			<del>   </del>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis			or (loss) ) minus (g)
a			-		. , , , ,	· · · · · · · · · · · · · · · · · · ·
b		•				
С						
d						
е						
Complete only for assets showing gai	n in column (h) and owned by the found	dation on 12/31/	69	(I) G	aıns (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col(i) (j), if any			less than -0-) or om col (h))
a						
b						<u>,</u>
С						
_ d		<del> </del>				<del></del>
e				<u> </u>		
2 Capital gain net income or (net capita	I loss) If gain, also enter in Par If (loss), enter -0- in Par			2		
3 Net short-term capital gain or (loss) as	, , , , ,	_				
_	ımn (c) (see pages 13 and 17 of the ins	structions)				
If (loss), enter -0- in Part I, line 8  Part V Qualification Under	r Section 4940(e) for Reduced			3		
Was the foundation liable for the section 4 f "Yes," the foundation does not qualify u			base period?			Yes X No
1 Enter the appropriate amount in each	column for each year, see page 18 of t	the instructions	before making any en	tries		
(a)  Base period years  Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) of nonchantable-use ass	ets		(d) ribution ratio livided by col (c))
2009	24,1		581,			0.04162
2008	25,5		657,	838		0.03884
2007	25,6		530,			0.04825
2006	83,5		557,:			0.14991
2005	27,2	<u>U5</u>	504,	9/3	I	0.05387
2 Total of line 1, column (d)				2		0.33250
3 Average distribution ratio for the 5-year number of years the foundation has b		2 by 5, or by the	1	3		0.06650
4 Enter the net value of noncharitable-u	ise assets for 2010 from Part X, line 5			4		608,48
5 Multiply line 4 by line 3				5		40,46
6 Enter 1% of net investment income (1	I% of Part I line 27b)			6		29
7 Add lines 5 and 6				7		40,76
, , ad inico o dila o				, ,		
8 Enter qualifying distributions from Par	4 VII. 11 4			8		31,45

Form	990-PF (2010) Strickland Family Foundation 56-1951984		Pa	age <b>4</b>
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
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			<u> 594</u>
	here ▶ 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		!	594
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-			594
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 729			,
b	Exempt foreign organizations—tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c			
C				
d				729
7	Total Ground and paymonto 7 tag mod ou modgin or			123
8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-		135
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			133
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 135 Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	1	\/	AL.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No X
	participate or intervene in any political campaign?	1a		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			7,7
	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			
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
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		X
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		
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	X	
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	<u> </u>
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
8a	instructions) NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	X	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	90		<del>                                     </del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		Ī	1
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			-
	27)? If "Yes," complete Part XIV	9	<del> </del>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			<b>.</b>
	names and addresses	10	<u> </u>	<u> </u>
	F F	orm <b>99</b>	V-PF	(2010)

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

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)

Form 990-PF (2010)

X

3b

4a

N/A

Pack VII-8   Statements Regarding Activities for Which Form 4720 May Be Required (continued)		ckland Family Foundation		951984	· · · · · ·		Page 6
(1) Carry on propagands, or otherwise attempt to influence legislation (section 4495(c))?			<u>4720 May Be R</u>	equired (cont	inued)		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or undirectly, any contered provided a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, charitable, etc. organization described in section 508(s)(1), (2), or dection 490(g)(7) (see page 22 of the instructions)  (5) Provide for any purpose other than religious, charitable, etc. organizations, or educational purposes, for this pervention of cruelty to charitable, scientific, literary, or educational purposes, for this pervention of cruelty to charitable, scientific, literary, or educational purposes, for the prevention of cruelty to charitable, scientific, literary, or educational purposes, for this pervention of cruelty to charitable, scientific, literary, or educational purposes, for this pervention of cruelty to charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to the different services (see page 22 of the instructions)?  (a) If yes, attach the statement required by Regulations section 53 4945-5(d)  (b) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'yes, attach the statement required by Regulations section 53 4945-5(d)  (b) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If 'yes, attach the statement required by Regulations section 53 4945-5(d)  (b) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If 'yes is 6, file Form 8870  7b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Ves No  N/A 7b  In formation About Officers, Directors, Trustees, Foundation Managers, Highly Polat Employees, and Contractors  (a) Name and address of e	5a During the year did the fo	undation pay or incur any amount to.					
directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study or other similar purposes?  (4) Provide a grant to an individual for travel, study or other similar purposes?  (4) Provide a grant to an individual for travel, study or other similar purposes?  (5) Provide for any purpose control 4940(f(2)* (see page 22 of the instructions)  (6) Provide for any purpose chief than religious, charable, scientific, literary, or devicational purposes, or for the prevention of cruelty to chiefre or animals?  (7) If any names is "Yes" to Soll, (4), 6), day of the transactions fall to qualify under the exceptions described in Regulations section 53, 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  (8) If we answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  (9) If "Yes, a lither the statement required by Regulations section 53 4945-5(d)  (9) Did the foundation, during the year, reverse any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) If "Yes to So, fine Form 837.  (1) If "Yes to So, fine Form 837.  (1) If "Yes to So, fine Form 837.  (2) If "Yes to So, fine Form 837.  (3) No Bi If "Yes to So, fine Form 837.  (4) No Bi If "Yes to So, fine Form 837.  (5) If "Yes to So, fine Form 837.  (6) No Bi If "Yes to So, fine Form 837.  (7) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (b) If So, and energy (c) Compensation (fine) of payers and circuits in paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined only paying and defined				U Y	'es 🗶 No		
(3) Provide a grant to an organization ther than a chariable, let, or copenization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)° (see page 22 of the instructions)	(2) Influence the outcome	e of any specific public election (see section 4955), or	to carry on,			•	
(4) Provide a grant to an organization other than a Chartable, etc. organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)  (5) Provide for any purposes, or for the prevention of cruelty to children or animals?  b If any answers ""Se" to Self-(1-6), dad any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Ves" to Question 52(4), does the foundation claim exemption from the tax because it maintained expenditive responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  5a) bit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  5b) bit the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  5c) bit the foundation exceeds or have any net income attributable to the transaction?  7a) A ray time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  N/A 7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trusties, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) If the animal exception of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).  (c) Compensation  (d) Combination (explorations to pay and defined compensation (explorations to pay and defined compensation).  (e) Compensation (e) Compensation  (e) Compensation  (e) Compensation (e) Compensat	directly or indirectly, a	any voter registration drive?		<u></u>		-	
section 50/8(a/1), (2), or (3), or section 494(d)(2)? (see page 22 of the instructions)	(3) Provide a grant to an	individual for travel, study, or other similar purposes?		<b>∠</b> Y	'es 🔀 No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals?  b If any answer is "Yes" to \$4(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question \$4(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" is both the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average (in formation About Officers, Directors,	(4) Provide a grant to an	organization other than a charitable, etc., organization	described in			- 1	
purposes, or for the prevention of cruelty to children or animals?  If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  If "Yes, a statch the statement required by Regulations section 53 4945-5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes, a statch the statement required by Regulations section 53 4945-5(d)  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes, a statch the statement required by Regulations section 53 4945-5(d)  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustess, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (a) Name and address  (b) Tide, and errage foundation and expension of the instructions).  (b) Tide, and errage foundation and expension of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and errage foundation expensation of the instructions).  (b) Tide, and errage foundation expensation of the paid, enter device occurring to the instructions).  (e) Expense account, the paid of the instructions).  (b) Tide, and errage foundation expensation of the instructions).  (c) Compensation of the instructions.	section 509(a)(1), (2)	, or (3), or section 4940(d)(2)? (see page 22 of the inst	tructions)	Y	'es 🛛 No	1	
b If any answer is "Yes" to 5s(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5s(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes" attach the statement required by Regulations section 53 4945-5(d)  So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 5b. file Form 8870  If Yes, did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation with the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation with the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation with the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes, did the foundation during the year, pay premiums, directly or indirectly, to pay premiums  In Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (a) Name and address  (b) Tid, and everage to the instructions of the payon benefit plains and difficulty or payon benefit plains and difficulty or payon benefit plains and difficulty or payon benefit plains and difficulty or payon benefit plains and difficulty or payon benefit plains and difficulty or payon benefit plain	(5) Provide for any purpo	ose other than religious, charitable, scientific, literary, o	r educational			- 1	
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Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A	b If any answer is "Yes" to	5a(1)–(5), did any of the transactions fail to qualify und	ler the exceptions d	escribed in			
Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  N/A yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d)  Bid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation during the year, receive any funds, directly or indirectly, to a personal benefit contract?  If "Yes "Si No Is Form 83"0  A lart any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, irrustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average for the instructions (c) Compensation for Compensation of the highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Tide, and everage for the employee benefit pairs and deferred compensation of the highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (b) Tide, and everage for the employees paid over \$50,000	•				N/A	5b	
the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 8b, file Form 8870  A tain yiting during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Viii Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Titl, and average (c) Compensation (inch paid, enter visible places and entrylyce breeft (c) Compensation				,.	• m · l		
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f"Yes," attach the statement required by Regulations section 53 4945-5(d)   5a		•	om mo tax	N/A 🗆 v	es No		
5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 A riminary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average (infort paid, enter president paid and pa				-17-1-			
on a personal benefit contract?  b Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' 105, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part Vili Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Tide, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50.000  (b) Tide, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50.000  NONE  (b) Tide, and average hours per week devoted to position of the position of the instructions).  (c) Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (d) Contributions to employee therein paids average hours per week devoted to position of the position of employees devoted outpets about compensation of employees about compensation of the employees paid over \$50,000			av promiume			1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870 A 1 any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the Instructions).  (a) Name and address  (b) Tife, and average (c) Compensation (d) Compensation (dee page 23 of the instructions).  (e) Expense account, other displays the first of the page 22 of the instructions.  (a) Name and address  (b) Tife, and average (c) Compensation (d) Compen		-	ay premiums	г,	(a. 🗓 Na		
ff "Yes" to 6b, file Form 8870   Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes	•				es 🔼 No		v
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			ersonai benefit conti	ract /		60	<u> </u>
If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b				П,	, <del>v</del>		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average hours per week devoted to post on the instructions of the in	•					1	
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).  (a) Name and address  (b) Title, and average flours per week develed to position  Joseph Strickland  Progration  NC 28302  2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average flours per week develed to position  (c) Compensation  (d) Contributions to employee benefit plans and defired compensation  (e) Expense account, other allowances of exployee paid more than \$50,000  (b) Title, and average flours per week develed to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances of exployee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000							
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(a) Name and address   Converge week   Converg			(b) Title, and average	(c) Compensation		(a) Evp	once coccupt
Joseph Strickland Fayetteville President F.O. Box 2273 NC 28302  Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Expense account, other all		(a) Name and address	hours per week				
P.O. Box 2273  NC 28302  6.00  0  0  Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation (c) Compensation other allowances of the instructions to employee benefit plans and deferred compensation other allowances.			devoted to position	-0.7	compensation		
2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (other allowances)	Joseph Strickland	Fayetteville	President				
If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (or Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (for Compensation  (in Co	P.O. Box 2273	NC 28302	6.00	0	0		0
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If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (or Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (for Compensation  (in Co							
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If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (or Compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (for Compensation  (in Co	2 Componentian of five hi	ighost paid ampleyees (ather than those included a	n line 1 — see nag	o 23 of the instru	ctions)	<del></del>	
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Compensation  (h) Title, and average hours per week devoted to position  (h) Title	·	ignest-paid employees (other than those included o	ii iiile i — see pag	e 25 of the mistru	ctions <sub>j</sub> .		
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and adverage devoted to position  (c) Compensation  (e) Expense account, other allowances  (hours per week devoted to position  (b) Title, and adverage devoted to position  (c) Compensation  (d) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and adverage devoted to position  (hours per week devoted to position  (g) Expense account, other allowances  (hours per week devoted to position)  (hours per week devoted to position  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours per week devoted to position)  (hours pe	- Hone, enter Hortz.		<u></u>		(d) Contributions to		
NONE    devoted to position   plains and deterted compensation	(a) blaza and add	of h considerate and many than \$50,000		(a) Componentian		(e) Exp	ense account,
NONE  Total number of other employees paid over \$50,000  ■ 0	(a) Name and add	ress of each employee paid more than \$50,000		(c) Compensation		other	allowances
Total number of other employees paid over \$50,000 ▶ 0			<del>                                     </del>		compensation	<del>                                     </del>	
	NONE					}	
						—	
	<del></del>					<u> </u>	
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	-				[ *		
						1	
				<del> </del>		<b>†</b>	
	Total number of other employe	ses paid over \$50 000	<u> </u>	J	I		T 0
= 1000 115 (22.2	Total number of other employe	- Paid 0461 400,000					

Form 990-PF (20	on Strickland Family Foundation	56-1951984	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid Emp	oloyees,
3 Five highe	st-paid independent contractors for professional services (see page	23 of the instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			<del> </del>
·	<del></del>		
Total number of	others recovered over \$50,000 for preferenced population		<u> </u>
Part IX-A	others receiving over \$50,000 for professional services  Summary of Direct Charitable Activities		<u> </u>
	on's four largest direct chantable activities during the tax year. Include relevant statist d other beneficiaries served, conferences convened, research papers produced, etc.	cical information such as the number of	Expenses
1 N/A			
2			1
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	ne 24 of the instructions)	<u> </u>
***************************************	largest program-related investments made by the foundation during the tax year on		Amount
1 N/A			
2			
All other program	n-related investments. See page 24 of the instructions		
3	. •		

•

Total. Add lines 1 through 3

Form 990-PF (2010)

31,450

31,450

3a

3ь

4

5

6

Suitability test (prior IRS approval required)
Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Page	9

ra	tt Aili Unaistributea income	(see page 26 of t	ne instructions)	<del></del>	<del></del>	<del></del>
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part 3	XΙ,	Corpus	Years prior to 2009	2009	2010
	line 7	1				29,830
2	Undistributed income, if any, as of the er	nd of 2010	I			
а	Enter amount for 2009 only	<b>[</b>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····
b	Total for prior years 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2010				
а	From 2005				•	
b	From 2006	51,780	İ			
C	From 2007					
d	From 2008					
е	From 2009					
f	Total of lines 3a through e		51,780		-	
4	Qualifying distributions for 2010 from Pa	rt XII.				
	line 4 ▶ \$ 31,450	, i				
а	Applied to 2009, but not more than line 2	ta l				
	Applied to undistributed income of prior y	ī				
-	(Election required—see page 26 of the in	L L			<u> </u>  -	
c	Treated as distributions out of corpus (E	· r				
·	required—see page 26 of the instruction					
А	Applied to 2010 distributable amount	J,				29,830
	Remaining amount distributed out of cor	nue	1,620			
	•	· ·	1,020			
5	Excess distributions carryover applied to	F				
	(If an amount appears in column (d), the	same				
_	amount must be shown in column (a) )				1	
6	Enter the net total of each column as				İ	
	indicated below:		E2 400			
	Corpus Add lines 3f, 4c, and 4e Subtra		53,400			
b	Prior years' undistributed income Subtra	act			t }	
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib	outed			<u> </u>	
	income for which a notice of deficiency h					
	been issued, or on which the section 49-	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions	s				
е	Undistributed income for 2009 Subtract	line				
	4a from line 2a Taxable amount—see p	age				
	27 of the instructions					
f	Undistributed income for 2010 Subtract	lines			1	
	4d and 5 from line 1 This amount must	be			1	
	distributed in 2011		· :		1	0
7	Amounts treated as distributions out of o	corpus				
	to satisfy requirements imposed by sect	· .			1	
	170(b)(1)(F) or 4942(g)(3) (see page 27				1	
	instructions)					
8	Excess distributions carryover from 200	5 not				
•	applied on line 5 or line 7 (see page 27					
	instructions)				1	
9	Excess distributions carryover to 201	1			<del></del>	<del> </del>
3	Subtract lines 7 and 8 from line 6a	••	53,400			
10			33,400		<b>1</b>	<u> </u>
10	Analysis of line 9	E1 700			1	
a	Excess from 2006	51,780			<b>!</b>	
b	Excess from 2007					
C	Excess from 2008					
d	Excess from 2009				1	
<u>e</u>	Excess from 2010	1,620		1	<u> </u>	1

	rt XIV . Private Operating Fou			ructions and Part	VII-A guestion 9	
	If the foundation has received a ruling or				VII-74, question_5	
ıu	foundation, and the ruling is effective for			g		
b	Check box to indicate whether the foundation		-	hed in section 1	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	ung roundation descri	Prior 3 years	942(()(3) 01   434	
40	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for	(4) 2010	(5) 2000	(0, 2000	(2) 230.	
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
·	line 4 for each year listed		п			
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
е	Qualifying distributions made directly	·				
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c	n				
3	Complete 3a, b, or c for the	-				
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under	-				
	section 4942(j)(3)(B)(i)			<u></u>		
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed				<b>-</b> .	<del></del>
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section			1		
	512(a)(5)), or royalties)					
	(2) Support from general public					· <u>-</u>
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					<del> </del>
	(3) Largest amount of support from					
	an exempt organization (4) Gross investment income			<del></del>		
P:	ert XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or mor	e in assets at
1.4	any time during the y	•	•			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	_	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only	, if they have contribut	ed more than \$5,000)	(See section 507(d)(2	?) )	
	Joseph T. Strickland	d		<del> </del>		\$20,000
b	List any managers of the foundation who	own 10% or more of	the stock of a corporal	tion (or an equally larg	e portion of the	
	ownership of a partnership or other entit	y) of which the foundat	tion has a 10% or grea	ater interest		
	N/A					
2	Information Regarding Contribution, G				4	
		•	•	ble organizations and		
	unsolicited requests for funds. If the four		_	8 of the instructions) to	o individuals or	
	organizations under other conditions, co			ild be addressed		
a	The name, address, and telephone num  Joseph T. Strickland	•	• •	114 DE 4441E35E4		
	P.O. Box 2273 Fayet					
<u>_</u>	The form in which applications should be			ev should include		
Ŋ	Contact Individual					
	Any submission deadlines			<del>_`</del>	·	
•	None					
d	Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable f	fields, kinds of institution	ons, or other	
	factors	·				
	None			<u></u>		

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year 501(c)(3) New Vision 1281 Ringwood Rd Religious 1,200 Fayetteville NC 28312 School Holmes Bible College Religious 16,100 10 Paul Beacham Way Greenville SC 29609 Northwood Temple Church 4250 Ramsey Street Building Fund 11,000 Fayetteville NC 28311 Church Stedman PH church 2,500 P.O. Box 396 Religious Stedman NC 28391 Church Kings Court Ministries Religious 400 3851 Gillespie Street Fayetteville NC 28306 Church Bethany Church of God 7350 Maxwell Road Religious 250 Stedman NC 28391 31,450 ▶ 3a Total b Approved for future payment N/A **▶** 3b Total

Page **12** 

Part XVI-	Analysis of Income-Producing Ac	tivities				
	nounts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
	ervice revenue					the instructions)
			<del></del>	<u> </u>		
		·		<del>                                     </del>		
d		·		<del>                                     </del>		
f						
g Fees a	and contracts from government agencies					
2 Membersh	ip dues and assessments					
	savings and temporary cash investments		<u> </u>	14	18,091	
	and interest from securities			ļ		
	income or (loss) from real estate	<u> </u>		<b>!</b>		
	inanced property			33	11,588	
	bt-financed property income or (loss) from personal property			133	11,500	
	stment income			<del>                                     </del>		
	ss) from sales of assets other than inventory		- <del></del>			
•	e or (loss) from special events				-	
	fit or (loss) from sales of inventory					
11 Other reve	enue a					
	e Fee Income			16	33	
		-		-		
				<del> </del>		
e				<u> </u>	29,712	0
	Add columns (b), (d), and (e) I line 12, columns (b), (d), and (e)	ŧ	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>'</u>	13	29,712
	et in line 13 instructions on page 29 to verify calculat	ions )				
Part XVI-			nent of Exempt P	urpose	es	
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp instructions)					
N/A	matruotiona y					
			· <del>-</del>			
				<del></del>	····	
		<del></del>				
	· · · · · · · · · · · · · · · · · · ·			<del></del>		
	-	······································	<del></del>			··
					<u> </u>	
	<u> </u>					
					<del> </del>	
<del> </del>	<del></del>					
	I .					

Part )		Information Rega Exempt Organiza		insfers To and	Transactio	ns and Relationships Wi	ith Noncharitable		
1 Did				e in any of the follo	wing with any o	ther organization described		Yes	No
ın s	section 50	1(c) of the Code (other				ction 527, relating to political			
org	anızatıon	s?						1	
		m the reporting found	ation to a no	ncharitable exempt	t organization of		10	4	v
	Cash						1a		X
	Other as ner transa						1a	2)	<b>^</b>
		assets to a noncharita	able exempt	organization			1ь	(1)	х
(2)	Purchas	es of assets from a no	ncharitable i	exempt organizatio	n		1b	2)	X
(3)	Rental o	f facilities, equipment,	or other ass	ets			<u>1b</u>	(3)	X
(4)	Reimbur	sement arrangements					<u>1b</u>	(4)	X
(5)	Loans o	r Ioan guarantees					<u>1b</u>	(5)	X
(6)	Perform	ance of services or me	embership or	fundraising solicita	ations		<u>1b</u>	(6)	X
c Sh	aring of fa	icilities, equipment, m	ailing lists, of	ther assets, or paid	i employees		1	<u> </u>	X
d If t	he answe	r to any of the above is	s "Yes," com	plete the following	schedule Colu	nn (b) should always show the f	aır market		
val	ue of the	goods, other assets, o	r services gi	ven by the reportin	g foundation If	the foundation received less tha	n fair market		
val	ue in any	transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other assets, or serv	ices received		
(a) Li	ne no	(b) Amount involved	(c) Name (	of nonchantable exem	pt organization	(d) Description of transfers, tr	ansactions, and sharing arra	ingements	;
N/A									
								-	
<del> </del>									
	-					****			
		<del></del>							
			<del></del>						
de	scribed in	section 501(c) of the	Code (other			-exempt organizations n 527?		Yes 🔀	No [2
b If"		nplete the following so	nedule	(L) = -		(-1 P · · · ·	ation of solution—this		
37/		Name of organization		(b) Type of or	rganization	(c) Descri	ption of relationship		—
N/.	<u> </u>				**				
			<del></del>			· · ·	<del></del>		
		<del></del>							
							<del></del>		
Sign	Under pe	nalties of perjury, I declare s true, correct, and compli-	ete Declaratio	ramined this return, in n of preparer (other the	icluding accompar ian taxpayer or fidi	ying schedules and statements, and iciary) is based on all information of v	to the best of my knowledge which preparer has any know	and dedge	
Here	Sign	ature of officer or trustee	<u> </u>		Date	Title			
———⊥ Paid	PrintT	ype preparer's name		- 1	Preparer's signa		Date	Check	k rf
	WTTT	IAM TEMPLE AL	LEN. CP	a. I	**************************************	Chillian C. W. L.	04/27/		,,
use Onl				mple Aller	CPA.	P.A.	PTIN P010		6
•."	<b>'</b>			Center Dri			Firm's EIN ▶ 56-1		
			tevil		3304		Phone no 910-		

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

Strickland Family Foundation

Employer identification number

56-1951984

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	<b>X</b> 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule See			
General Rule				
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II			
Special Rules				
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under in 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts			
the year, aggregate co	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during intributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or or the prevention of cruelty to children or animals. Complete Parts I, II, and III			
the year, contributions aggregate to more tha year for an exclusively	), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during for use exclusively for religious, charitable, etc., purposes, but these contributions did not in \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ation because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.			
990-EZ, or 990-PF), but it mus	is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, st answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Page 1 of 1 of Part I

lame-of organization	

Strickland Family Foundation

Employer identification number

56-1951984

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOE STRICKLAND P O BOX 2273  FAYETTEVILLE NC 28302	s 20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b)	(c) Aggregate contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	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
NO.	Name, address, and ZIP + 4	\$	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
1795	Trumby Mastrood, Mild Ell 1 7	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(9) (10)

Totals

93 04/27/2011 1 48 PM						
Forms . 990-PF			Loans Receiv	able		2010
	For calendar year 2010, o	or tax year beginning		and ending		<u> </u>
Name					Employer Identi	fication Number
Strickland F	amily Foundatio	n	<del></del>		56-19519	84
Form 990-PF,	Part II, Line	7 - Additi	onal Informa	ation		
	Name of borrower			Relationship to disq	uslified nerson	
(1) Loans Rece				Relationship to disq	dailled person	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)				<del></del>		
(8)		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
(9) (10)						
						······································
Original amoun borrowed	nt Date of loan	Maturity date	Re	epayment terms		Interest rate
(1)						
(2)						
(3)				<del> </del>		
(4)						<del></del>
(5)						
(6)						
(7) (8)						
(9)						., .
(10)						
Se	curity provided by borrower			Purpose of	loan	
(1)	county provided by contower					
(0)						
(3)						
(4)				<u> </u>	******	<del></del>
(5)						
(6)						<del></del>
(7)						
(8) (9)		·-··	-			
(10)	<del></del>					
•						
Consider	ration furnished by lender		Balance due at beginning of year	Balance due at end of year		market value 990-PF only)
(1)			300,061	346,5	45	346,545
(2)						
(3)						·
(4)		<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>
(5)						
(6)	<del>.</del>			<del>  - · · · · · · · · · · · · · · · · </del>		
( <del>7</del> ) (8)						·
7~				<del></del>		

346,545

346,545

300,061

4/27/2011 1:48 PM Adjusted Net 4 Income Adjusted Net Charitable Charitable Purpose Purpose Income Ś Net Investment S Income Net Investment Adjusted Adjusted ncome Ś 158 841 1,538 **Current Year** Depreciation Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 1 - Form 990-PF, Part I, Line 11 - Other Income Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation Ś Statement 3 - Form 990-PF, Part I, Line 18 - Taxes ሪን 33 27.5 10 10 Revenue per Investment Investment Life Federal Statements Books Š S Method 1,052 1,200 2,252 4,213 4,213 S/IS/ITotal Total Lot 8 Hayes Park 308 Caleb-Improvements 12/31/99 8,410 7,569 1,286 13,850 Depreciation **Prior Year** ŝ Lot 8 Hayes Park-308 Caleb Dr MH 12/31/99 \$ 42,318 \$ Storage Building-308 Caleb Dr 11/08/01 1,575 Description Description 893 Strickland Family Foundation Basis Cost Indirect Taxes/Licenses Description Description Late Fee Income FYE: 12/31/2010 Acquired BOOKKEEPER 56-1951984 Total Total Total

# 893 Strickland Family Foundation 56-1951984 FYE: 12/31/2010

# Federal Statements

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Part	
990-PF, F	
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Form	
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Statement	

	Adjusted Net Income	<b></b>					\$
	Net Investment Income	<b></b>					\$
	Current Year Depreciation			3,195		2,546	8,278 \$
	Life	\$ O	0	27.5	0	27.5	<b>∽</b>
;	Method			S/L		S/L	
	Prior Year Depreciation	- Land		4,924 S,		3,713 S,	31,342
Description	Cost Basis	k-308 Caleb Dr 13,000 \$	anstone Way 9,760	Way 87,841	ola Drive 7,780	ve 70,019	240,703 \$
	Date Acquired	Lot 8 Hayes Park-308 Caleb Dr - Land 12/31/99 \$ 13,000 \$	Land - 6843 Bryanstone Way 6/12/08	6843 Bryanstone Way 6/12/08	Land - 222 Glenola Drive 7/30/08	222 Glenola Drive 7/30/08	Total

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- Form 990-PF, Part I, Line 23 - Other Expenses	ı
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Statement 5 -	l
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Description	\$	Expenses	Bank Fees	Total
Net Investment	<b>‹</b>		42	42 \$ 0
Adjusted Net	<b>‹</b>			\$
Charitable Purpose	W-			o o

### ### ##############################	umulated 39, 620 39, 620	Line 14 - Land, Building, and Equipment			
umulated 39, 620 39, 620	umulated 39, 620 39, 620	Federal Statements  The late of the late o	./27/2011 1:48 PM	Net FMV 240, 240, 240, 240, 240, 240, 240, 240,	
## Pulding, and Eccost / Basis   210, 163   30, 540   \$ 240, 703   \$ 2	Federal Statements   Statements	Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Ecost Basis   Satement 6 - Form 990-PF, Part II, Line 14 - Land, Building, Buildin	4	39, 39, 39, 39, 39, 39, 39, 39, 39, 39,	
	Federal State  990-PF, Part II, Line 14- Beginning Net Book \$ 178,821 30,540 \$ 209,361 \$	Statement 6 - Form 990-PF, Part II, Line 14- Statement 6 - Form 990-PF, Part II, Line 14- Beginning Net Book \$ 178,821 \$ 30,540 \$ 209,361 \$ 209,361	ments	End Cost / Basis 30, 540 \$ 240, 703	

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893 Strickland Family Foundation

56-1951984

## **Federal Statements**

4/27/2011 1:48 PM

FYE: 12/31/2010

Description	Beginning of Year	End of Year	 Fair Market Value
Deposit on Land	\$	\$ 4,000	\$ 4,000
Total	\$ 0	\$ 4,000	\$ 4,000

## Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 Amount
IRS	\$ 858
Total	\$ 858

893 Strickland Family Foundation

56-1951984

# **Federal Statements**

4/27/2011 1:48 PM

FYE: 12/31/2010

Name of Manager	Amount
Joseph T. Strickland	\$ 20,000
Total	\$ 20,000
Form 990-PF, Part XV, Line 2b - Application F	Format and Required Conte
Description	
Contact Individual named in 2a for details	<u> </u>
Form 990-PF, Part XV, Line 2c - Su	bmission Deadlines
Description	
None	
Form 990-PF, Part XV, Line 2d - Award F	Restrictions or Limitations
Total Control of the	

None

Form, 4562

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172
2010
Attachment 67

Name(s) shown on return

Strickland Family Foundation

Identifying number

	Strick	and Family	Foundation Foundation				<u> </u>	<u> 195</u>	1984
	ess or activity to which this form relates								
	ndirect Depreciat:		4 11 1 2	450					
Pa	' <del>'</del>		erty Under Section ty, complete Part V		ı com	plete P	art I.		
1	Maximum amount (see instruction		-,,p			.p	1	1	500,000
2	Total cost of section 179 property placed in service (see instructions)								
3	Threshold cost of section 179 property before reduction in limitation (see instructions)								2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-								,
5	Collar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								
6	(a) Description of property						lected cost		
					Î				
7	Listed property Enter the amount	from line 29		-	7				
8	otal elected cost of section 179 property. Add amounts in column (c), lines 6 and 7							8	
9	Tentative deduction Enter the smaller of line 5 or line 8							9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562							10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)							11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11							12	
13	Carryover of disallowed deduction			<u> </u>	13				
	: Do not use Part II or Part III below								
			nd Other Deprecia			<u>ude list</u>	ed prope	erty.)	(See instructions)
14	Special depreciation allowance for		ther than listed property	placed in ser	vice				
	during the tax year (see instruction	•						14	
15	Property subject to section 168(f)(	•						15	000
<u> 16</u>	Other depreciation (including ACR		1 2 4 1					16	999
۲۶	rt III MACRS Depreciat	ion (Do not incli	ude listed property. Section A	) (See instr	uction	<u>18.)</u>			· · · · · · · · · · · · · · · · · · ·
47	MACDS deductions for exacts als			010				17	7,279
17 40	MACRS deductions for assets pla							-17	1,213
18	If you are electing to group any assets p		rvice During 2010 Tax \					stem	
		(b) Month and year	(c) Basis for depreciation	- <del> </del>	Ī	.a. bop.o			
	(a) Classification of property	placed in service	(business/investment use only-see instructions)		(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	[			<u> </u>				
<u>b</u>	5-year property	·			ļ				
<u> </u>	7-year property	<u> </u>			ļ				
<u>d</u>	10-year property	ł			1				
<u>е</u>	15-year property	-			<u> </u>				
<u> </u>	20-year property	Į.		05	<del> </del> -		C#		<u> </u>
g_	25-year property			25 yrs	<del>                                     </del>		S/L		
n	Residential rental property			27 5 yrs	1	MM	S/L		
<del></del>	<del></del>	-		27 5 yrs	<del>1                                    </del>	MM MM	S/L		
i	Nonresidential real property			39 yrs	_	MM	S/L S/L	· · · · -	
_	<u> </u>	L seate Placed in Son	l rice During 2010 Tax Ye	ar Using the				vster	ln
 20a	Class life	1	lee burning 2010 14x 10	di Osing tile i	T	тиче верг	S/L	,,0.0.	
		1		12 yrs	<del> </del>		S/L		
	12-year 40-year		<del> </del>	12 yrs	<del>                                     </del>	MM	S/L	·	
	urt IV Summary (See ins	tructions \	. <u> </u>	40 yrs	I.	I A 11 A 1			I
<u> </u>	Listed property Enter amount from				•			21	
21 22	Total. Add amounts from line 12,		lines 19 and 20 in colum	n (a) and line	21 Fo	ter here			
	and on the appropriate lines of yo	-				C. Hele		22	8,278
23	For assets shown above and place	·	· ·		$\Box$				
	portion of the basis attributable to	-	ino outront year, enter th	-	23				
	Paradia de la companio de la compani				, 1				A