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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

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 calendar year 2010, or tax year beginning

, and ending

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

SOUTHERN BANK FOUNDATION

A Employer identification number

56-2002871

Number and street (or P O box number if mail is not delivered to street address)

P.O. BOX 729

Room/suite

B Telephone number

(919) 658-7007

City or town, state, and ZIP code

MOUNT OLIVE, NC 28365-0729

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at end of year  
(from Part II, col. (c), line 16)

\$ 10,607,200. (Part I, column (d) must be on cash basis)

J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify)C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

#### Part 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).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received

N/A

2 Check ☒ if the foundation is not required to attach Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

834,522.

763,576.

STATEMENT 1

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

&lt;126,621.&gt;

b Gross sales price for all assets on line 6a 54,607.

7 Capital gain net income (from Part IV, line 2)

0.

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

12 Total. Add lines 1 through 11

707,901.

763,576.

13 Compensation of officers, directors, trustees, etc

0.

0.

0.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees

STMT 2

444.

0.

0.

b Accounting fees

STMT 3

6,443.

0.

0.

c Other professional fees

17 Interest

8,628.

0.

0.

18 Taxes

STMT 4

57,814.

0.

0.

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

24 Total operating and administrative expenses. Add lines 13 through 23

73,329.

0.

0.

25 Contributions, gifts, grants paid

358,100.

358,100.

26 Total expenses and disbursements. Add lines 24 and 25

431,429.

0.

358,100.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

276,472.

b Net investment income (if negative, enter -0-)

763,576.

c Adjusted net income (if negative, enter -0-)

N/A

674 10 ne

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

|                                    |                                                                                                                               | Beginning of year | End of year    |                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                    |                                                                                                                               | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>                      | 1 Cash - non-interest-bearing                                                                                                 | 532,059.          | 188,884.       | 188,885.              |
|                                    | 2 Savings and temporary cash investments                                                                                      |                   |                |                       |
|                                    | 3 Accounts receivable ▶                                                                                                       |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶                                                                                       |                   |                |                       |
|                                    | 4 Pledges receivable ▶                                                                                                        |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶                                                                                       |                   |                |                       |
|                                    | 5 Grants receivable                                                                                                           |                   |                |                       |
|                                    | 6 Receivables due from officers, directors, trustees, and other disqualified persons                                          |                   |                |                       |
|                                    | 7 Other notes and loans receivable ▶                                                                                          |                   |                |                       |
|                                    | Less: allowance for doubtful accounts ▶                                                                                       |                   |                |                       |
|                                    | 8 Inventories for sale or use                                                                                                 |                   |                |                       |
|                                    | 9 Prepaid expenses and deferred charges                                                                                       |                   |                |                       |
|                                    | 10a Investments - U.S. and state government obligations                                                                       |                   |                |                       |
|                                    | b Investments - corporate stock <b>STMT 5</b>                                                                                 | 11,569,941.       | 11,388,713.    | 10,418,315.           |
|                                    | c Investments - corporate bonds                                                                                               |                   |                |                       |
| <b>Liabilities</b>                 | 11 Investments - land, buildings, and equipment: basis ▶                                                                      |                   |                |                       |
|                                    | Less: accumulated depreciation ▶                                                                                              |                   |                |                       |
|                                    | 12 Investments - mortgage loans                                                                                               |                   |                |                       |
|                                    | 13 Investments - other                                                                                                        |                   |                |                       |
|                                    | 14 Land, buildings, and equipment: basis ▶                                                                                    |                   |                |                       |
|                                    | Less: accumulated depreciation ▶                                                                                              |                   |                |                       |
|                                    | 15 Other assets (describe ▶)                                                                                                  |                   |                |                       |
|                                    | 16 <b>Total assets</b> (to be completed by all filers)                                                                        | 12,102,000.       | 11,577,597.    | 10,607,200.           |
|                                    | 17 Accounts payable and accrued expenses                                                                                      |                   |                |                       |
|                                    | 18 Grants payable                                                                                                             |                   |                |                       |
| <b>Net Assets or Fund Balances</b> | 19 Deferred revenue                                                                                                           |                   |                |                       |
|                                    | 20 Loans from officers, directors, trustees, and other disqualified persons                                                   |                   |                |                       |
|                                    | 21 Mortgages and other notes payable                                                                                          | 980,713.          | 179,838.       |                       |
|                                    | 22 Other liabilities (describe ▶)                                                                                             |                   |                |                       |
| <b>Net Assets or Fund Balances</b> | 23 <b>Total liabilities</b> (add lines 17 through 22)                                                                         | 980,713.          | 179,838.       |                       |
|                                    | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/> |                   |                |                       |
|                                    | 24 Unrestricted                                                                                                               |                   |                |                       |
|                                    | 25 Temporarily restricted                                                                                                     |                   |                |                       |
|                                    | 26 Permanently restricted                                                                                                     |                   |                |                       |
|                                    | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>   |                   |                |                       |
|                                    | 27 Capital stock, trust principal, or current funds                                                                           | 4,631,719.        | 4,631,719.     |                       |
|                                    | 28 Paid-in or capital surplus, or land, bldg., and equipment fund                                                             | 0.                | 0.             |                       |
|                                    | 29 Retained earnings, accumulated income, endowment, or other funds                                                           | 6,489,568.        | 6,766,040.     |                       |
|                                    | 30 <b>Total net assets or fund balances</b>                                                                                   | 11,121,287.       | 11,397,759.    |                       |
|                                    | 31 <b>Total liabilities and net assets/fund balances</b>                                                                      | 12,102,000.       | 11,577,597.    |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                                 |   |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30<br>(must agree with end-of-year figure reported on prior year's return) | 1 | 11,121,287. |
| 2 Enter amount from Part I, line 27a                                                                                                                            | 2 | 276,472.    |
| 3 Other increases not included in line 2 (itemize) ▶                                                                                                            | 3 | 0.          |
| 4 Add lines 1, 2, and 3                                                                                                                                         | 4 | 11,397,759. |
| 5 Decreases not included in line 2 (itemize) ▶                                                                                                                  | 5 | 0.          |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                         | 6 | 11,397,759. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|----------------------------------|
| <b>1a CAPITAL BANK STOCK</b>                                                                                                       | <b>P</b>                                         | <b>VARIOUS</b>                       | <b>VARIOUS</b>                   |
| b                                                                                                                                  |                                                  |                                      |                                  |
| c                                                                                                                                  |                                                  |                                      |                                  |
| d                                                                                                                                  |                                                  |                                      |                                  |
| e                                                                                                                                  |                                                  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <b>a 54,607.</b>      |                                            | <b>181,228.</b>                                 | <b>&lt;126,621.&gt;</b>                      |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>a</b>                  |                                      |                                                 | <b>&lt;126,621.&gt;</b>                                                                         |
| b                         |                                      |                                                 |                                                                                                 |
| c                         |                                      |                                                 |                                                                                                 |
| d                         |                                      |                                                 |                                                                                                 |
| e                         |                                      |                                                 |                                                                                                 |

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7 } **2** **<126,621.>**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  
If gain, also enter in Part I, line 8, column (c).  
If (loss), enter -0- in Part I, line 8 { } **3** **N/A**

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2009                                                                 | 319,310.                                 | 7,108,946.                                   | .044917                                                     |
| 2008                                                                 | 329,988.                                 | 7,931,234.                                   | .041606                                                     |
| 2007                                                                 | 486,434.                                 | 9,914,222.                                   | .049064                                                     |
| 2006                                                                 | 366,540.                                 | 8,983,725.                                   | .040800                                                     |
| 2005                                                                 | 415,964.                                 | 8,524,372.                                   | .048797                                                     |

|                                                                                                                                                                                |   |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | .225184    |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | .045037    |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5                                                                                                 | 4 | 9,620,915. |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 433,297.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 7,636.     |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 440,933.   |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 358,100.   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|                                                                                                                                                                                                                                        |    |         |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    | 1       | 15,272. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                      |    |         |         |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).                                                                                                             |    | 2       | 0.      |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                            |    | 3       | 15,272. |
| 3 Add lines 1 and 2                                                                                                                                                                                                                    |    | 4       | 0.      |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                          |    | 5       | 15,272. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                              |    |         |         |
| 6 Credits/Payments:                                                                                                                                                                                                                    |    |         |         |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010                                                                                                                                                                    | 6a | 11,252. |         |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                                | 6b |         |         |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                  | 6c | 5,000.  |         |
| d Backup withholding erroneously withheld                                                                                                                                                                                              | 6d |         |         |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                  | 7  | 16,252. |         |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                                         | 8  | 82.     |         |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                        | 9  |         |         |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                           | 10 | 898.    |         |
| 11 Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> 898. Refunded <input type="checkbox"/> 0.                                                                                                | 11 | 0.      |         |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                   |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?<br>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. |     | X  |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                    |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.                                                                                                                  |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.                                                                                                                                                                    |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                           | 2   | X  |
| 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  | X  |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                     | 5   | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?<br>If "Yes," complete Part II, col. (c), and Part XV                                                                                                                                                                                                    | 7   | X  |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NC                                                                                                                                                                                                         |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                             | 8b  | X  |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                    | 9   | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                     | 10  | X  |

**Part 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?<br>Website address ► <u>N/A</u>                                                                                                                                                                                          | 13 | X   |         |
| 14 | The books are in care of ► <u>DAVID BEAN</u> Telephone no. ► <u>919-658-7007</u><br>Located at ► <u>121 EAST MAIN STREET, MOUNT OLIVE, NC</u> ZIP+4 ► <u>28365</u>                                                                                                                                                                           |    |     |         |
| 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<br>► 15 <u>N/A</u>                                                                                                                                       |    |     |         |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>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 ► | 16 | Yes | No<br>X |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                                                 | No   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------|
| 1a During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |      |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| 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)?<br>Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                      | N/A                                                                 | 1b   |
| 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?                                                                                                                                                                                                                                                                                                        |                                                                     | 1c 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)):                                                                                                                                                                                                                                                                                                                 |                                                                     |      |
| 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?<br>If "Yes," list the years ►                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| 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.)                                                                                                                                                                                      | N/A                                                                 | 2b   |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.<br>►                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |      |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |      |
| b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) | N/A                                                                 | 3b   |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | 4a X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?                                                                                                                                                                                                                                                              |                                                                     | 4b X |

Form 990-PF (2010)

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b 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 instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c 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).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b 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

1 List all officers, directors, trustees, foundation managers and their compensation.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| SEE STATEMENT 6      |                                                           | 0.                                        | 0.                                                                    | 0.                                    |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |
|                      |                                                           |                                           |                                                                       |                                       |

2 Compensation of five highest-paid employees (other than those included on line 1). 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 |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

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

0



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                             |           |            |
|----------|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |           |            |
| <b>a</b> | Average monthly fair market value of securities                                                             | <b>1a</b> | 9,792,123. |
| <b>b</b> | Average of monthly cash balances                                                                            | <b>1b</b> | 155,141.   |
| <b>c</b> | Fair market value of all other assets                                                                       | <b>1c</b> |            |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)                                                                       | <b>1d</b> | 9,947,264. |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> | 0.         |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets                                                        | <b>2</b>  | 179,838.   |
| <b>3</b> | Subtract line 2 from line 1d                                                                                | <b>3</b>  | 9,767,426. |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | <b>4</b>  | 146,511.   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 9,620,915. |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | <b>6</b>  | 481,046.   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                           |           |          |
|-----------|-----------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Minimum investment return from Part X, line 6                                                             | <b>1</b>  | 481,046. |
| <b>2a</b> | Tax on investment income for 2010 from Part VI, line 5                                                    | <b>2a</b> | 15,272.  |
| <b>b</b>  | Income tax for 2010. (This does not include the tax from Part VI.)                                        | <b>2b</b> | 7,776.   |
| <b>c</b>  | Add lines 2a and 2b                                                                                       | <b>2c</b> | 23,048.  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | 457,998. |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions                                                 | <b>4</b>  | 0.       |
| <b>5</b>  | Add lines 3 and 4                                                                                         | <b>5</b>  | 457,998. |
| <b>6</b>  | Deduction from distributable amount (see instructions)                                                    | <b>6</b>  | 0.       |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | 457,998. |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                   |           |          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                        |           |          |
| <b>a</b> | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                     | <b>1a</b> | 358,100. |
| <b>b</b> | Program-related investments - total from Part IX-B                                                                                | <b>1b</b> | 0.       |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                         | <b>2</b>  |          |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                              |           |          |
| <b>a</b> | Suitability test (prior IRS approval required)                                                                                    | <b>3a</b> |          |
| <b>b</b> | Cash distribution test (attach the required schedule)                                                                             | <b>3b</b> |          |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                 | <b>4</b>  | 358,100. |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | <b>5</b>  | 0.       |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                             | <b>6</b>  | 358,100. |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2009 | (c)<br>2009 | (d)<br>2010 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2010 from Part XI, line 7                                                                                                                       |               |                            |             | 457,998.    |
| 2 Undistributed income, if any, as of the end of 2010                                                                                                                      |               |                            |             |             |
| 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                                                                                                                                                                | 8,778.        |                            |             |             |
| d From 2008                                                                                                                                                                |               |                            |             |             |
| e From 2009                                                                                                                                                                | 4,749.        |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 13,527.       |                            |             |             |
| 4 Qualifying distributions for 2010 from Part XII, line 4: ► \$                                                                                                            | 358,100.      |                            |             |             |
| a Applied to 2009, but not more than line 2a                                                                                                                               |               |                            | 0.          |             |
| b Applied to undistributed income of prior years (Election required - see instructions)                                                                                    |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2010 distributable amount                                                                                                                                     |               |                            |             | 358,100.    |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))                                         | 13,527.       |                            |             | 13,527.     |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                          | 0.            |                            |             |             |
| b Prior years' undistributed income. Subtract 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                                                              |               |                            |             | 86,371.     |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)                                                     | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2005 not applied on line 5 or line 7                                                                                                 | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2006                                                                                                                                                         |               |                            |             |             |
| b Excess from 2007                                                                                                                                                         |               |                            |             |             |
| c Excess from 2008                                                                                                                                                         |               |                            |             |             |
| d Excess from 2009                                                                                                                                                         |               |                            |             |             |
| e Excess from 2010                                                                                                                                                         |               |                            |             |             |







**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

|          |                                                                                                                                                                                                                                                                                                                                                                                              | Yes   | No |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                          |       |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                           |       |    |
|          | (1) Cash                                                                                                                                                                                                                                                                                                                                                                                     | 1a(1) | X  |
|          | (2) Other assets                                                                                                                                                                                                                                                                                                                                                                             | 1a(2) | X  |
| <b>b</b> | Other transactions:                                                                                                                                                                                                                                                                                                                                                                          |       |    |
|          | (1) Sales of assets to a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                                   | 1b(1) | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization                                                                                                                                                                                                                                                                                                                             | 1b(2) | X  |
|          | (3) Rental of facilities, equipment, or other assets                                                                                                                                                                                                                                                                                                                                         | 1b(3) | X  |
|          | (4) Reimbursement arrangements                                                                                                                                                                                                                                                                                                                                                               | 1b(4) | X  |
|          | (5) Loans or loan guarantees                                                                                                                                                                                                                                                                                                                                                                 | 1b(5) | X  |
|          | (6) Performance of services or membership or fundraising solicitations                                                                                                                                                                                                                                                                                                                       | 1b(6) | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees                                                                                                                                                                                                                                                                                                             | 1c    | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |    |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b** If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

CFO

Title

|                                       |                                                                       |                      |          |                                                 |                         |
|---------------------------------------|-----------------------------------------------------------------------|----------------------|----------|-------------------------------------------------|-------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                            | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed | PTIN                    |
|                                       | Shay P. Benton                                                        | Shay P. Benton       | 11/10/11 |                                                 | P00766935               |
|                                       | Firm's name ▶ DIXON HUGHES GOODMAN LLP                                |                      |          |                                                 | Firm's EIN ▶ 56-0747981 |
|                                       | Firm's address ▶ 2501 BLUE RIDGE ROAD, SUITE 500<br>RALEIGH, NC 27607 |                      |          |                                                 | Phone no. 919-876-4546  |

Form **990-PF** (2010)

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|             |                                        |           |   |
|-------------|----------------------------------------|-----------|---|
| FORM 990-PF | DIVIDENDS AND INTEREST FROM SECURITIES | STATEMENT | 1 |
|-------------|----------------------------------------|-----------|---|

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| SOURCE                           | GROSS AMOUNT | CAPITAL GAINS<br>DIVIDENDS | COLUMN (A)<br>AMOUNT |
|----------------------------------|--------------|----------------------------|----------------------|
| INTEREST - CORPORATES            | 834,522.     | 0.                         | 834,522.             |
| TOTAL TO FM 990-PF, PART I, LN 4 | 834,522.     | 0.                         | 834,522.             |

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|             |            |           |   |
|-------------|------------|-----------|---|
| FORM 990-PF | LEGAL FEES | STATEMENT | 2 |
|-------------|------------|-----------|---|

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| DESCRIPTION                | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| LEGAL FEES                 | 444.                         | 0.                                |                               | 0.                            |
| TO FM 990-PF, PG 1, LN 16A | 444.                         | 0.                                |                               | 0.                            |

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|             |                 |           |   |
|-------------|-----------------|-----------|---|
| FORM 990-PF | ACCOUNTING FEES | STATEMENT | 3 |
|-------------|-----------------|-----------|---|

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| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES              | 6,443.                       | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16B | 6,443.                       | 0.                                |                               | 0.                            |

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|             |       |           |   |
|-------------|-------|-----------|---|
| FORM 990-PF | TAXES | STATEMENT | 4 |
|-------------|-------|-----------|---|

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| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| FEDERAL INCOME TAX EXPENSE  | 57,814.                      | 0.                                |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 57,814.                      | 0.                                |                               | 0.                            |

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FORM 990-PF

CORPORATE STOCK

STATEMENT 5

| DESCRIPTION                             | BOOK VALUE  | FAIR MARKET VALUE |
|-----------------------------------------|-------------|-------------------|
| CAPITAL BANK STOCK                      | 0.          | 0.                |
| CORPORATE SECURITIES                    | 8,881,683.  | 8,817,242.        |
| DUKE ENERGY                             | 88,300.     | 178,100.          |
| SOUTHERN COMMUNITY                      | 124,643.    | 17,470.           |
| SCBT BANCSHARES                         | 172,215.    | 149,864.          |
| LYDIAN                                  | 200,000.    | 30,000.           |
| TPREF FUNDING                           | 800,000.    | 2,000.            |
| NORTH STATE TELECOMMUNICATION           | 131,310.    | 152,400.          |
| FIFTH THIRD BANK                        | 10,989.     | 9,278.            |
| FIRST MARINER BANCORP                   | 49,016.     | 3,523.            |
| SPECTRA                                 | 63,653.     | 124,950.          |
| VALLEY FINANCIAL CORP                   | 303,010.    | 90,600.           |
| VIRGINIA BANK BANCSHARES                | 82,523.     | 53,988.           |
| BANK OF AMERICA CORP                    | 481,371.    | 788,900.          |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 11,388,713. | 10,418,315.       |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 6

| NAME AND ADDRESS                                         | TITLE AND<br>AVRG HRS/WK              | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN EXPENSE<br>CONTRIB ACCOUNT |
|----------------------------------------------------------|---------------------------------------|-------------------|-------------------------------------------------|
| FRANK B. HOLDING<br>PO BOX 729<br>MT OLIVE, NC 28365     | PRESIDENT/DIRECTOR<br>0.00            | 0.                | 0. 0.                                           |
| WILLIAM H. BRYAN<br>PO BOX 729<br>MT OLIVE, NC 28365     | VICE PRESIDENT<br>0.00                | 0.                | 0. 0.                                           |
| J. GREY MORGAN<br>PO BOX 729<br>MT OLIVE, NC 28365       | SECRETARY/TREASURER<br>0.00           | 0.                | 0. 0.                                           |
| BYNUM R. BROWN<br>PO BOX 729<br>MT OLIVE, NC 28365       | DIRECTOR<br>0.00                      | 0.                | 0. 0.                                           |
| HOPE HOLDING CONNELL<br>PO BOX 729<br>MT OLIVE, NC 28365 | DIRECTOR<br>0.00                      | 0.                | 0. 0.                                           |
| DAVID A. BEAN<br>PO BOX 729<br>MT OLIVE, NC 28365        | ASST SECRETARY/ASST TREASURER<br>0.00 | 0.                | 0. 0.                                           |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII             |                                       | 0.                | 0. 0.                                           |

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 7

| RECIPIENT NAME AND ADDRESS                                                            | RECIPIENT RELATIONSHIP<br>AND PURPOSE OF GRANT | RECIPIENT<br>STATUS | AMOUNT |
|---------------------------------------------------------------------------------------|------------------------------------------------|---------------------|--------|
| BAPTIST CHILDRENS HOMES OF NC,<br>INC.<br>P.O. BOX 338 THOMASVILLE, NC<br>27361       | NONE<br>DONATION                               | NON-PROFIT          | 5,000. |
| BELHAVEN MEMORIAL MUSEUM, INC.<br>P.O. BOX 220 BELHAVEN, NC 27810                     | NONE<br>DONATION                               | NON-PROFIT          | 500.   |
| C S BROWN AUDITORIUM RESTORATION<br>ASSOCIATION, INC<br>P.O. BOX 435 WINTON, NC 27986 | NONE<br>DONATION                               | NON-PROFIT          | 950.   |
| ALZHEIMERS NORTH CAROLINA, INC.<br>1305 NAVAHO DRIVE, SUITE 101<br>RALEIGH, NC 27609  | NONE<br>DONATION                               | NON-PROFIT          | 300.   |
| ARTS COUNCIL OF WAYNE COUNTY<br>2406 EAST ASH STREET GOLDSBORO,<br>NC 27530           | NONE<br>DONATION                               | NON-PROFIT          | 1,500. |
| BEAUFORT COUNTY COMMUNITY<br>COLLEGE<br>P.O. BOX 1069 WASHINGTON, NC<br>27889         | NONE<br>DONATION                               | NON-PROFIT          | 2,000. |
| BERTIE COUNTY YMCA, INC.<br>P.O. BOX 834 WINDSOR, NC 27983                            | NONE<br>DONATION                               | NON-PROFIT          | 2,000. |
| BOY SCOUTS OF AMERICA -<br>TUSCARORA COUNCIL<br>P.O. BOX 1436 GOLDSBORO, NC<br>27533  | NONE<br>DONATION                               | NON-PROFIT          | 5,200. |

SOUTHERN BANK FOUNDATION

56-2002871

|                                                                                                            |                  |            |         |
|------------------------------------------------------------------------------------------------------------|------------------|------------|---------|
| CAMPBELL UNIVERSITY<br>P.O. BOX 116 BUIES CREEK, NC<br>27506                                               | NONE<br>DONATION | NON-PROFIT | 10,000. |
| CHOWAN UNIVERSITY<br>ONE UNIVERSITY PLACE<br>MURFREESBORO, NC 27855                                        | NONE<br>DONATION | NON-PROFIT | 50,000. |
| DUPLIN CO. EDUCATION FOUNDATION<br>P.O. BOX 128 KENANSVILLE, NC<br>28349                                   | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| EAST CAROLINA COUNCIL BSA<br>P.O. BOX 1698 KINSTON, NC 28503                                               | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| EAST CAROLINA UNIVERSITY<br>WARDS SPORTS MEDICINE BLDG<br>GREENVILLE, NC 27858                             | NONE<br>DONATION | NON-PROFIT | 3,000.  |
| ELIZABETH CITY STATE UNIVERSITY<br>OFFICE OF CAREER SERVICES CAMPUS<br>BOX 804 ELIZABETH CITY, NC<br>27906 | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| FRIENDS OF THE CHILDREN MUSEUM<br>P.O. BOX 1180 ROCKY MOUNT, NC<br>27802                                   | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| FRIENDS OF THE PARKS FOUNDATION<br>P.O. BOX 953 MOUNT OLIVE, NC<br>28365                                   | NONE<br>DONATION | NON-PROFIT | 200.    |
| HISTORIC HOPE FOUNDATION INC<br>132 HOPE HOUSE RD WINDSOR, NC<br>27983                                     | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| HOME HEALTH & HOSPICE<br>2402 WAYNE MEMORIAL DRIVE<br>GOLDSBORO, NC 27534                                  | NONE<br>DONATION | NON-PROFIT | 25,000. |

|                                                                                                |                  |            |         |
|------------------------------------------------------------------------------------------------|------------------|------------|---------|
| LENOIR COMMITTEE OF 100, INC<br>P.O. BOX 2220 KINSTON, NC 28502                                | NONE<br>DONATION | NON-PROFIT | 500.    |
| MARTIN COUNTY UNITED WAY INC.<br>P.O. BOX 623 WILLIAMSTON, NC<br>27892                         | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| MOUNT OLIVE COLLEGE<br>634 HENDERSON STREET MOUNT<br>OLIVE, NC 28365                           | NONE<br>DONATION | NON-PROFIT | 20,000. |
| MOUNT OLIVE COLLEGE SCHOLARSHIP<br>FUND<br>P.O. DRAWER 649 MOUNT OLIVE, NC<br>28365            | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| NASH COMMUNITY COLLEGE<br>FOUNDATION<br>P.O. BOX 7488 ROCKY MOUNT, NC<br>27804                 | NONE<br>DONATION | NON-PROFIT | 2,500.  |
| NORTH CAROLINA SYMPHONY<br>4350 LASSITER AT NORTH HILLS<br>AVE, SUITE 250 RALEIGH, NC<br>27609 | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| NORTH CAROLINA WESLEYAN COLLEGE<br>3400 N WESLEYAN BLVD ROCKY<br>MOUNT, NC 27804               | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| PITT COMMUNITY COLLEGE<br>P.O. DRAWER 7007 GREENVILLE, NC<br>27835                             | NONE<br>DONATION | NON-PROFIT | 30,000. |
| PITT COUNTY MEMORIAL HOSPITAL<br>FOUNDATION<br>690 MEDICAL DR GREENVILLE, NC<br>27835          | NONE<br>DONATION | NON-PROFIT | 62,500. |
| RECREATION COMMISSION OF THE<br>TOWN OF FAISON<br>P.O. BOX 365 FAISON, NC 28341                | NONE<br>DONATION | NON-PROFIT | 5,000.  |

|                                                                                         |                  |            |         |
|-----------------------------------------------------------------------------------------|------------------|------------|---------|
| ROANOKE ISLAND HISTORICAL ASSOC<br>INC.<br>1409 NATIONAL PARK DRIVE<br>MANTEO, NC 27954 | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| SEVEN SPRINGS VOLUNTEER FIRE<br>DEPARTMENT<br>P.O. BOX 116 SEVEN SPRINGS, NC<br>28578   | NONE<br>DONATION | NON-PROFIT | 200.    |
| STAGESTRUCK<br>P.O. BOX 1577 GOLDSBORO, NC<br>27533                                     | NONE<br>DONATION | NON-PROFIT | 500.    |
| TAR RIVER ORCHESTRA AND CHORAL<br>SOC<br>P.O. BOX 8255 ROCKY MOUNT, NC<br>27804         | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| UNITED WAY OF WAYNE COUNTY<br>308 N. WILLIAM ST GOLDSBORO, NC<br>27533                  | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| WAYNE COUNTY ECONOMIC<br>DEVELOPMENT CO<br>P.O. BOX 1280 GOLDSBORO, NC<br>27533         | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| WAYNE COUNTY PUBLIC LIBRARY<br>1001 E ASH STREET GOLDSBORO, NC<br>27530                 | NONE<br>DONATION | NON-PROFIT | 10,000. |
| TOWN OF AULANDER<br>P.O. BOX 100 AULANDER, NC 27805                                     | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| CALYPSO VOLUNTEER FIRE<br>DEPARTMENT, INC.<br>P.O. BOX 367 CALYPSO, NC 28325            | NONE<br>DONATION | NON-PROFIT | 3,000.  |
| CENTER STANGE THEATRE<br>P.O. BOX 1255 GOLDSBORO, NC<br>27533                           | NONE<br>DONATION | NON-PROFIT | 250.    |

|                                                                                         |                  |            |         |
|-----------------------------------------------------------------------------------------|------------------|------------|---------|
| EAST DUPLIN DISTRICT BAND BOOSTERS, INC.<br>P.O. BOX 1212 BEULAVILLE, NC 28518          | NONE<br>DONATION | NON-PROFIT | 500.    |
| EL CENTRO LATINO DE DUPLIN<br>P.O. BOX 220 KENANSVILLE, NC 28349                        | NONE<br>DONATION | NON-PROFIT | 2,000.  |
| THE GOOD SHEPHERD FOOD PANTRY OF BERTIE COUNTY, INC.<br>P.O. BOX 1394 WINDSOR, NC 27983 | NONE<br>DONATION | NON-PROFIT | 1,000.  |
| HABITAT FOR HUMANITY OF DUPLIN COUNTY<br>P.O. BOX 1463 WALLACE, NC 28466                | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| HALIFAX COMMUNITY COLLEGE FOUNDATION, INC.<br>P.O. DRAWER 809 WELDON, NC 27890          | NONE<br>DONATION | NON-PROFIT | 2,500.  |
| HERTFORD COUNTY EDUCATIONAL FOUNDATION, INC.<br>P.O. BOX 1008 AHOSKIE, NC 27910         | NONE<br>DONATION | NON-PROFIT | 4,000.  |
| HOMETOWN BETHEL<br>P.O. BOX 1165 BETHEL, NC 27812                                       | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| NASH HEALTH CARE SYSTEMS FOUNDATION<br>2460 CURTIS ELLIS DRIVE ROCKY MOUNT, NC 27804    | NONE<br>DONATION | NON-PROFIT | 10,000. |
| THE OPPORTUNITY SHOPPE<br>P.O. BOX 1356 WINDSOR, NC 27983                               | NONE<br>DONATION | NON-PROFIT | 500.    |
| PUNGO CHRISTIAN ACADEMY, INC.<br>983 W MAIN STREET BELHAVEN, NC 27810                   | NONE<br>DONATION | NON-PROFIT | 5,000.  |

SOUTHERN BANK FOUNDATION

56-2002871

|                                                                                                 |                  |            |         |
|-------------------------------------------------------------------------------------------------|------------------|------------|---------|
| RED OAK DISTRICT VOLUNTEER FIRE<br>DEPARTMENT, INC.<br>P.O. BOX 1410 RED OAK, NC 27856          | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| ROCKY MOUNT AREA HABITAT FOR<br>HUMANITY<br>1400 RALEIGH ROAD ROCKY MOUNT,<br>NC 27803          | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| UNION RURAL FIRE DEPARTMENT OF<br>HERTFORD COUNTY, INC.<br>747 NC 461 AHOSKIE, NC 27910         | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| WARSAW VETERANS CELEBRATION<br>FOUNDATION, INC.<br>P.O. BOX 137 WARSAW, NC 28398                | NONE<br>DONATION | NON-PROFIT | 5,000.  |
| THE FOUNDATION OF WAYNE<br>COMMUNITY COLLEGE, INC.<br>P.O. BOX 8002 GOLDSBORO, NC<br>27533-8002 | NONE<br>DONATION | NON-PROFIT | 3,000.  |
| WAYNE COUNTRY DAY SCHOOL<br>480 COUNTRY DAY ROAD GOLDSBORO,<br>NC 27530                         | NONE<br>DONATION | NON-PROFIT | 2,000.  |
| THE WOODLAND VOLUNTEER<br>FIREFIGHTER BENEVOLENT FUND<br>P.O. BOX 461 WOODLAND, NC 27897        | NONE<br>DONATION | NON-PROFIT | 1,500.  |
| NORTH CAROLINA COMMUNITY<br>FOUNDATION<br>4601 SIX FORKS ROAD, SUITE 524<br>RALEIGH, NC 27609   | NONE<br>DONATION | NON-PROFIT | 10,000. |

TOTAL TO FORM 990-PF, PART XV, LINE 3A

358,100.

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
APPROVED FOR FUTURE PAYMENT

STATEMENT 8

| RECIPIENT NAME AND ADDRESS                                                                 | RECIPIENT RELATIONSHIP<br>AND PURPOSE OF GRANT | RECIPIENT<br>STATUS | AMOUNT   |
|--------------------------------------------------------------------------------------------|------------------------------------------------|---------------------|----------|
| BERTIE COUNTY YMCA, INC.<br>P.O. BOX 834 WINDSOR, NC 27983                                 | NONE<br>DONATION                               | NON-PROFIT          | 2,000.   |
| NORTH CAROLINA WESLEYAN COLLEGE<br>3400 N WESLEYAN BLVD ROCKY<br>MOUNT, NC 27804           | NONE<br>DONATION                               | NON-PROFIT          | 10,000.  |
| PITT COUNTY MEMORIAL HOSPITAL<br>FOUNDATION<br>690 MEDICAL DR GREENVILLE, NC<br>27835      | NONE<br>DONATION                               | NON-PROFIT          | 162,500. |
| TAR RIVER ORCHESTRA AND CHORAL<br>SOC<br>P.O. BOX 8255 ROCKY MOUNT, NC<br>27804            | NONE<br>DONATION                               | NON-PROFIT          | 15,000.  |
| BEAUFORT COUNTY COMMUNITY<br>COLLEGE<br>P.O. BOX 1069 WASHINGTON, NC<br>27889              | NONE<br>DONATION                               | NON-PROFIT          | 10,000.  |
| WAYNE COUNTY PUBLIC LIBRARY<br>1001 E ASH STREET GOLDSBORO, NC<br>27530                    | NONE<br>DONATION                               | NON-PROFIT          | 40,000.  |
| NASH COMMUNITY COLLEGE<br>FOUNDATION<br>P.O. BOX 7488 ROCKY MOUNT, NC<br>27804             | NONE<br>DONATION                               | NON-PROFIT          | 5,000.   |
| NASH HEALTH CARE SYSTEMS<br>FOUNDATION<br>2460 CURTIS ELLIS DRIVE ROCKY<br>MOUNT, NC 27804 | NONE<br>DONATION                               | NON-PROFIT          | 40,000.  |

|                                                                                      |                  |            |         |
|--------------------------------------------------------------------------------------|------------------|------------|---------|
| WAYNE COUNTY DEVELOPMENT<br>ALLIANCE<br>P.O. BOX 1280 GOLDSBORO, NC<br>27533         | NONE<br>DONATION | NON-PROFIT | 50,000. |
| BAPTIST CHILDRENS HOMES OF NC,<br>INC.<br>P.O. BOX 338 THOMASVILLE, NC<br>27361      | NONE<br>DONATION | NON-PROFIT | 20,000. |
| CAROLINAS GATEWAY PARTNERSHIP<br>427 FALLS ROAD ROCKY MOUNT, NC<br>27804-4808        | NONE<br>DONATION | NON-PROFIT | 25,000. |
| MOUNT OLIVE COLLEGE<br>634 HENDERSON STREET MOUNT<br>OLIVE, NC 28365                 | NONE<br>DONATION | NON-PROFIT | 80,000. |
| HALIFAX COMMUNITY COLLEGE<br>FOUNDATION, INC.<br>P.O. DRAWER 809 WELDON, NC<br>27890 | NONE<br>DONATION | NON-PROFIT | 7,500.  |

TOTAL TO FORM 990-PF, PART XV, LINE 3B

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467,000.

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Southern Bank Foundation  
PO Box 729  
Mount Olive, NC 28365-0729

EIN # 56-2002871  
Form 990 PF, Part II - Supplementary Information, Line 21

Detail of Notes Payable  
12/31/2010

|                                      |                                                          |
|--------------------------------------|----------------------------------------------------------|
| Lender:                              | Bank of America                                          |
| Original Amount                      | \$ 1,250,000                                             |
| Date of Note:                        | 6/30/2010                                                |
| Maturity Date                        | 6/30/2012                                                |
| Repayment Terms:                     | Interest paid quarterly, principal due at maturity       |
| Security Provided:                   | Securities                                               |
| Purpose of Loan:                     | Purchase investments, contribution and gift distribution |
| Description of FMV and Consideration | Cash, \$1,250,000                                        |
| Beginning Balance Due                | \$ 980,713                                               |
| Ending Balance Due                   | \$ 179,838                                               |

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► 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 ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                          |                                                                                          |                                |
|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------|
| Type or<br>print                                                         | Name of exempt organization                                                              | Employer identification number |
|                                                                          | SOUTHERN BANK FOUNDATION                                                                 | 56-2002871                     |
|                                                                          | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                |
|                                                                          | P.O. BOX 729                                                                             |                                |
| File by the<br>due date for<br>filing your<br>return See<br>instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |
|                                                                          | MOUNT OLIVE, NC 28365-0729                                                               |                                |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application<br>Is For                    | Return<br>Code | Application<br>Is For    | Return<br>Code |
|------------------------------------------|----------------|--------------------------|----------------|
| Form 990                                 | 01             | Form 990-T (corporation) | 07             |
| Form 990-BL                              | 02             | Form 1041-A              | 08             |
| Form 990-EZ                              | 03             | Form 4720                | 09             |
| Form 990-PF                              | 04             | Form 5227                | 10             |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05             | Form 6069                | 11             |
| Form 990-T (trust other than above)      | 06             | Form 8870                | 12             |

DAVID BEAN

- The books are in the care of ► 121 EAST MAIN STREET - MOUNT OLIVE, NC 28365  
Telephone No ► 919-658-7007 FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year 2010 or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                       |    |    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 16,252. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 11,252. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | 3c | \$ | 5,000.  |

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

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

|                                                                                          |                                                                                          |                                                                                                         |                                |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>Part II</b>                                                                           |                                                                                          | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed). |                                |
| Type or print<br>File by the extended due date for filing your return. See instructions. | Name of exempt organization                                                              |                                                                                                         | Employer identification number |
|                                                                                          | SOUTHERN BANK FOUNDATION                                                                 |                                                                                                         | 56-2002871                     |
|                                                                                          | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                                                                                         |                                |
|                                                                                          | P.O. BOX 729                                                                             |                                                                                                         |                                |
|                                                                                          | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                                                                                         |                                |
|                                                                                          | MOUNT OLIVE, NC 28365-0729                                                               |                                                                                                         |                                |

Enter the Return code for the return that this application is for (file a separate application for each return)

04

| Application Is For                       | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 03          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

DAVID BEAN

- The books are in the care of **121 EAST MAIN STREET - MOUNT OLIVE, NC 28365**  
Telephone No. **919-658-7007** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.
- 5 For calendar year **2010**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO ENSURE A COMPLETE AND ACCURATE TAX RETURN.**

|                                                                                                                                                                                                                                            |           |    |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|---------|
| <b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                                                                 | <b>8a</b> | \$ | 16,252. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | <b>8b</b> | \$ | 16,252. |
| <b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.                                                    | <b>8c</b> | \$ | 0.      |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**Title **▶** CFODate **▶**