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Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

| CIVID | 140 | , , | 340 | -00 | J |
|-------|---------------|-----|-----|-----|---|
| | | _ | | | _ |
| | $\overline{}$ | _ | _ | _ | |

| | | | or ta | ax year beg | | | | , and end | | | , 20 |
|---------------|-------|--|----------|--------------------|-------------|-----------------------|--|---------------|-----------------|------------------------------------|-----------------------------------|
| G C | Che | ck all that apply | - | Initial retu | | | of a former p | oublic cha | | L_ | Final return |
| Na- | ne o' | f foundation | <u> </u> | Amended | return | | ess change | | Name c | | legationt- |
| Nan | ie o | | Δn | Charita | hla E | oundation, In | 6 | | 4 | 1 0yer identif 5-22795 | ication number |
| | | rood hi | OII | Charica | Die r | oundation, in | · . | | , , |)-22/93 | 772 |
| Num | nber | and street (or P O be | ox nu | mber if mail is n | ot delivere | ed to street address) | <u></u> | Room/su | ute B Telec | hone number | (see page 10 of the instruc |
| | | • | | ıtive Dr | | a to surest againsto, | | 110011#00 | - ' | 04-633- | · - |
| | | | | | | | | | | | |
| City | or t | own, state, and ZIP of | ode | | | | | | | emption applica | |
| | | Salısbu | ry, | NC 28 | 147 | | | | I ' | ing, check here ireian organiza | tions, check here |
| | | | | | | | | | 2 Fo | reign organiza | itions meeting the |
| H_C | Che | ck type of organiza | ation. | . X Sect | on 501 | (c)(3) exempt private | foundation | | | | nere and attach |
| \perp | Se | ection 4947(a)(1) no | nexe | | | Other taxable | | | E If no | vate foundatio | n status was terminated |
| l F | aır | market value of all | ass | ets at end | | | Cash 🔀 Acc | rual | I - ' | | o)(1)(A), check here . |
| | | ear (from Part II, co | I (c) | | | ther (specify) | | | F If the | foundation is | in a 60-month termination |
| _ | | > \$ | | | 1 | column (d) must be d | on cash basis) | | unde | r section 507(b |)(1)(B), check here . |
| Pa | irt I | Analysis of Reve total of amounts in a | nue | and Expens | ses (The | (a) Revenue and | (b) Net inve | estment | (c) Adjus | ted net | (d) Disbursemen for charitable |
| | | may not necessarily | equ / | al the amount | s in | expenses per books | incom | | inco | | purposes |
| $\overline{}$ | | column (a) (see pag | | | | | | _ | | | (cash basis only |
| | | Contributions, gifts, grants, | | eceived (attach so | | 1,103,804 | | | | | |
| | | Check ► attach | Sch | в | | 434 | | | | | |
| - 1 | | Interest on savings and | - | • | | 434 | | | | | - |
| | | Dividends and intere | | | | | | - | <u> </u> | | |
| | | Gross rents | | | | | | | | | |
| <u>, </u> | | Net rental income or (loss) from | | | line 10 | | | | | | |
| Kevenue | b | Net gain or (loss) from Gross sales price for all | salt (| ui asseis nui ON | une 10 | | + | | | | |
| S e | | assets on line 6a Capital gain net inco | ome / | (from Part IV | line 21 | | | | | | |
| ž | | Net short-term capit | | • | | | | | | | |
| | 9 | Income modification | s· | | | | | | | | |
| | 0 a | Gross sales less returns | ارجآر | | 7 | | | | - | | |
| | b | Gross sales less returns and allowances | | JEIVEL | J | | | | | | |
| | С | Gross profit (loss) | (atta | ach schedule) | ၂၀၀ | | | | | | |
| 1 | 1 | Other income attac | hlste | gedule) 2011 | 101 | | | | | | |
| 1 | | Total. Add lines 1 th | | | <u> </u> | 1,104,238 | | | | | |
| 1 | 3 | Compensation of office Other employee sale | na, jehi | ectors, frustees | metc . | | | | | | |
| ္က 1 | | | | | | | | | | | |
| 1 36 | | Pension plans, emp | | | | | ļ | | - | - | - |
| Expenses | | Legal fees (attach so | | | | | | | | | - |
| ומ | | Accounting fees (at | | | | 104,074 | | | | | |
| Ž . | | Other professional f | | | | 104,074 | - | | | | |
| ਙ। | | Interest | | | | | | | | | |
| <u>[</u> [] | | Taxes (attach schedule | , , | . • | , | | | - | | | |
| 튀. | | Depreciation (attach | | • | | | | | | ·- | |
| ĕ ² | | Occupancy Travel, conferences | | | | | | | <u>.</u> | | |
| ۳ اع | | Printing and publica | | | | | <u> </u> | | | | |
| | | Other expenses (att | | | | 42,790 | | | | | |
| E 2 | | Total operating and | | • | | | | | | | |
| Operating 5 | | Add lines 13 throug | | | | 1 140 004 | | | | | |
| | | Contributions, gifts, | | | | 560,300 | _ } | | | _ | |
| | | Total expenses and disbu | - | | | 707 164 | | | | | 1 |
| \neg | | Subtract line 26 from | | | | | | | _ | | |
| | | Excess of revenue over ex | | | ents | 397,074 | | | | | |
| | | Net investment inc | | | | | | | | | |
| | | Adjusted net incom | | | | | | | | | |
| Eor | | erwork Reduction | | | | the instructions. | | J | SA | | Form 990-PF (|

| р | art II | Ralance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End | of year |
|-------------|----------------|--|--|------------------------------|---|-----------------------|
| | art II | Dalatice Stieets | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear | ng | 155,203 | 431,843 | 431,843 |
| | | | cash investments | | | |
| | | | | | | |
| | | Less allowance for dou | btful accounts ▶ | | | |
| | | | | | | |
| | | Less: allowance for dou | btful accounts ▶ | | | |
| | | | | | | |
| | | | officers, directors, trustees, and other | | | |
| | 1 | | ach schedule) (see page 15 of the instructions) | | | |
| | l | · · | receivable (attach schedule) | | <u> </u> | - |
| | | | btful accounts ▶ | | | |
| | | | e | | | |
| Assets | 9 | Prenaid expenses and d | eferred charges | · | | |
| SS | | | e government obligations (attach schedule). | 20,056 | 20,490 | 20,490 |
| 4 | | | stock (attach schedule) | 25,050 | | 20,130 |
| | l . | | bonds (attach schedule) | | , | |
| | 11 | Investments - land, building: | s | | | |
| | | and equipment basis Less accumulated deprecia | | | | |
| | 4.0 | (attach schedule) | | | | |
| | | | loans | | | |
| | 14 | Land, buildings, and | ach schedule) | | | |
| | | equipment basis Less accumulated deprecia | ation | | | |
| | | (attach schedule) | · | | | |
| | | | >) | | 1 B - B - B - B - B - B - B - B - B - B | |
| | 16 | | completed by all filers - see the | 175 250 | 450 222 | 450 222 |
| _ | | | age 1, item I) | 175,259 | 452,333 | 452,333 |
| | 17 | | ccrued expenses | 210,000 | 90,000 | - |
| | 18 | | | | 90,000 | - |
| Liabilities | 19 | | | | | |
| Ē | 20 | | ors, trustees, and other disqualified persons | | | |
| Ē | 21 | | otes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe | e ►) | | | |
| | | Takal Bakilista - /add land | . 47 th sough 20) | 210,000 | 90 000 | |
| _ | 23 | | es 17 through 22) | 210,000 | 90,000 | - |
| | | | low SFAS 117, check here ► X | | | |
| s | | = | 24 through 26 and lines 30 and 31. | 24 741 | 262 222 | |
| Se | 24 | | | -34,741 | 362,333 | |
| alar | 24 25 26 | | | | | - |
| ä | 26 | | | | | - |
| Pur | | | not follow SFAS 117, | | | |
| Ē | | | plete lines 27 through 31. ▶ | | | |
| | | | cipal, or current funds | | | - |
| Net Assets | 28 | | r land, bldg , and equipment fund | | | - |
| Ass | 29 | | ulated income, endowment, or other funds | | | |
| et / | 30 | | fund balances (see page 17 of the | | 260 222 | |
| Ž | 1 | instructions) | | -34,741 | 362,333 | |
| | 31 | | t assets/fund balances (see page 17 | | | |
| - | | of the instructions) | | 175,259 | 452,333 | |
| _ | | | anges in Net Assets or Fund | | - | T |
| 1 | | | alances at beginning of year - Part | | | |
| | end- | of-year figure reported | d on prior year's return) | | <u>1</u> | -34,741 |
| 2 | Ente | r amount from Part I, | line 27a | | 2 | 397,074 |
| 3 | Othe | r increases not includ | ed in line 2 (itemize) ▶ | | 3 | |
| 4 | Add | lines 1, 2, and 3 | | | | 362,333 |
| | | eases not included in | line 2 (itemize) ▶ | | 5 | |
| 6 | Tota | I net assets or fund ba | alances at end of year (line 4 minus | line 5) - Part II, column (b |), line 30 6 | 362,333 |
| | | | | - | | |

| to c c c c c c c c c c c c c c c c c c c | (a) List a | nd describe the kind(s) of property sibrick warehouse, or common stock, | old (e g , real estate, | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr) | (d) Date sold (mo , day, yr) |
|--|---------------------------------------|---|--|--|--|----------------------------------|
| e (e) Gross sales price (f) Deprecation allowed (or allowable) (g) Cost or other basis (h) Gain or (loss) a (or allowable) (or allowable) (g) Cost or other basis (h) Gain or (loss) b (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | | | | D-Donation | | |
| de (e) Gross sales price (f) Degreciation allowed (gr Clost or other basis (h) Claim or dices) a | b | | | | | |
| (a) Grass sales proce (b) Depreciation allowed (a) Cost or other basis (b) Cost or other basis (c) plus (f) minus (g) a b c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Cot (h) gain minus (g) a b C Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (ii) Gains (Cot (h) gain minus cot (k), but not less than -0-1 or Losses (from cot (h)) over cot (i), if any a b c d e 2 Capital gain net income or (net capital loss) 3 Net short-term capital gain or (loss) as defined in sections 12/22(5) and (6) if gain, also enter in Part I, line 7 if gain, also enter in Part I, line 7 if gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). if gain also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). if gain also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). if gain also enter in Part I, line 8. 2 Capital gain net income (not capital loss) if gain also enter in Part I, line 7 2 Tart I (line 8) Adjusted qualifying distribution ratio for the Sear base period in Part I, line 2 by 5, or by the interest by gain gain and 1 and | С | | | | | |
| (a) Gross sides price (b) Depreciation allowed (or allowable) (b) Cost or other basis (e) plus (f) minus (g) a b c d 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 (ii) F M V as of 12/31/69 (iii) F M V as of 12/31/69 (i | | | | | | |
| (e) plus (f) minus (g) a | <u>e</u> | | | | | |
| Decomplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FM V as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis over col (j), if any cover col (j), if any col (k), but not less than -0-) or Losses (from col (h)) cover col (j), if any col (k), but not less than -0-) or Losses (from col (h)) cover col (j), if any col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or Losses (from col (h)) col (k), but not less than -0-) or col (k), bu | (e) Gross sales price | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 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 (ii) Adjusted basis of 12/31/69 (iii) Adjusted basis (h) Excess of col (i) cover col (j), if any column (column (h)) as of 12/31/69 Coulombe as of 12/31/69 Coulombe as of 12/31/69 (ii) Adjusted basis (iii) Adjusted (iii) Adju | <u>a</u> | | | | | |
| d 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 (i) Adjusted basis as of 17/31/69 (ii) Adjusted basis over col (j), if any column (c) (k) Excess of col (i) colored (j), if any | <u>b</u> | | | | | |
| 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 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31/69 (iv) Excess of col (i) over col (i), if any color (iv), if any color | | | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (l) Gains (Col. (h) gain minus col. (k) F M V as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Excess of col. (l) (l) Gains (Col. (h) gain minus col. (l) F M V as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Adjusted basis as of 12/31/69 (l) Adjusted data (l) Adjusted qualifying distribution shows a specific more of the foundation of the section 4940(a) as on the rin Part I, line 7 (l) Adjusted qualifying distribution shows a specific more of the foundation has been in existence if less than 5 years (l) Adjusted qualifying 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 (less than 5 years 1 and 6 as the foundation has been in existence if less than 5 years (l) Add lines 5 and 6 as the complete that part using a 1% tax rate See till 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 till 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 till 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 till 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 till 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 till 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 till 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 till line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a | | | | | | |
| (i) F M V as of 12/31/69 (ii) F M V as of 12/31/69 (ii) F M V as of 12/31/69 (iii) | | <u> </u> | | <u> </u> | | |
| a b c c c c c c c c c c c c c c c c c c | Complete only for asset | | | | | |
| b c d d | (i) F M V as of 12/31/69 | | | COI | | |
| Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 fl (loss), enter -0- in Part I, line 7 gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions), lif (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions), lif (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions), lif (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions), lif (loss), enter -0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions), lif (loss), enter -0- in Part I, line 7 gain | | | | <u> </u> | | |
| d e 2 Capital gain net income or (net capital ioss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 7 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 8 If (loss), enter -0- in Part I, line 9 If (loss), enter -0- in Part I, line 9 If (loss), enter loss enter in Part I, line 9 If (loss), enter loss enter in Part I, line 9 If (loss), enter loss enter in Part I, line 8 If (loss), enter loss enter in Part II, line 8 If (loss), enter loss enter in Part II, line 8 If (loss), enter loss enter | · · · · · · · · · · · · · · · · · · · | | | 1 | | |
| 2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 1 | | | | | | |
| 2 Capital gain net income or (net capital loss) | <u>d</u> | | | | | |
| 2 Capital galin functions of (net capital ioss) 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) (see pages 13 and 17 of the instructions). If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter-0- in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter-0- in Part I, line 8. 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? 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 page 18 of the instructions before making any entries (a) Base period years (b) Adjusted qualifying distributions before making any entries (c) Distribution ratio (col (b) divided by col (c)) 2008 2007 2008 2007 2006 2005 2 Total of line 1, column (d) 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 Henter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Add lines 5 and 6 Enter 1% of net investment income (1% of Part I, line 27b) 8 Enter qualifying distributions from Part XII, line 4 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 section 4940(a) tax rate. See the sound 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 section 4940(a) tax on net investment income (and | <u>e</u> | | | 1 | | |
| 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) (see pages 13 and 17 of the instructions). If (loss), enter-0 in Part I, line 8. If (loss), enter-0 in Part I, line 8. 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? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (a) (b) (c) Ret value of noncharitable-use assets (coi (b) divided by col (ci)) 2008 2007 2006 2005 2 Total of line 1, column (d) 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 Multiply line 4 by line 3 6 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 8 Enter qualifying distributions from Part XII, line 4 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 to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax rate See to the part using a 1% tax ra | 2 Capital gain net income of | or (net capital loss) | - | | | |
| If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8. 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? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part I Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (a) (b) (c) (d) Distribution ratio (col (b) divided by col (c)) 2009 2009 2009 2009 2008 2007 2006 2005 2006 2005 2 Total of line 1, column (d) 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 Autilityly line 4 by line 3 6 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 section 4940(a) tax rate. See the section 4940(a) tax on net investment income (For optional section 4940(a) tax on net investment income (For optional section 4940(a) tax on net investment income (For optional section 4940(a) tax on net investment income (For optional section 4940(a) tax on net investment income (For optional section 4940(a) tax on net investment income (b) Adjusted qualifying distributions from Part XII, line 4 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 of the sect | 3. Not short term capital ga | up or (loss) as defined in sections | | 2 | | |
| if (loss), enter-0- in Part I, line 8. 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 X in fires, 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 page 18 of the instructions before making any entries (a) (b) (c) (col) (co | | | | | | |
| 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 X N The foundation does not qualify under section 4940(e) Do not complete this part I Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (a) (b) Rase period years (c) Ret value of nonchantable-use assets (col (b) divided by col (ci) 2009 2008 2007 2006 2007 2006 2007 4 Adjusted qualifying 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 Enter 1% of net investment income (1% of Part I, line 27b) 8 Enter qualifying distributions from Part XII, line 4 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 till The part of the section 4940(a) and the start of any year in the base period? Yes X N No Adjusted (a) Yes X N No Adjusted (b) Not value of nont complete that part using a 1% tax rate See till Adjusted (ci) Yes X N No Adjusted (ci) Yes X N No Adjusted (ci) Not value of noncharitable-use assets October a making arise in the base period? October a making arise in the base | Part V Qualification | Under Section 4940(e) for | Reduced Tay on Net Investment I | _ | | |
| 1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries (a) (b) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | Was the foundation liable fo | or the section 4942 tax on the dis | | oase perio | d? |] Yes ^Ⅸ No |
| (a) Base pendy years Calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 season in the season of the season of the part using a 1% tax rate See the season of | | | | oforo mode | | |
| Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Cool (b) diwided by col (c)) 2008 2007 2006 2005 2 Total of line 1, column (d) A 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 8 Enter qualifying distributions from Part XII, line 4 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 search of the session of the s | | | | etore mak | | |
| 2009 2008 2007 2006 2005 Total of line 1, column (d) 2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Enter 1% of net investment income (1% of Part XII, line 4 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 till | Base period years | Advisted avalations distributions | | | Distribution r | |
| 2008 2007 2006 2005 2 Total of line 1, column (d) 2 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Multiply line 4 by line 3 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 Enter qualifying distributions from Part XII, line 4 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 till | | | | | (col (b) divided by | (col (c)) |
| 2007 2006 2005 2 Total of line 1, column (d) 2 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 Enter qualifying distributions from Part XII, line 4 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 till | | | | | | |
| 2006 2005 2 Total of line 1, column (d) 2 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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 till | | | | | | |
| 2 Total of line 1, column (d) 2 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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 till | | | | | | |
| 2 Total of line 1, column (d) 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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 till | | | | <u> </u> | - | |
| 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 till | | | | | · · · · · · | |
| 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 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) Add lines 5 and 6 Enter qualifying distributions from Part XII, line 4 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 till | 2 Total of line 1, column (c | d) | | 2 | | |
| number of years the foundation has been in existence if less than 5 years | 3 Average distribution ratio | o for the 5-year base period - di | vide the total on line 2 by 5, or by the | | | |
| 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 5 Multiply line 4 by line 3 6 Enter 1% of net investment income (1% of Part I, line 27b) 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 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 till | | | | 3 | | |
| 5 Multiply line 4 by line 3 5 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8 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 til | • | | , | | - | ., |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 7 Add lines 5 and 6. 7 8 Enter qualifying distributions from Part XII, line 4 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 second s | 4 Enter the net value of no | oncharitable-use assets for 2010 | from Part X, line 5 | 4 | | |
| 7 Add lines 5 and 6 | 5 Multiply line 4 by line 3 | | | 5 | | |
| 8 Enter qualifying distributions from Part XII, line 4 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 second sec | 6 Enter 1% of net investm | ent income (1% of Part I, line 27b | o) | 6 | | |
| il line of 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 | 7 Add lines 5 and 6 | | | 7 | | |
| | ii line o is equal to or g | reater than line 7, check the be | ox in Part VI, line 1b, and complete | | using a 1% ta | x rate See the |

| Pai | t VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the | ne ins | truction | ons) |
|-----|---|--------|----------|-----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | |
| | here and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | |
| 3 | Add lines 1 and 2 | | | - |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | |
| 6 | Credits/Payments | | | _ |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | | | |
| | Exempt foreign organizations-tax withheld at source 6b | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| | Backup withholding erroneously withheld 6d 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11 | | | |
| Pai | t VII-A Statements Regarding Activities | | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1 a | | Χ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | |
| | of the instructions for definition)? | 1 b | | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1 c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| | (1) On the foundation \$\)\$ (2) On foundation managers \$\)\$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Χ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | N | A |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | j | | |
| | By language in the governing instrument, or | İ | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | - 1 | | |
| | conflict with the state law remain in the governing instrument? | 6 | | <u> X</u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | Х | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | 1 | ł | |
| | ınstructions) ▶ North Carolina | | | |
| þ | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | ι, | |
| | (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 on page | | | ., |
| | 27)? 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 See attachment I | 10 | Х | |

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Form **990-PF** (2010)

4a

Χ

X

X

2b

| | 990-PF (2010) | 101111 | | | | F | age |
|------------|--|--|--|--|------------|---------|-----------|
| 5 a b | During the year did the foundation pay or incur any amou (1) Carry on propaganda, or otherwise attempt to influer (2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a charmal section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitated purposes, or for the prevention of cruelty to children of any answer is "Yes" to 5a(1)-(5), did any of the transparations section 53 4945 or in a current notice regard Organizations relying on a current notice regarding disast of the answer is "Yes" to question 5a(4), does the foundation because it maintained expenditure responsibility for the grant of the foundation, during the year, receive any funds, does not a personal benefit contract? Did the foundation, during the year, pay premiums, directly "Yes" to 6b, file Form 8870. | nt to nce legislation (section ince legislation (section ince legislation) (section ince legislation) (see section 4955); of table, etc., organization ince page 22 of the insertion ince fail to qualifying disaster assistance check ince the ince laim exemption ince ince ince ince ince ince ince inc | or to carry on, or to carry on, or described in structions) or educational or under the exceptions are (see page 22 of the elere from the tax pay premiums personal benefit contract | Yes X No | 5b | N | A |
| | At any time during the tax year, was the foundation a pail f"Yes," did the foundation receive any proceeds or have | | | | | N | A |
| | t VIII Information About Officers, Directors | | | | | | |
| 1 | and Contractors List all officers, directors, trustees, foundation m | anagers and their | compensation (see | page 22 of the instri | uctions). | | |
| | (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) Expens | | |
| 211 Lou | 0 Executive Drive, Salisbury NC Delorenzo | President Vice Pres. | 0 | 0 | | | 0 |
| Chr | O Executive Drive, Salisbury NC o Executive Drive, Salisbury NC | Sec./Treas. | 0 | 0 | - | | 0 |
| 2 | Compensation of five highest-paid employees (ot | her than those inc | luded on line 1 - se | e page 23 of the inst | ructions). | | |
| |) 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) Expens | e accou | ınt, s |
| Nor | ie | | | | | | - |
| | | | | | | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

| 3 | Five highest-paid independent contractors for professional services (see page 23 of the instructions). If | none, enter "NONE." |
|------|---|---------------------|
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| No | ne | |
| | | |
| | | |
| | | |
| | | |
| | | - |
| | | |
| | | |
| | | |
| Tota | I number of others receiving over \$50,000 for professional services | . 0 |
| Par | t IX-A Summary of Direct Charitable Activities | |
| | Odiffically of Direct Chartable Activities | |
| | the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 | | |
| | | . |
| _ | | |
| 2 _ | | |
| - | | |
| | | |
| 3 _ | | |
| - | | |
| 4 | | 11 - 1 |
| • | | • |
| - | | ` |
| Par | t IX-B Summary of Program-Related Investments (see page 24 of the instructions) | |
| De | scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | | . |
| _ | | |
| | | |
| 2 _ | | |
| - | | • |
| All | other program-related investments. See page 24 of the instructions | |
| 3 | | |
| • | · | |
| | | <u> </u> |
| Tota | II. Add lines 1 through 3 | • |

| Pa | rt X | Minimum Investment Return (All domestic foundations must complete this part. Foreignee page 24 of the instructions) | gn foundations, |
|-----|---------|--|---------------------------------|
| 1 | Fair r | narket value of assets not used (or held for use) directly in carrying out charitable, etc., | |
| | purpo | ses: | |
| а | Avera | ge monthly fair market value of securities | 1a |
| b | Avera | ge of monthly cash balances | 1b |
| C | Fair n | narket value of all other assets (see page 25 of the instructions) | 1c |
| d | Total | (add lines 1a, b, and c) | 1d |
| е | Redu | ction claimed for blockage or other factors reported on lines 1a and | |
| | 1c (at | tach detailed explanation) | |
| 2 | Acqui | sition indebtedness applicable to line 1 assets | 2 |
| 3 | Subtr | act line 2 from line 1d | 3 |
| 4 | Cash | deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of | |
| | the in | structions) | 4 |
| 5 | Net v | structions) alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 |
| 6 | Minin | num investment return. Enter 5% of line 5 | 6 |
| Pa | rt XI | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this privations. | ite operating part) |
| 1 | Mınım | um investment return from Part X. line 6 | |
| 2 a | Tax o | n investment income for 2010 from Part VI, line 5 | |
| b | Incom | ne tax for 2010 (This does not include the tax from Part VI) | |
| С | Add li | nes 2a and 2b | 2c |
| 3 | Distrit | outable amount before adjustments. Subtract line 2c from line 1 | 3 |
| 4 | Reco | veries of amounts treated as qualifying distributions | 4 |
| 5 | Add li | nes 3 and 4 | 5 |
| 6 | Dedu | ction from distributable amount (see page 25 of the instructions) | 6 |
| 7 | Distri | butable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | |
| | line 1 | | 7 |
| | -4 VII | Ovelifying Distributions (one need OF of the next one) | |
| | irt All | Qualifying Distributions (see page 25 of the instructions) | |
| 1 | | unts paid (including administrative expenses) to accomplish charitable, etc., purposes | |
| а | Expe | enses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a |
| þ | Prog | ram-related investments - total from Part IX-B | 1b |
| 2 | Amo | unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | |
| | purp | oses | 2 |
| 3 | Amo | unts set aside for specific charitable projects that satisfy the | |
| а | Suita | ability test (prior IRS approval required) | 3a |
| b | Casi | i distribution test (attach the required schedule) | 3b |
| 4 | Quali | fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 |
| 5 | Four | idations that qualify under section 4940(e) for the reduced rate of tax on net investment income | |
| | Ente | r 1% of Part I, line 27b (see page 26 of the instructions) | 5 |
| 6 | Adju | sted qualifying distributions. Subtract line 5 from line 4 | 6 |
| | Note | e: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years | culating whether the foundation |

Page 9 s

| Рa | rt XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
|----------|--|-----------------------|---------------------|------|-------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2010 from Part XI, | Corpus | Years prior to 2009 | 2009 | 2010 |
| | line 7 | | | | |
| 2 | Undistributed income, if any, as of the end of 2010 | | | | - |
| а | Enter amount for 2009 only | | | | |
| | Total for pnor years 20,20 | | | | - |
| 3 | Excess distributions carryover, if any, to 2010 | | | | |
| а | From 2005 | | | | |
| | From 2006 | | | | |
| С | From 2007 | | | | |
| d | From 2008 | | | | |
| e | From 2009 | | | | |
| | Total of lines 3a through e | | | | |
| | Qualifying distributions for 2010 from Part XII, | | | | |
| • | line 4 ▶ \$ | | | | |
| а | Applied to 2009, but not more than line 2a | | | | |
| | | | | | |
| O | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | | | |
| _ | Treated as distributions out of corpus (Election | | | | |
| C | required - see page 26 of the instructions) | | | | |
| d | Applied to 2010 distributable amount | | | | |
| | Remaining amount distributed out of corpus | | | | |
| | Excess distributions carryover applied to 2010 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| 6 | amount must be shown in column (a)) Enter the net total of each column as | | | | |
| • | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been | | | | |
| | issued, or on which the section 4942(a) tax has | | | | |
| | been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see page 27 of the instructions | | | | |
| е | Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page | | | | |
| | 27 of the instructions | | | | |
| f | Undistributed income for 2010 Subtract lines | | | | |
| • | 4d and 5 from line 1 This amount must be | | | | |
| _ | distributed in 2011 | | | | |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | | |
| _ | instructions) | | | | |
| 8 | Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the | | | | |
| | instructions) | | | | |
| 9 | Excess distributions carryover to 2011. | | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| | Analysis of line 9 | | | | |
| | Excess from 2006 | | | | |
| | Excess from 2007 | | | | |
| | Excess from 2008 | | | | |
| | Excess from 2009 | | 1 | | |
| <u>e</u> | Excess from 2010 | | | l | |

| | m 990-PF (2010) | | | | | | | Page 10 |
|-----|---|---|--|--|-----------------------------------|--------------------------|------------|-----------------|
| Pa | art XIV Private Oper | ating Foundations | see page 27 of the | instructions and Pa | irt VII-A, qu | estion 9) | | |
| 1 a | If the foundation has | | | | | | | |
| | foundation, and the ruling | g is effective for 2010, e | nter the date of the ruling | | Janu | ary 18 | , 2002 | 2 |
| b | Check box to indicate wh | ether the foundation is a | private operating found | lation described in section | 1 <u> </u> | 4942(j) | (3) or | 4942(j)(5) |
| 2. | Enter the leaser of the od | Tax year | | Prior 3 years | | | | (-) T-4-1 |
| 2 a | Enter the lesser of the ad- justed net income from Part | (a) 2010 | (b) 2009 | (c) 2008 | (d) 20 | 007 | ١ ، | (e) Total |
| | I or the minimum investment | , , | , , | | | | | - |
| | return from Part X for each year listed | | | | • | | | |
| | | | | | 1 | | | |
| b | 85% of line 2a | | | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | | | | | | | |
| d | Amounts included in line 2c not used directly for active conduct | | | | | | | |
| _ | of exempt activities | | | | | | | |
| е | Qualifying distributions made directly for active conduct of | | | | | | | |
| | exempt activities Subtract line | | | | | | | |
| _ | 2d from line 2c | | | | | | | |
| 3 | Complete 3a, b, or c for the alternative test relied upon | | | | | | | |
| а | "Assets" alternative test - enter | | | | | | | |
| | (1) Value of all assets | | | | | | | |
| | (2) Value of assets qualifying | | | | 1 | | | |
| | under section 4942(j)(3)(B)(i) | | | | | | | |
| b | | | | | | | | |
| | enter 2/3 of minimum invest- | | | | | | | |
| | ment return shown in Part X, line 6 for each year listed | Ì | | | | | | |
| С | "Support" alternative test - enter | | | | | | | |
| | (1) Total support other than | | | | | | | |
| | gross investment income | | | | | | i | |
| | (interest, dividends, rents, payments on securities | | | | | | | |
| | Ioans (section 512(a)(5)), | | | | | | | |
| | or royalties) | | | | | | <u> </u> | |
| | (2) Support from general public and 5 or more | | | | | | | |
| | exempt organizations as provided in section 4942 | | | | | | | |
| | (J)(3)(B)(III) | | | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | | | |
| | organization (4) Gross investment income | | | | | | | · |
| P | | ary Information (C | omplete this part | only if the found | lation had | \$5,000 | or mor | re in assets |
| _ | at any time | during the year - se | e page 28 of the in | | | | | |
| 1 | Information Regardin | - | | | | | | |
| а | List any managers of before the close of any | the foundation who f tax year (but only if the | nave contributed mor nev have contributed | e than 2% of the tota more than \$5,000) (S | al contributions See section 5 | ons receive 07(d)(2)) | ed by th | e foundation |
| N/ | | ,, (, | , | (- | | (-)(-) | | |
| | List any managers of | the foundation who | own 10% or more o | f the stock of a corn | oration (or | an equally | large n | ortion of the |
| • | ownership of a partner | | | | | ur equally | idige p | 0111011 01 1110 |
| | + · · · · · · · · · · · · · · · · · · · | ,,, - | | 3 | | | | |
| N, | /A | | | | | | | |
| 2 | Information Regardin | g Contribution, Grant | Gift, Loan, Scholars | hip. etc Programs: | | | | |
| - | -η | | | • | | | | |
| | Check here ► if the unsolicited requests for the control of | the foundation only | | | | | | |
| | organizations under of | | | | e 20 01 the | man actio | 113) 10 1 | ilaividuais Oi |
| _ | | · · · · · · | | | | • | | |
| | The name, address, a | | | | | | | |
| De | enise Hill, 2110 | | | | | | | |
| t | The form in which app | lications should be su | bmitted and informati | on and materials they | should inclu | ıde: | | |
| _ | ee Attached (2) | | | | | | | |
| C | : Any submission deadl | ines | | | | | | |
| _ | /A | | | | | | | |
| C | Any restrictions or life factors | imitations on awards | , such as by geogr | aphical areas, charita | able fields, | kınds of ı | institutio | ns, or other |
| 0 | raanization must | he state nuhi | ically support | ed school or r | 3r0ve 501 | 1 (0) (3 | \ etai | tue |

Form **990-PF** (2010)

Supplementary Information (continued)

Part XV

| 3 Grants and Contributions Paid Durin | ng the Year or Appr | oved for F | uture Payment | |
|---------------------------------------|--|--------------------------------|----------------------------------|---------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | , in a second |
| a Paid during the year | | | | |
| See attached (3)A | | | | |
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| | <u> </u> | | | |
| Total | | | ▶ 3a | |
| b Approved for future payment | | | | |
| See attached (3)B | | | | |
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| | | | ► 3h | |
| Total | | | ► 2h | 1 |

| Program sence revenue a b | ter gross amounts unless otherwise indicated. | Unrelat | ed business income | Excluded by | section 512, 513, or 514 | (e) Related or exempt function income |
|--|--|--|---------------------------|-------------|-----------------------------------|---|
| a b c d d d d d d d d d d d d d d d d d d | Program consec revenue | | | | | function income (See page 28 of |
| b c d d d d d d d d d d d d d d d d d d | - | | | | | the instructions) |
| de e e e e e e e e e e e e e e e e e e | | - | | | | · |
| d e f g Fees and contracts from government agencies Membership dues and assessments | | | | | | |
| g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property b Not debt-financed property Cither investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Cither revenue a b c d d e Subtotal Add columns (b), (d), and (e) e Subtotal Add columns (b), (d), and (e) Explain below how each activities to the Accomplishment of Exempt Purposes Ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes). (See page 29 | | | | | | |
| f g Fees and contracts from government agencies Membership dues and assessments | d | | . | | | |
| g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Cither investment income Gain or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory. Other revenue a b c Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | e | | | | | |
| Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Cother investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from sales of inventory Other revenue a b C C Subtotal Add columns (b), (d), and (e) C Cother investment in line 13 instructions on page 29 to venfy calculations Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | f | | | | | |
| Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 29 to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | - | | | <u> </u> | ļ <u>-</u> . <u> </u> | |
| Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Chter investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from special events Cross profit or (loss) from sales of inventory Nother revenue a b c d e Subtotal Add columns (b), (d), and (e) e Subtotal Add columns (b), (d), and (e) e worksheet in line 13 instructions on page 29 to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | Membership dues and assessments | | | | | |
| Net rental income or (loss) from real estate a Debt-financed property | Interest on savings and temporary cash investments | | | 14 | 434 | |
| a Debt-financed property | Dividends and interest from securities | | | | | |
| b Not debt-financed property | Net rental income or (loss) from real estate | | | | | |
| b Not debt-financed property | a Debt-financed property | | | | | |
| Net rental income or (loss) from personal property . Other investment income . Gain or (loss) from sales of assets other than inventory . Net income or (loss) from special events Gross profit or (loss) from sales of inventory . Other revenue a . b . c . d . Subtotal Add columns (b), (d), and (e) | | | | | | |
| Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory. Other revenue a b C d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 29 to verify calculations) art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | | | | | · | |
| Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory | | | | | | |
| Net income or (loss) from special events | | | | | | |
| Gross profit or (loss) from sales of inventory. Other revenue a b c d e Subtotal Add columns (b), (d), and (e) | • • | - | | | | |
| Other revenue a | | 1 1 | | | | |
| b c d d d d d d d d d d d d d d d d d d | • | F | | 1 | | |
| c d e Subtotal Add columns (b), (d), and (e) | | - 1 | | | | |
| d e Subtotal Add columns (b), (d), and (e) | | | | 1 | | |
| Subtotal Add columns (b), (d), and (e) | | | | | | |
| Subtotal Add columns (b), (d), and (e) | | | | | | |
| Total. Add line 12, columns (b), (d), and (e) | | | | | 131 | |
| re worksheet in line 13 instructions on page 29 to verify calculations) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29) | | . ∟ | | l l | 1 221 | |
| Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29) | | | | | 4.2 | Δ |
| Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 | | | | | 13 | 4 |
| | ee worksheet in line 13 instructions on page 2 art XVI-B Relationship of Activitie | 9 to verify calcules to the Acc | ations) complishment of E | xempt Purp | oses | |
| | e worksheet in line 13 instructions on page 2 Int XVI-B Relationship of Activitie ne No. Explain below how each activitie accomplishment of the founda | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
| | rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities accomplishment of the foundations in the second se | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
| | rt XVI-B Relationship of Activitie e No. Explain below how each activities accomplishment of the foundations in page 2 Explain below how each activities accomplishment of the foundations in the foundation in | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
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| | t XVI-B Relationship of Activities e No. Explain below how each activities accomplishment of the foundations are supported by the support of the foundations are supported by the support of the foundations are supported by the support of the supp | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
| | rt XVI-B Relationship of Activities Relationship of Activities Explain below how each activities accomplishment of the foundations in the second se | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
| | rt XVI-B Relationship of Activities | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |
| | rt XVI-B Relationship of Activities | 9 to verify calcules to the According for which | ations) complishment of E | xempt Purp | oses e) of Part XVI-A contribu | uted importantly to |

| Part | XVII | Information I Exempt Orga | Regarding Transfers To and Transactions and Relationships With nizations | Nonc | harit | table |
|--------|--|---|--|----------------------|--------|---------------------|
| | | on 501(c) of the Co | or indirectly engage in any of the following with any other organization described ode (other than section $501(c)(3)$ organizations) or in section 527 , relating to political | | Yes | No |
| | (1) Cash (2) Othe | n | oundation to a noncharitable exempt organization of: | | | X |
| | (1) Sale (2) Purc | chases of assets from | arıtable exempt organization | 1b(2) | | XXX |
| | (4) Reim (5) Loan | nbursement arrangeme ns or loan guarantees | ent, or other assets nts | 1b(4) 1b(5) | | X |
| c d | Sharing of the average of the state of the s | of facilities, equipmen answer to any of t f the goods, other | r membership or fundraising solicitations t, mailing lists, other assets, or paid employees he above is "Yes," complete the following schedule Column (b) should always sho assets, or services given by the reporting foundation If the foundation received less | 1 c w the than | fair i | X marke marke |
| (a) Lu | | (b) Amount involved | sharing arrangement, show in column (d) the value of the goods, other assets, or (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or (d) Description of transfers, transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and transfers (d) Description of transfers, arrangement (d) Descript | | | |
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| | cribed in section 501(c) of the Code (of 'es," complete the following schedule | ther than section 501(c)(3)) or in section 5 | 277 | Yes X | No |
|------------------|---|--|---|---|----|
| | (a) Name of organization | (b) Type of organization | | (c) Description of relationship | _ |
| | | | | | |
| | | | | | _ |
| | | | | | |
| Sign Here | Under penalties of perjury, I declare that I pelief, it is true, correct, and complete Declar | have examined this return, including accompar ration of preparer (other than taxpayer or fiducial | nying schedules and sta y) is based on all informa | tements, and to the best of my knowledge ation of which preparer has any knowledge President | аг |
| [1 | Signature of officer or trustee | Date 1 | -11-1/ | Title | |
| Paid | Print/Type preparer's name | Preparer's signature | Date | PTIN Check If self-employed | |
| Prepar Use Or | I FILLI S Halle | | , | Firm's EIN ▶ | |
| | | | | Phone no | |

Schedule B

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

Or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Employer identification number Name of the organization Food Lion Charitable Foundation, Inc. 56-2279572 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h or (11) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| Page | 1 | of | 6 | of Part I |
|------|---|----|---|-----------|
| | | | | |

Food Lion Charitable Foundation, Inc.

Employer identification number 56-2279572

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--|--|
| 1 | Acosta Sales & Marketing P.O. Box 34309 Charlotte, NC 28234 | \$10,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | Advantage Sales & Marketing 13530 South Ridge Drive Charlotte, NC 28273 | \$10,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 3 | Alberto Culver 10554 Plantation Bay Drive Tampa, FL 33647 | \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| No. | Name, address, and ZIP + 4 Anheuser Busch 276 Millingport Lane New London, NC 28127 | | |
| (a) | Anheuser Busch 276 Millingport Lane | Aggregate contributions | Person X Payroll Noncash (Complete Part II if there is |
| 4 (a) | Anheuser Busch 276 Millingport Lane New London, NC 28127 (b) | \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | Anheuser Busch 276 Millingport Lane New London, NC 28127 (b) Name, address, and ZIP + 4 Bay Valley Foods P.O. Box 1023 | \$25,000.00 (c) Aggregate contributions | Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is |

Food Lion Charitable Foundation, Inc.

Employer identification number

| Part I Contributors | (see instructions) |
|---------------------|--------------------|
|---------------------|--------------------|

| | , | | |
|------------|--|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 7 | Chiquita/Fresh Express 11021 Stonepath Lane | \$25,000.00 | Person X Payroll Noncash |
| | Charlotte, NC 28277 | | (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 8 | Coca-Cola 4100 Coca Cola Plaza | \$25,000.00 | Person X Payroll Noncash |
| | Charlotte, NC 28216 | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 9 | Coca-Cola North America - Minute Maid 4100 Coca Cola Plaza Charlotte, NC 28211 | \$25,000.00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| /=\ | 4. | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| No. | Name, address, and ZIP + 4 Conagra 13860 Ballantyne Corporate Place | Aggregate contributions | Person X Payroll Noncash (Complete Part II if there is |
| 10 | Name, address, and ZIP + 4 Conagra 13860 Ballantyne Corporate Place Charlotte, NC 28277 (b) | \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| 10 | Name, address, and ZIP + 4 Conagra 13860 Ballantyne Corporate Place Charlotte, NC 28277 (b) Name, address, and ZIP + 4 Constellation Wines 8801 Anklin Forrest Drive | \$25,000.00 (c) Aggregate contributions | Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is |
| (a) No. | Name, address, and ZIP + 4 Conagra 13860 Ballantyne Corporate Place Charlotte, NC 28277 (b) Name, address, and ZIP + 4 Constellation Wines 8801 Anklin Forrest Drive Waxhaw, NC 28173 (b) | \$25,000.00 Aggregate contributions (c) Aggregate contributions \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

| age | 3 | of | 6 | of Part I |
|-----|---|----|---|-----------|
| | | | | |

Name of organization
Food Lion Charitable Foundation, Inc.

Employer identification number 56-2279572

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|-------------------------------------|---|
| 13 | Del Monte - Fresh Produce 118-B Forest Parkway | \$25,000.00 | Person X Payroll Noncash |
| | Forest park, GA 30297 | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 14 | Dole Fresh PO Box 2018 Monterey, CA 93942 | \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) | (d) |
| 15 | E&J Gallo Winery 13925 Ballantyne Corp Place Suite 240 Charlotte, NC 28277 | Aggregate contributions \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 16 | General Mills 121 Donna Place | \$ 25,000.00 | Person X Payroll |
| | Cary, NC 27519 | | Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | Cary, NC 27519 (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (Complete Part II if there is |
| | (b) | | (Complete Part II if there is a noncash contribution) (d) |
| No. | (b) Name, address, and ZIP + 4 Georgia Pacific 7010 Stanbury Drive | Aggregate contributions | (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is |

Food Lion Charitable Foundation, Inc.

Employer identification number 56-2279572

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|---|--|
| 19 | Kelloggs 13801 Reese Blvd, Park Kemp Bld | \$25,000.00 | Person X Payroll Noncash |
| | Huntersville, NC 28078 | | (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 20 | Kraft General Foods PO Box 240693 Charlotte, NC 28224 | \$\$,000.00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 21 | McCormick & Company, Inc. 10505 Pirsimmon Creek Drive Mint Hill, NC 28227 | \$ 25,000.00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| | The state of the s | | |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | Aggregate contributions \$ 25,000.00 | |
| No. | Name, address, and ZIP + 4 Nestle USA 9115 Harris Corners Pkwy Suite 125 | Aggregate contributions \$ 25,000.00 | Person X Payroll Noncash (Complete Part II if there is |
| 22 | Name, address, and ZIP + 4 Nestle USA 9115 Harris Corners Pkwy Suite 125 Charlotte, NC 28269 (b) | ### Aggregate contributions | Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) |
| (a) No. | Name, address, and ZIP + 4 Nestle USA 9115 Harris Corners Pkwy Suite 125 Charlotte, NC 28269 (b) Name, address, and ZIP + 4 Niagara Waters 2560 E Philadelphia Ave | Aggregate contributions 25,000.00 (c) Aggregate contributions | Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is |
| (a) No. | Name, address, and ZIP + 4 Nestle USA 9115 Harris Corners Pkwy Suite 125 Charlotte, NC 28269 (b) Name, address, and ZIP + 4 Niagara Waters 2560 E Philadelphia Ave Ontario, CA 91761 (b) | Aggregate contributions \$\$25,000.00 Aggregate contributions \$\$25,000.00 (c) | Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Food Lion Charitable Foundation, Inc.

Employer identification number 56-2279572

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--|---|
| 25 | Proctor & Gamble 13925 Ballantyne Corp Place Suite 350 Charlotte, NC 28277 | \$25,000.00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 26 | Sara Lee 182 Oakmont Drive Advance, NC 27006 | \$25,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 27 | Sara Lee Baking 225 South Fulton St Salisbury, NC 28144 | \$25,000.00 | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 28 | SC Johnson | | Person X |
| | 18724 Greton Lane Davidson, NC 28036 | \$25,000.00 | Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | | \$25,000.00 (c) Aggregate contributions | Noncash (Complete Part II if there is |
| | Davidson, NC 28036 (b) | (c) | Noncash (Complete Part II if there is a noncash contribution.) (d) |
| No. | Davidson, NC 28036 (b) Name, address, and ZIP + 4 Smithfield 722 Corporate Circle | (c) Aggregate contributions | Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is |

| Page | 6 | of | 6 | of Part I |
|------|---|----|---|-----------|
| | | | | |

Name of organization
Food Lion Charitable Foundation, Inc.

Employer identification number 56-2279572

| (a) | (b) | (c) | (d) |
|-----|--|-----------------------------|---|
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 31 | Food Lion LLC 2110 Executive Drive Salisbury, NC 28147 | \$300,000.00 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) Aggregate contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) Aggregate contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Food Lion Charitable Foundation, Inc.

Page 1 of 1 of Part II
Employer identification number

56-2279572

| Part II Nonca | ash Property (see instructions) | | |
|---------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| · · · · · · · · · · · · · · · · · · · | 90, 990-EZ, or 990-PF) (2010) | | | Page $\frac{1}{}$ of $\frac{1}{}$ of Part |
|--|--|-----------------------------|--|---|
| <mark>me of organizatio</mark> ood Lion | on Charitable Foundation, Inc. | | | Employer identification number 56-2279572 |
| art III Exclus aggre For o | sively religious, charitable, etc., individence of the year. rganizations completing Part III, enter the ubutions of \$1,000 or less for the year. | Complete cole total of excl | lumns (a) through usively religious, c | 01(c)(7), (8), or (10) organizations (e) and the following line entry. |
| a) No. from Part I | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held |
| | | (e) Transfe | er of gift | |
| | Transferee's name, address, and ZIP+ | | - | nship of transferor to transferee |
| | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, and ZIP + | (e) Transfo | - | nship of transferor to transferee |
| a) No. | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, and ZIP + | 4 | Relatio | nship of transferor to transferee |
| (a) No. | (b) Purpose of gift | (c) Use | | (d) Description of how gift is held |

| _ | | | _ | _ | |
|-----|-----|------|-----|----|------|
| ۱۵۱ | Tre | anei | for | ٠f | aift |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |
| | |

| COMPANY | ADDRESS 1 | ADDRESS 2 | СІТУ | ST | Zip |
|---------------------------------------|----------------------------------|-------------|---------------|----|-------|
| Acosta Sales & Marketing | P.O. Box 34309 | | Charlotte | NC | 28234 |
| Advantage Sales & Marketing | 13530 South Ridge Drive | | Charlotte | NC | 28273 |
| AlbertoCulver | 10554 Plantation Bay Drive | | Tampa | FL | 33647 |
| Anheuser Busch | 276 Millingport Lane | | New London | NC | 28127 |
| Bay Valley Foods | PO Box 1023 | | Collinville | N | 28017 |
| Campbells Sales Co | 14705 Ballantyne Glen Way | | Charlotte | NC | 28277 |
| Chiquita/Fresh Express | 11021 Stonepath Lane | | Charlotte | NC | 28277 |
| Coca-Cola | 4100 Coca Cola Plaza | | Charlotte | NC | 28216 |
| Coca-Cola North America - Minute Maid | 4100 Coca Cola Plaza | 2nd floor | Charlotte | NC | 28211 |
| Conagra | 13860 Ballantyne Corporate Place | Suite 450 | Charlotte | NC | 28277 |
| Constellation Wines | 8801 Anklin Forrest Drive | | Waxhaw | NC | 28173 |
| Dairy Fresh | 2221 Patterson Ave | | Winston Salem | NC | 27105 |
| Del Monte -Fresh Produce | 118-B Forsest Parkway | | Forest Park | GA | 30297 |
| Dole Fresh | PO Box 2018 | | Monterey | CA | 93942 |
| E&J Gallo Winery | 13925 Ballantyne Corp Place | Suite 240 | Charlotte | NC | 28277 |
| General Mills | 121 Donna Place | PO Box 4349 | Cary | NC | 27519 |
| Georgia Pacific | 7010 Stanbury Drive | | Matthews | NC | 28104 |
| Great Lakes Cheese | 17710-B Kings Point Drive | | Cornelius | NC | 28031 |
| Kelloggs | 13801 Reese Blvd, Park Kemp Bld | Suite 300 | Huntersville | NC | 28078 |
| Kraft General Foods | PO Box 240693 | | Charlotte | NC | 28224 |
| McCormick & Company, Inc. | 10505 Pirsimmon Creek Drive | | Mint Hill | SC | 28227 |
| Nestle USA | 9115 Harris Corners Pkwy | Suite 125 | Charlotte | SC | 28269 |
| Nagara Waters | 2560 E Philadelphia Ave | : | Ontario | CA | 91761 |
| Pepsi - Cola | 3530 Toringdon Way | Suite 400 | Charlotte | NC | 28277 |
| Proctor & Gamble | 13925 Ballantyne Corp Place | Suite 350 | Charlotte | NC | 28277 |
| Sara Lee | 182 Oakmont Drive | | Advance | NC | 27006 |
| Sara Lee Bakıng | 225 South Fulton St | | Salisbury | SC | 28144 |
| SC Johnson | 18724 Greton Lane | | Davidson | NC | 28036 |
| Smithfield | 722 Corporate Circle | | Salisbury | SC | 28147 |
| Tyson | 2210 Don Tyson Pkwy | | Springdale | AR | 72762 |







FOOD LION CHARITABLE FOUNDATION, INC. 2011 Feeding the Hungry Grant Application

| Today's Date Organization Name: | Voca Foundade |
|---|---|
| Organization Name. | Year Founded: |
| Address: | Federal Tax ID |
| | (Attach proof of 501(c)(3) public charity status) |
| City: | State: Zip: |
| Contact Person | Phone: |
| Title: | Email address: |
| Feeding America Agency YES or NO If ye your organization receive UNITED WAY fur | es, which Food Bank Does |
| Organization's | |
| Mission: | |
| | |
| Purpose of | |
| Contribution: | |
| Please include any attachments you feel are u | iseful in assisting the Foundation in better understanding your program an |
| Please include any attachments you feel are under the how it benefits the community. Include break | iseful in assisting the Foundation in better understanding your program and adown of how funds requested will be used. |
| how it benefits the community. Include break | useful in assisting the Foundation in better understanding your program and adown of how funds requested will be used. Amount Requested: |
| Dates of Project/Program: | down of how funds requested will be used. |
| how it benefits the community. Include break Dates of Project/Program: Current Operating Budget | Amount Requested: |
| Dates of Project/Program: Current Operating Budget Administrative versus program | Amount Requested: |
| Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: | Amount Requested: Total Project/Program Cost: |
| Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities | Amount Requested: Total Project/Program Cost: Population |
| how it benefits the community. Include break Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities served by your | Amount Requested: Total Project/Program Cost: Population |
| Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities served by your organization: | Amount Requested: Total Project/Program Cost: Population |
| Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities served by your organization: Source of other | Amount Requested: Total Project/Program Cost: Population |
| how it benefits the community. Include break Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities | Amount Requested: Total Project/Program Cost: Population |
| how it benefits the community. Include break Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities served by your organization: Source of other funds to support project. | Amount Requested: Total Project/Program Cost: Population |
| Dates of Project/Program: Current Operating Budget Administrative versus program costs of this project: List communities served by your organization: Source of other funds to support project. Local store address How were you referred to the Charitable Foun | Amount Requested: Total Project/Program Cost: Population Served: Served: |

Mail application with attachments to: Food Lion Charitable Foundation

2011 Feeding the Hungry Grant Application

Attn: Peggy Dooley-Isley

PO Box 1330, Salisbury, NC 28145-1330

DO NOT PHOTOCOPY OR REUSE THIS FORM. THIS FORM IS NO LONGER VALID AFTER APRIL 8, 2011.

Food Lion Charitable Foundation Statement of Activities (Note 1: Grant detail) as of December 31, 2010

| Amount | Organization | City | State | Purpose |
|-----------|------------------------------|--------------|----------|---------|
| 1 000 00 | LIFE CHANGES FAMILY | | | |
| 1,000 00 | COMMUNITY | Greenbelt | MD | feeding |
| 20,000,00 | MEDICAL UNIVERSITY OF | | | |
| 20,000 00 | SOUTH CAROLINA | Charleston | sc | feeding |
| 3,000,00 | ORANGE CONGREGATIONS IN | (T.H1 1- | NC | |
| 3,000 00 | LOAVES & FISHES CHRISTIAN | Hillsborough | NC | feeding |
| 3,500 00 | | Burlington | NC | C |
| | | | _ | feeding |
| 1,200 00 | SALVATION ARMY | Jacksonville | NC | feeding |
| 2,000,00 | COMMUNITY FOOD CONNECTION OF | Alcoa | TNI | |
| 3,000 00 | MOUNT PLEASANT FOOD | Aicoa | TN | feeding |
| 3,000,00 | MINISTRY | Mt Pleasant | NC | c1 |
| | | | | feeding |
| 3,000 00 | BAPTIST SHARING HOUSE | Concord | NC | feeding |
| 3 500 00 | SALVATION ARMY SENECA | G. | 66 | |
| 2,500 00 | | Seneca | SC | feeding |
| 50,000 00 | CHKD | Norfolk | VA | feeding |
| | NORTH LEXINGTON BAPTIST | | | |
| 3,000 00 | CHURC | Lexington | NC | feeding |
| | COMMUNITY MINISTRY OF | Upper | | |
| 1,000 00 | PRINCE | Marlboro | MD | feeding |
| 3 000 00 | IREDELL CHRISTIAN | Statagrulla | NC | c 1: |
| | MINISTRY | Statesville | NC | feeding |
| 2,000 00 | SERVANT CENTER INC | Greensboro | NC | feeding |
| 2 500 00 | MOUNTAINEED FOOD DANK | | | i |
| | MOUNTAINEER FOOD BANK | Gassaway | WV | feeding |
| 2,500 00 | CHRISTIAN HELP CENTER | Roxboro | NC | feeding |
| | BRUNSWICK FAMILY | | | |
| 3,000 00 | ASSISTANCE A | Shallotte | NC | feeding |
| 3,000 00 | LIGHTHOUSE MINISTRIES | Keller | VA | feeding |
| | HELPING HANDS OF HAMLET | | | |
| 2,000 00 | | Hamlet | NC | feeding |
| | LOUDOUN INTERFAITH | | | |
| 2,500 00 | RELIEF INC | Leesburg | VA | feeding |
| 2 000 00 | FOOD LIFE SERVICES OF | 1 | T. 1 | |
| 2,000 00 | CAMPBEL CAMPBEL | Jacksboro | TN | feeding |
| 2,500 00 | EMMAUS SERVICES FOR THE | Washington | DC | Cond |
| - | | | | feeding |
| | THE SALVATION ARMY | Union | SC | feeding |
| 3,000 00 | LOVE KITCHEN INC | Knoxville | tn | feeding |
| 2,400 00 | A BLESSING INC | Louisburg | NC | feeding |
| | ASSOCIATED CATHOLIC | | <u> </u> | i i |
| 2,000 00 | CHARITIES | Baltimore | MD | feeding |
| | WASHINGTON & LEE | | | |
| 1,000 00 | UNIVERSITY C | Lexington | VA | feeding |
| | CAMPUS KITCHEN AT | | | |
| 1,000 00 | WILLIAM & M | Williamsburg | VA | feeding |
| 2 222 | BEDFORD CHRISTIAN | | ļ.,. | l |
| 2,000 00 | MINISTRIES | Bedford | VA | feeding |
| 2.500.00 | METRO COMMUNITY | | | |
| 2,300 00 | ASSISTANCE IN | Cartersville | GA | feeding |

| 2,000 00 | PEACH CENTER MINISTRIES | Gaffney | sc | feeding |
|---|----------------------------------|-------------------|------|---------|
| | RED LION EVANGELICAL FREE CHU | Bear | DE | feeding |
| h . | SALVATION ARMY SPARTANBURG | Spartanburg | sc | feeding |
| | JORDANS CHAPEL UNITED METHODI | Pulaskı | VA | feeding |
| | TRUE VINE CHRISTIAN FELLOWSHI | Summerville | SC | feeding |
| 2,000 00 | 2,000 00 HOUSE OF H O P E INC | | VA | feeding |
| 2,000 00 | SHENANDOAH AREA AGENCY OF AGI | Front Royal | VA | feeding |
| 5,000 00 | GOLDEN CORNER MINISTRIES FOOD | Seneca | sc | feeding |
| 5,000 00 | SECOND HARVEST FOOD BANK OF | Winston- Salem | NC | feeding |
| 2,500 00 | THE SALVATION ARMY | Shelby | NC | feeding |
| | LUTHERAN COMMUNTIY | | D.E. | |
| · — — — — — — — — — — — — — — — — — — — | SERVICES | Wilmington | DE | feeding |
| | BREAD OF THE CITY | Washington | DC | feeding |
| 2,000 00 | LADIES OF CHARITY | Knooxville | TN | feeding |
| 2,000 00 | ROBESON COUNTY CHURCH & COMMU | Lumberton | NC | feeding |
| 3,000 00 | LOAVES & FISHES INC | Charlotte | NC | feeding |
| 2,000 00 | WRIGHTSBORO UNITED METHODIST | Wilmington | NC | feeding |
| 2,500 00 | FREEDOM HOUSE | Richmond | VA | feeding |
| 2,000 00 | FAITH & DELIVERANCE OUTREACH | Danville | VA | feeding |
| 2,500 00 | SANDHILLS MOORE COALITION FOR | Southern Pines | NC | feeding |
| 2,000 00 | GOOD SAMARITAN MINISTRIES | Decherd | TN | feeding |
| 20,000 00 | | Charlotte | NC | feeding |
| 2,000 00 | HELPING HANDS OF GOOSE CREEK | Goose Creek | sc | feeding |
| 4,440 00 | BERKELEY SENIOR INC | Moncks Corner | sc | feeding |
| 5,000 00 | | N Myrtle Beach | sc | feeding |
| 6,000 00 | PASTORS PANTRY A SENIOR ADULT | Lexington | NC | feeding |
| 5,000 00 | SALVATION ARMY DURHAM | Durham | NC | feeding |
| | CHRISTIANS UNITED OUTREACH CE | Sanford | NC | feeding |
| 5,000 00 | CITY RESCUE MISSION | Fayetteville | NC | feeding |
| 5,000 00 | | Carboro | NC | feeding |
| 30,000 00 | PARTNERS IN LEARNING CHILD DE | Salisbury | NC | feeding |
| 5,000 00 | CABARRUS MEALS ON WHEELS INC | Kannapolis | NC | feeding |
| 5,000 00 | MEALS ON WHEELS OF ROWAN INC | Salisbury | NC | feeding |

| 5,000 00 | COMMUNITY STORE HOUSE | Martinsville | NC | feeding |
|----------|----------------------------------|----------------|----|---------|
| 5,000 00 | FOOD BANK OF GREENWOOD COUNTY | Greenwood | sc | feeding |
| 5,000 00 | PHOENIX OUTREACH PARTNERSHIP | Radford | VA | feeding |
| 2,500 00 | STEPPING STONE MISSION OF FRA | Rocky Mount | VA | feeding |
| 5,000 00 | GOLDEN HARVEST FOOD BANK | Augusta | GA | feeding |
| 1,500 00 | PLACE OF REFUGE CHURCH | Crossville | TN | feeding |
| 2,500 00 | THE SALVATION ARMY | Asheville | NC | feeding |
| 3,000 00 | ABUNDANT LIFE ASSEMBLY OF GOD | Winchester | TN | feeding |
| 3,000 00 | SALVATION ARMY OF HOT SPRINGS | Hot Springs | NC | feeding |
| 2,000 00 | SOUTH BRUNSWICK INTERCHURCH C | Shallotte | NC | feeding |
| 3,000 00 | FENTRESS COUNTY FOOD BANK CHA | Allardt | TN | feeding |
| 2,000 00 | ANDERSON INTERFAITH MINISTRIE | Anderson | SC | feeding |
| 2,500 00 | DC CENTRAL KITCHEN | Washington | DC | feeding |
| 4,000 00 | WILLIAMSBURG AREA MEALS ON WH | Williamsburg | VA | feeding |
| 2,000 00 | FIRST BAPTIST CHURCH | Clinton | TN | feeding |
| 2,500 00 | HOPE OF GLORY MINISTRIES | Greenville | NC | feeding |
| 5,000 00 | ROWAN HELPING MINISTRIES | Salisbury | NC | feeding |
| 5,000 00 | ARLINGTON FOOD ASSISTANCE CEN | Arlıngton | VA | feeding |
| 2,000 00 | LIBERTY BAPTIST CHURCH FOOD P | Ellenboro | NC | feeding |
| 5,000 00 | ASSISTANCE LEAGUE OF CHARLOTT | Charlotte | NC | feeding |
| | BLUE RIDGE OPPORTUNITY COMMIS | North Wilkesbo | NC | feeding |
| 5,000 00 | MINISTRY OF CARING INC | Wilmington | DE | feeding |
| 5,000 00 | FOOD BANK OF THE ALBEMARLE | Elizabeth City | NC | feeding |
| 2,500 00 | SECOND HARVEST FOOD BANK OF N | Gray | TN | feeding |
| 5,000 00 | BECKLEY DREAM CENTER FISHES | Beckley | wv | feeding |
| 6,000 00 | SENIOR RESOURCES OF GUILFORD | Greensboro | NC | feeding |
| 2,000 00 | MOUNTAIN COMMUNITY ACTION PRO | Wytheville | VA | feeding |
| 2,500 00 | CHRISTIAN SERVICE CENTER | Lake City | FL | feeding |
| 5,000 00 | GREENHOUSE MINISTRIES | Murfreesboro | TN | feeding |
| | SALVATION ARMY ROANOKE | Roanoke | VA | feeding |
| 5,000 00 | CCAP LOAVES & FISHES | Martinsburg | wv | feeding |
| 5,000 00 | THE HARVEST CENTER | Charlotte | NC | feeding |

| | WOMEN WHO CARE | · · · · | | 1 |
|-------------|------------------------------|------------------|--|---------------|
| 3,000,00 | MINISTRIES | Montage | MD | fooding |
| 3,000 00 | COWEN FIRST BAPTIST FOOD | Montgomery V | MD | feeding |
| 2,000 00 | | | | c 1: |
| 2,000 00 | PANT | Cowen | W۷ | feeding |
| 2 000 00 | A DISE OF THE A CHAMBUSTRIES | | | |
| 2,000 00 | ARISE OUTREACH MINISTRIES | Capitol Heights | MD | feeding |
| 2,500 00 | WESLEY CHAPEL UMC | Lake City | sc | feeding |
| | HOPEWELL SENIOR DAY | | | _ |
| 2,000 00 | CARE | Salters | sc | feeding |
| | CHURCH OF GOD HELPING | | | |
| 1,000 00 | HANDS | Chatsworth | GA | feeding |
| | CHILD & FAMILY SERVICES | | | |
| 2,000 00 | DBA | Norfolk | VA | feeding |
| | THE SALVATION ARMY | | | <u> </u> |
| 1,500 00 | HENDERSON | Hendersonville | NC | feeding |
| 2 000 00 | WEST END MINISTRIES | | NC | feeding |
| 2,000 00 | WEST END MINISTRIES | High Point | INC | reeding |
| 2 000 00 | CUMC MEALS THAT HEAL | | NG | c: |
| 2,000 00 | MOREHEAD GATEWAY | Marion | NC | feeding |
| 5,000,00 | HELPING FOOD | | 101 | e 1 |
| 3,000 00 | BEACON OF HOPE SERVICES | Morehead | KY | feeding |
| 3,000 00 | | | | c 1 |
| 3,000 00 | | Marshall | NC | feeding |
| 2 000 00 | TRI COUNTY FAMILY | | | |
| 2,000 00 | MINISTRIES | Charleston | SC | feeding |
| 2 000 00 | YOKEFELLOW MINISTRY OF | | | |
| 2,000 00 | GREATE | Statesville | NC | feeding |
| 5 000 00 | SALVATION ARMY OF | | | |
| 3,000 00 | NASHVILLE | Nashville | TN | feeding |
| 2 000 00 | SAMARITAN CHRISTIAN | | | |
| 2,000 00 | MINISTRY | Wilkesboro | NC | feeding |
| | RESCUE MISSION OF | | | |
| 3,000 00 | ROANOKE | Roanoke | VA | feeding |
| | VESSELS OF MERCY | | | |
| 2,000 00 | INTERNATIONA | Henrico | VA | feeding |
| | SANCTUARY DELIVERANCE | | | |
| 2,500 00 | KIDS CA | Greensboro | NC | feeding |
| | THE SALVATION ARMY | | | |
| 3,000 00 | BURLINGTON | Burlington | NC | feeding |
| | THE SALVATION ARMY | | | |
| 2,600 00 | COLUMBIA | Columbia | sc | feeding |
| | | | | |
| 4,000 00 | NORTH RALEIGH MINISTRIES | Raleigh | NC | feeding |
| 3,650 00 | VALLEY MISSION INC | Staunton | VA | feeding |
| | CENTRAL VIRGINIA AREA | | | |
| 2,000 00 | AGENCY | Lynchburg | VA | feeding |
| | CHARLESTON CONVOY OF | , | | |
| 5,000 00 | | Charleston | sc | feeding |
| | | | | |
| 2.000 00 | PULASKI DAILY BREAD INC | Pulaski | VA | feeding |
| | | | | |
| 2,500 00 | TOTAL MINISTRIES | Spartanburg | sc | feeding |
| 2 000 00 | ROCKY MOUNT CHURCH OF | L . | l | [, |
| 3,000 00 | | Rocky Mount | VA | feeding |
| 2 222 | AGAPE FAMILY LIFE CENTER | | 1 | |
| 2,000 00 | | Hardeeville | SC | feeding |
| | BERKELEY COUNTY MEALS | | | |
| 1,000 00 | ON WHEE | Martinsburg | wv | feeding |
| 3,000 00 | CHRISTIAN HELP INC | Morgantown | wv | feeding |
| | FORT CHISWELL CHURCH OF | † <u>January</u> | · · · · · · · · · · · · · · · · · · · | |
| 2,000 00 | | Max Meadows | IVA | feeding |
| | 1 | 1 | 1 | |

| 4 000 00 | GOOCHLAND FREE CLINIC & | | | |
|------------|---------------------------------------|---------------|-------|----------------|
| 4,000 00 | | Goochland | VA | feeding |
| | GOOD SAMARITAN CENTER | | | |
| 3,000 00 | OF LOUD | Lenior City | TN | feeding |
| | GREATER EMMANUAL | | | <u> </u> |
| 2,000 00 | MINISTRIES I | Newport News | VA | feeding |
| | | | | 1 |
| 5,000 00 | HICKORY SOUP KITCHEN INC | Hickory | NC | feeding |
| 1,750 00 | LOAVES & FISHES | Greenville | sc | feeding |
| | MONTGOMERY COUNTY | | | |
| 3.000 00 | COUNCIL ON | Troy | NC | feeding |
| | ALLEGHANY COUNTY | 1109 | - | recuing |
| 5 000 00 | MINISTERIUM | | N.C | |
| 5,000 00 | | Sparta | NC | feeding |
| 2 000 00 | SAINT COLUMA ECUMENICAL | | | |
| 2,000 00 | | Norfolk | VA | feeding |
| 1 | HELPING IN HIS NAME | | | |
| 5,000 00 | MINISTRIE | Stockbridge | GA | feeding |
| 7,500 00 | GODS PANTRY INC | Fountain Inn | sc | feeding |
| | HIGHER DIMENSIONS | | | 1000 |
| 3,000,00 | MINISTRIES | Laurel Hill | NC | feeding |
| 2,000 00 | MCDOWELL MISSION | Laurerriiii | IVC - | recuing |
| 4 000 00 | MINISTRIES I | | | C |
| 4,000 00 | WIINIST RIEST | Marion | NC | feeding |
| 6,000 00 | AGAPE CARE & SHARE INC | Clemmons | NC | feeding |
| | SAINT MICHAEL LUTHERAN | Cicininons | - | recuiring |
| 4 760 00 | CHURCH | Disababaa | l.,, | |
| 4,700 00 | SALVATION ARMY OF | Blacksburg | VA | feeding |
| 5 000 00 | | | | l |
| 3,000 00 | ROCKINGHAM | Rockingham | NC | feeding |
| | HELPING HAND OF MYRTLE | | | |
| 5,000 00 | BEACH | Myrtle Beach | sc | feeding |
| | OUR DAILY BREAD | | | |
| 2,000 00 | CHRISTIAN FOO | Rockingham | NC | feeding |
| | SALVATION ARMY DAVIDSON | | | - |
| 2,000 00 | COUNT | Lexington | NC | feeding |
| | SALVATION ARMY | | | 1 |
| 5,000 00 | WAYNESVILLE | Waynesville | NC | feeding |
| | STRAWBERRY ASSISTANCE | Waynesvine | - | recamg |
| 2 000 00 | CENTER | | | e1 |
| 2,000 00 | TRANSYLVANIA CHRISTIAN | Moncks Corner | SC | feeding |
| 5 000 00 | · · · · · · · · · · · · · · · · · · · | | | - l |
| 00 000,c | MINIST | Brevard | NC | feeding |
| 5,000 00 | PAULS PLACE INC | Baltımore | MD | feeding |
| | WESTERN UNION | | | |
| | | | | |
| 100,000 00 | FOUNDATION | Englewood | со | feeding |

560,300.00

Food Lion Charitable Foundation Statement of Financial Position December 31, 2010

| 2011 | 2012 | Total | Organization | City | State | Purpose |
|-----------|-----------|-------------|-----------------------|------------|-------|---------|
| | | | | | ĺ | |
| i | | | CHILDRENS HOSPITAL OF | | i | |
| 50,000 00 | | 50,000 00 | THE KING'S DAUGHTERS | Norfolk | VA | health |
| | | | MEDICAL UNIVERSITY OF | | | |
| 20,000 00 | 20,000 00 | 40,000 00 | SOUTH CAROLINA | Charleston | SC | health |
| 70,000.00 | 20,000.00 | 90,000.00 | | | | |

Application for Change in Accounting Method

| Department of the Treasury Internal Revenue Service | | - | | |
|--|--|------------|--|--|
| Name of filer (name of parent corporation if a consolidated group) (see instructions) | Identification number (see instructions) | | | |
| | 56-2279572 | | | |
| | Principal business activity code number (see instructions) | | | |
| Food Lion Charitable Foundation, Inc. | | | | |
| Number, street, and room or suite no. If a P.O. box, see the instructions | Tax year of change begins (MWDD/YYYY) 1/01/2010 | | | |
| 2110 Executive Drive | Tax year of change ends (MWDD/YYYY) 12/31/2010 | | | |
| City or town, state, and ZIP code | Name of contact person (see instructions) | | | |
| Salisbury, NC 28147 Name of applicant(s) (if different than filer) and identification number(s) (see instructions) | Denise Hill | | | |
| realite of applicatings) (if officient that mer) and identification flumber(s) (see instructions) | Contact person's telephone number | | | |
| If the applicant is a member of a consolidated group, check this box | 704-633-8250 | | | |
| If Form 2848, Power of Attorney and Declaration of Representative, is attached | | | | |
| required), check this box | ` | | | |
| Check the box to indicate the type of applicant. | Check the appropriate box to indicate the type | | | |
| Individual Cooperative (Sec 1381) | of accounting method change being requested. | | | |
| Corporation Partnership | (see instructions) | | | |
| Controlled foreign corporation S Corporation | Depreciation or Amortization | | | |
| (Sec. 957) Insurance Co. (Sec. 816(a)) | Financial Products and/or Financial Activities o | f | | |
| 10/50 corporation (Sec. 904(d)(2)(E)) Insurance Co. (Sec. 831) | Financial Institutions | - | | |
| Qualified personal service Other (specify) | X Other (specify) > Change from Cash | | | |
| corporation (Sec. 448(d)(2)) | Method to Accrual Method | | | |
| X Exempt organization. Enter Code section ▶ 501 (c) (3) | | | | |
| Caution: To be eligible for approval of the requested change in method of accounting, the taxpa or to the taxpayer's requested change in method of accounting. This includes all information | ayer must provide all information that is relevant to the taxpay | er | | |
| well as any other information that is not specifically requested | | 35 | | |
| The taxpayer must attach all applicable supplemental statements requested throughou | t this form. | | | |
| Part I Information For Automatic Change Request | | _ | | |
| 1 Enter the applicable designated automatic accounting method change number | | <u> </u> | | |
| only one designated automatic accounting method change number, except as | | | | |
| IRS if the requested change has no designated automatic accounting method both a description of the change and citation of the IRS guidance providing the | | | | |
| | e automatic change. See instructions. | | | |
| ► (a) Change No. 122 (b) Other Description ► | 2000.50 | | | |
| 2 Do any of the scope limitations described in section 4 02 of Rev. Proc | 1 1 | , | | |
| unavailable for the applicant's requested change? If "Yes," attach an explanatio Note: Complete Part II below and then Part IV, and also Schedules A through E of the | | <u>`</u> _ | | |
| Part Information For All Requests | Yes No | _ | | |
| 3 Did or will the applicant cease to engage in the trade or business to | | <u>-</u> | | |
| terminate its existence, in the tax year of change (see instructions)? | X | | | |
| If "Yes," the applicant is not eligible to make the change under automatic char | nge request procedures | _ | | |
| 4a Does the applicant (or any present or former consolidated group in which | | | | |
| applicable tax year(s)) have any Federal income tax return(s) under examination | | | | |
| If "No," go to line 5. | · · · · · · · · · · · · · · · · · · · | _ | | |
| b is the method of accounting the applicant is requesting to change an issu | e (with respect to either the applicant or | | | |
| any present or former consolidated group in which the applicant was a n | | | | |
| either (i) under consideration or (ii) placed in suspense (see instructions)? | | ζ. | | |
| Signature (see instructions) | | _ | | |
| Under penalties of perjury, I declare that I have examined this application, including accompanying sche the application contains all the relevant facts relating to the application, and it is true, correct, and com- | edules and statements, and to the best of my knowledge and belie polete. Declaration of preparer (other than applicant) is based on a | f, ill | | |
| information of which preparer has any knowledge | Preparer (other than filer/applicant) | | | |
| A - // Filer | Troparer (other than merrappheant) | | | |
| 11 luse dell 1-11-11 | | | | |
| Signature and date | Signature of individual preparing the application and date | _ | | |
| N = 1/1 0 Foodhon - 15 | | | | |
| Deruse Hill, Kresident-Charitable tourcland the | | | | |
| Name of individual preparing the application (print or type) | | | | |
| | | | | |
| | | | | |
| | Name of firm preparing the application | | | |

| | 3115 (Rev 12-2009) | | age 2 |
|-----|--|------------|---------------|
| Par | t II Information For All Requests (continued) | Yes | No |
| | | | |
| 4 c | Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the | | |
| | applicant or any present or former consolidated group in which the applicant was a member during the applicable | <u> </u> | - |
| | tax year(s)) for any tax year under examination (see instructions)? | ļ | <u> X</u> |
| d | Is the request to change the method of accounting being filed under the procedures requiring that the operating | | - |
| | division director consent to the filing of the request (see instructions)? | ļ | Χ |
| | If "Yes," attach the consent statement from the director | | |
| e | Is the request to change the method of accounting being filed under the 90-day or 120-day window period? . | | X |
| | If "Yes," check the box for the applicable window period and attach the required statement (see instructions). | | |
| | 90 day 120 day: Date examination ended ▶ | | |
| f | If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax | | |
| | year(s) under examination. | | |
| | Name ▶ Telephone number ▶ Tax year(s) ▶ | | |
| - | Has a copy of this Form 3115 been provided to the examining agent identified on line 4f? | N | A |
| 5 a | Does the applicant (or any present or former consolidated group in which the applicant was a member during the | | |
| | applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? | | <u>X</u> _ |
| | If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government, | | |
| | telephone number, and the tax year(s) before Appeals and/or a Federal court. | | |
| | Name ▶ Telephone number ▶ Tax year(s) ▶ | | |
| b | Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified | . | - |
| | on line 5a? | N | _A |
| C | Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or | i | |
| | a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a | | |
| | member for the tax year(s) the applicant was a member) (see instructions)? | | X |
| | If "Yes," attach an explanation. | | |
| 6 | If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, | | |
| | attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, | | |
| | and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, | | |
| | and/or before a Federal court. | | |
| 7 | If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as | | |
| | a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under | | |
| | consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax | | |
| | return of a partner, member, or shareholder of that entity? | | _X |
| | If "Yes," the applicant is not eligible to make the change. | | |
| 8a | Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not | | |
| | receive audit protection for the requested change (see instructions)? | | X |
| | If "Yes," attach an explanation. | | |
| 9 a | Has the applicant, its predecessor, or a related party requested or made (under either an automatic change | | |
| | procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years | | . |
| 1- | (including the year of the requested change)? | | <u>X</u> |
| D | If "Yes," for each trade or business, attach a description of each requested change in method of accounting | | |
| | (including the tax year of change) and state whether the applicant received consent. | | |
| ¢ | If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not | | |
| | signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach | | |
| 10- | an explanation. Does the applicant, its predecessor, or a related party currently have pending any request (including any | | |
| ıva | | | X |
| J. | concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice? | | |
| D | If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the | | |
| | type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) | | |
| | In the request(s). | - <u>x</u> | |
| 11 | Is the applicant requesting to change its overall method of accounting? | _^ | |
| | If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting. Also, complete Schedule A on page 4 of this form. | | |
| | | | |
| | The season of th | | |
| | Proposed method: Cash X Accrual Hybrid (attach description) | | |

used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and

the amount of the section 481(a) adjustment attributable to each applicant.

| Form 3 | 3115 (Rev 12-2009) | | P | age 4 |
|--------|--|--|---------|-------|
| Part | Section 481(a) Adjustment (continued) | | Yes | No |
| 26 | If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the | | | |
| | entire amount of the adjustment into account in the year of change? | | N | A |
| 27 | Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliate | any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a | | |
| | consolidated group, a controlled group, or other related parties? | | | X |
| | If "Yes," attach an explanation | | | 1 |
| Sche | edule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be c | ompleted.) | | |
| Par | Change in Overall Method (see instructions) | | | |
| 1 | Enter the following amounts as of the close of the tax year preceding the year of change. If none, state ' | 'None." Also | , attac | h a |
| | statement providing a breakdown of the amounts entered on lines 1a through 1g. | | | |
| | | Amou | ınt | |
| а | Income accrued but not received (such as accounts receivable) | \$ | | |
| b | Income received or reported before it was earned (such as advanced payments). Attach a description of | | | |
| | the income and the legal basis for the proposed method | | | |
| С | Expenses accrued but not paid (such as accounts payable) | | 210, | 000 |
| d | Prepaid expenses previously deducted | | | |
| е | Supplies on hand previously deducted and/or not previously reported | | | |
| f | Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II | | | |
| g | Other amounts (specify) Attach a description of the item and the legal basis for its inclusion in the | | | |
| _ | calculation of the section 481(a) adjustment. ▶ | | | |
| h | Net section 481(a) adjustment (Combine lines 1a-1g.) Indicate whether the adjustment is an increase (+) | | | |
| | or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, | | | |
| | line 25 | \$ | 210, | 000 |
| | | | | |
| 2 | Is the applicant also requesting the recurring item exception under section 461(h)(3)? | Yes | X | No |
| 3 | Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sh | eet, if applic | able, | as of |
| | the close of the tax year preceding the year of change. Also attach a statement specifying the accounting | ng method | used v | when |
| | preparing the balance sheet. If books of account are not kept, attach a copy of the business schedu | les submitte | d with | n the |
| | Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the a | amounts in F | art I, | lines |
| | 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sh | eet, attach a | state | ment |
| | explaining the differences | | | |
| Par | Change to the Cash Method For Advance Consent Request (see instructions) | • | | |
| | cants requesting a change to the cash method must attach the following information: | | | |
| ~ ~ ~ | the state of the s | | | |

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev Proc 2004-34, 2004-1 CB. 991, attach the following information:
- a A statement explaining how the advance payments meet the definition in section 4 01 of Rev. Proc. 2004-34.
- **b** If the applicant is filing under the automatic change procedures of Rev Proc 2008-52, the information required by section 8 02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the advance consent provisions of Rev Proc 97-27, the information required by section 8 03(2)(a)-(f) of Rev Proc. 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1 451-5(b)(1)(ii), attach the following.
- a A statement explaining how the advance payments meet the definition in Regulations section 1 451-5(a)(1).
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3)
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- d A statement explaining whether the inventoriable goods exception of Regulations section 1 451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income

Schedule C - Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2).
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1 472-8(b)(3).
- If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

Form 3115 (Rev 12-2009)

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other

| Sed | ction 263A Assets (see instructions) | | , | | | | | |
|-----|---|-------------------|--------------------|---|--|--|--|--|
| Рa | Change in Reporting Income From Long-Term Contracts (Also compl | ete Part III on | pages 7 and 8 | .) | | | | |
| 1 | To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income | | | | | | | |
| | and expenses from long-term contracts. Also, attach a representative actual con | tract (without | any deletion) fo | r the requested | | | | |
| | change. If the applicant is a construction contractor, attach a detailed description | on of its const | ruction activities | <u>. </u> | | | | |
| 2 a | Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see | instructions)? | <u>L</u> | YesNo | | | | |
| b | If "Yes," do all the contracts qualify for the exception under section 460(e) (see instr | uctions)? | L | Yes No | | | | |
| | If line 2b is "No," attach an explanation | | | | | | | |
| С | If line 2b is "Yes," is the applicant requesting to use the percentage-of-complet | | | | | | | |
| | cost under Regulations section 1 460-4(b)? | | - | Yes No | | | | |
| d | If line 2c is "No," is the applicant requesting to use the exempt-contract | | | | | | | |
| | method under Regulations section 1 460-4(c)(2)? | | | YesNo | | | | |
| | If line 2d is "Yes," attach an explanation of what cost comparison the applicant | will use to de | etermine a | | | | | |
| | contract's completion factor. | | . | | | | | |
| _ | If line 2d is "No," attach an explanation of what method the applicant is using and | • | | | | | | |
| | Does the applicant have long-term manufacturing contracts as defined in section 46 | | _ | YesNo | | | | |
| D | If "Yes," attach an explanation of the applicant's present and proposed method(s |) or accounting | g for long- | | | | | |
| _ | term manufacturing contracts Attach a description of the applicant's manufacturing activities, including any require | ad installation o | f manufactured | anade | | | | |
| 4 | To determine a contract's completion factor using the percentage-of-completion me | | i manulacioreo | goods. | | | | |
| | Will the applicant use the cost-to-cost method in Regulations section 1 460-4(b)? | | Г | Yes No | | | | |
| | If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see | | | | | | | |
| _ | Regulations section 1 460-5(c))? | | | Yes No | | | | |
| 5 | Attach a statement indicating whether any of the applicant's contracts are e | | | | | | | |
| | contracts or Federal long-term contracts. | | | | | | | |
| Pa | rt II Change in Valuing Inventories Including Cost Allocation Changes (Als | so complete P | art III on pages | 7 and 8.) | | | | |
| 1 | Attach a description of the inventory goods being changed | | | | | | | |
| 2 | Attach a description of the inventory goods (if any) NOT being changed | | - | - - | | | | |
| | Is the applicant subject to section 263A? If "No," go to line 4a | | | YesNo | | | | |
| b | is the applicant's present inventory valuation method in compliance with section | | | ¬., | | | | |
| | If "No," attach a detailed explanation | <u> </u> | ···· | Yes No | | | | |
| 4 2 | Check the appropriate boxes below | Inventory B | eing Changed | Inventory Not Being Changed | | | | |
| 4 a | Identification methods. | Present method | Proposed method | Present method | | | | |
| | Specific identification | r resem method | r roposed method | r resent memod | | | | |
| | FIFO | | | | | | | |
| | LIFO | | | | | | | |
| | Other (attach explanation) | | | | | | | |
| | Valuation methods. | | | | | | | |
| | Cost | | | | | | | |
| | Cost or market, whichever is lower | | | | | | | |
| | Retail cost | | | | | | | |
| | Retail, lower of cost or market | | | | | | | |
| | Other (attach explanation) | | | | | | | |
| þ | Enter the value at the end of the tax year preceding the year of change | | L | <u> </u> | | | | |
| 5 | If the applicant is changing from the LIFO inventory method to a non-LIFO m | ethod, attach | the following in | nformation (see | | | | |
| | instructions) | | | | | | | |
| | Copies of Form(s) 970 filed to adopt or expand the use of the method | | | | | | | |
| þ | Only for applicants requesting advance consent. A statement describing wheth | | | to the method | | | | |
| _ | required by Regulations section 1 472-6(a) or (b), or whether the applicant is proposit | - | | | | | | |
| С | Only for applicants requesting an automatic change. The statement required to | by section 22 (| J1(5) of the Ap | pendix of Rev | | | | |
| | Proc 2008-52 (or its successor). | | | | | | | |

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following.

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460 Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

| | | Present method | Proposed method |
|----|---|----------------|---------------------------------------|
| 1 | Direct material | | |
| 2 | Direct labor | | |
| 3 | Indirect labor | | |
| 4 | Officers' compensation (not including selling activities) | | |
| 5 | Pension and other related costs | | |
| 6 | Employee benefits | | |
| 7 | Indirect materials and supplies | | |
| 8 | Purchasing costs | | |
| 9 | Handling, processing, assembly, and repackaging costs | | |
| 10 | Offsite storage and warehousing costs | | |
| 11 | Depreciation, amortization, and cost recovery allowance for equipment and facilities | | · · · · · · · · · · · · · · · · · · · |
| | placed in service and not temporarily idle | | |
| 12 | Depletion | | |
| 13 | Rent | | |
| 14 | Taxes other than state, local, and foreign income taxes | | |
| 15 | Insurance | | |
| 16 | Utilities | | |
| 17 | Maintenance and repairs that relate to a production, resale, or long-term contract activity | | |
| 18 | Engineering and design costs (not including section 174 research and experimental | | |
| | expenses) | | |
| 19 | Rework labor, scrap, and spoilage | | |
| 20 | Tools and equipment | | |
| 21 | Quality control and inspection | | |
| 22 | Bidding expenses incurred in the solicitation of contracts awarded to the applicant | | |
| 23 | Licensing and franchise costs | | |
| 24 | Capitalizable service costs (including mixed service costs) | | |
| 25 | Administrative costs (not including any costs of selling or any return on capital) | | |
| 26 | Research and experimental expenses attributable to long-term contracts | | |
| 27 | Interest | | |
| 28 | Other costs (Attach a list of these costs) | | |

| orm : | 3115 (Rev 12-2009) | | Page 8 |
|-------|--|-------------------|--------------------|
| | Method of Cost Allocation (see instructions) (continued) | | |
| | ion C - Other Costs Not Required To Be Allocated (Complete Section C only if the applied for these costs) | cant is requesti | ng to change its |
| | | Present method | Proposed method |
| 1 | Marketing, selling, advertising, and distribution expenses | | |
| 2 | Research and experimental expenses not included in Section B, line 26 | | |
| 3 | Bidding expenses not included in Section B, line 22 | | |
| 4 | General and administrative costs not included in Section B | | |
| 5 | Income taxes | | |
| 6 | Cost of strikes | - <u></u> - | <u></u> |
| 7 | Warranty and product liability costs | | |
| 8 | Section 179 costs | | |
| 9 | On-site storage | | |
| 10 | Depreciation, amortization, and cost recovery allowance not included in Section B, line 11 | | |
| 11 | Other costs (Attach a list of these costs.) | | |
| Sche | dule E - Change in Depreciation or Amortization (see Instructions) | | |
| | cants requesting approval to change their method of accounting for depreciation or amocants must provide this information for each item or class of property for which a change is request | | te this section. |
| Note. | See the List of Automatic Accounting Method Changes in the instructions for information | n regarding au | tomatic changes |
| | sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with lection revocations (see instructions). | respect to cert | ain late elections |
| 1 | Is depreciation for the property determined under Regulations section 1 167(a)-11 (CLADR)? | | Yes No |
| | If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii). | | |
| 2 | Is any of the depreciation or amortization required to be capitalized under any Code section (e | .g., section | |
| | 263A)? | | Yes No |
| | If "Yes," enter the applicable section ▶ | | |
| 3 | Has a depreciation, amortization, or expense election been made for the property (e.g., the election | ction under | |
| | sections 168(f)(1), 179, or 179C)? | [| Yes No |
| | If "Yes," state the election made ▶ | | |
| 4 a | To the extent not already provided, attach a statement describing the property being changed | Include in the | description the |
| | type of property, the year the property was placed in service, and the property's use in the income-producing activity. | applicant's trade | e or business or |
| b | If the property is residential rental property, did the applicant live in the property before renting it? | | Yes No |
| | Is the property public utility property? | · · · · · · · · | Yes No |
| 5 | To the extent not already provided in the applicant's description of its present method, attach | a statement exc | |
| _ | property is treated under the applicant's present method (e.g., depreciable property, inve | | |
| | Regulations section 1 162-3, nondepreciable section 263(a) property, property deductible as a cu | | |
| 6 | If the property is not currently treated as depreciable or amortizable property, attach a staten | | |
| | proposed change to depreciate or amortize the property. | | 5 |
| 7 | If the property is currently treated and/or will be treated as depreciable or amortizable | property, provid | e the following |
| | information for both the present (if applicable) and proposed methods: | | • |
| а | The Code section under which the property is or will be depreciated or amortized (e.g., section 16 | 8(g)). | |
| b | The applicable asset class from Rev Proc. 87-56, 1987-2 C.B 674, for each asset depreciated | 10// | 168 (MACRS) or |
| | under section 1400L; the applicable asset class from Rev. Proc 83-35, 1983-1 CB. 745, fo | r each asset de | preciated under |
| | former section 168 (ACRS); an explanation why no asset class is identified for each asset for | | • |
| | been identified by the applicant | | |
| С | The facts to support the asset class for the proposed method. | | |
| d | The depreciation or amortization method of the property, including the applicable Code section | n (e.g., 200% d | eclining balance |
| | method under section 168(b)(1)). | , <u>-</u> | - |
| е | The useful life, recovery period, or amortization period of the property | | |
| f | The applicable convention of the property. | | |

A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation

as to why no special depreciation allowance was or will be claimed.

Form **3115** (Rev 12-2009)

Food Lion Charitable Foundation, Inc.

EIN #56-2279572

Attachment to Form 3115

Tax Year Ending December 31, 2010

This change of accounting method is made under the automatic change provision of Section 14.01(1)(a) of APPENDIX of Revenue Procedure 2008-52.

The applicant is Food Lion Charitable Foundation, Inc. (EIN: 56-2279572).

Page 3, Part IV, Question 25

Future grants payable recognized in 2009 of \$210,000 representing commitments for years 2010-2012 was recorded on the accrual basis.

Food Lion Charitable Foundation Statement of Activities December 31, 2009

| | 31-Dec-09 |
|-----------------------------------|----------------|
| Operating Revenue & Support | |
| Contribution from Food Lion | \$ 300,000 |
| Bond Interest | 437 |
| Sweep Investment Income | |
| Other Contributions | |
| Golf Tournament 2009 | 540,990 |
| Golf tournament 2010 | 0 |
| Total operating revenue & support | \$ 841,427 |
| Grants | \$ 574,246 |
| Fundraising Expense | 99,370 |
| Consulting | |
| Shared Services Fee | 42,000 |
| Supplies | 200 |
| Bank Charges | 1,368 |
| | \$ 717,184 |
| Increase in net assets | \$ 124,242 |
| Net Assets January 1 | (158,983) |
| Net Assets December 31 | \$ (34,741) |

Food Lion Charitable Foundation Statement of Financial Position December 31, 2009

| | 31-Dec-09 |
|--------------------------------|----------------|
| Assets: | |
| Cash | \$ 155,203 |
| Bonds (Note 2) | 20,056 |
| Total Assets | 175,259 |
| Liabilities (Note 3) | \$ 210,000 |
| Net Assets - Unrestricted | \$ (34,741) |
| Total Liabilities & Net Assets | \$ 175,259 |

Note 2: \$32,000 in Series EE Savings Bonds were issued to the Foundation from Kraft in Dec. 2002/Jan 2003. They are reported at current value.

| Note 3: Future grant commitments | \$ 210,000 | |
|--|---------------|------------------|
| Children's Hospital of the Kings Daughters | 50,000 | 2010, 2011 |
| Medical University of South Carolina | 20,000 | 2010, 2011, 2012 |
| Partners in Learning | 30,000 | May-10 |
| NC Scottish Rite | 20,000 | May-10 |

Food Lion Charitable Foundation Statement of Cash Flow December 31, 2009

| | 31-Dec-09 |
|---|----------------|
| Cash flows from operating activities | |
| Cash received from Food Lion | \$ 300,000 |
| Cash received from Golf Tournament | 540,990 |
| Grants payable | (201,000) |
| Bank Fees | (1,368) |
| Shared Services Fee | (42,000) |
| Cost of Special Event | 0 |
| Fundraising Expense | (99,370) |
| Supplies | (200) |
| Grants paid | (574,246) |
| Net cash provided by operating activities | \$ (77,194) |
| Cash flows from investing activites | \$ - |
| Cash at Jan. 1, 2009 | \$ 232,397 |
| Cash at Dec. 31, 2009 | \$ 155,203 |

Food Lion Charitable Foundation, Inc. Salisbury, NC

FINANCIAL STATEMENTS

As of and for the Year Ended December 31, 2010

Food Lion Charitable Foundation, Inc.

FINANCIAL STATEMENTS CONTENTS

Independent Auditor's Report

Financial Statements:

Statement of Financial Position

Statement of Activities and Changes in Net Assets

Statement of Cash Flows

Statement of Functional Expenses

Notes to Financial Statements

J. Alan Rutherford, CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANT

F & M Profession at Center 225 North Main Street • Suite 302 Salisbury, North Carolina 28144 TELEPHONE: 704-633-4060 FASCIMILE: 704-633-0990

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Food Lion Charitable Foundation, Inc. Salisbury, NC

I have audited the accompanying statement of financial position of Food Lion Charitable Foundation, Inc., (a nonprofit organization) as of December 31, 2010, and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended. These financial statements are the responsibility of the Foundation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted the audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Food Lion Charitable Foundation, Inc. as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

J. Alan Rutherford, CPA, PA

June 15, 2011

Food Lion Charitable Foundation, Inc. Statement of Financial Position As of December 31, 2010

ASSETS

| CURRENT ASSETS Cash and cash equivalents Total Current Assets | \$ 431,843 431,843 |
|--|-----------------------|
| NONCURRENT ASSETS Investments Total Noncurrent Assets | 20,490 20,490 |
| TOTAL ASSETS | \$ 452,333 |
| LIABILITIES AND NET ASSETS | |
| CURRENT LIABILITIES Grants payable, current Total Current Liabilities | \$ 70,000 70,000 |
| NONCURRENT LIABILITIES Grants payable, noncurrent Total Noncurrent Liabilities | 20,000 20,000 |
| Total Liabilities | 90,000 |
| NET ASSETS Unrestricted Temporarily restricted Total Net Assets | 362,333 |
| TOTAL NET ASSETS | \$ 452,333 |

Food Lion Charitable Foundation, Inc. Statement of Activities and Changes in Net Assets For The Year Ending December 31, 2010

| Support and revenue: | |
|-------------------------------------|-------------------|
| Contributions and Grants | \$ 300,000 |
| Special events and fundraisers | 803.804 |
| Interest income | 434 |
| Total support and revenue | 1,104,238 |
| Expenses: | |
| Program Services | 560,300 |
| Supporting services: | |
| Management and general | 42,790 |
| Fund-raising and special events | 104,074 |
| Total supporting services | 146,864 |
| Total Expenses | 707,164 |
| Increase in unrestricted net assets | 397,074 |
| Net Assets, Beginning of Year | (34,741) |
| Net Assets, End of Year | <u>\$ 362,333</u> |

Food Lion Charitable Foundation, Inc. Statement of Cash Flows For the Year Ended December 31, 2010

| Cash Flows from Operating Activities: | |
|--|-------------------|
| Increase (decrease) in net assets | \$ 397,074 |
| Adjustments to reconcile change in net assets | |
| to net cash provided (used) by operating activities: | |
| Increase (decrease) in grants payable | (120,000) |
| Net cash provided (used) by operating activities | 277,074 |
| Cash Flows from Investing Activities: | |
| (Increase) decrease in FMV of Bonds | (434) |
| Net cash provided (used) by investing activities | (434) |
| Net increase (decrease) in cash and cash Equivalents | 276,640 |
| Cash and Cash Equivalents: | |
| Beginning of Year | 155,203 |
| End of Year | <u>\$ 431,843</u> |

Food Lion Charitable Foundation, Inc. Statement of Functional Expenses For the Year Ending December 31, 2010

| | Supporting Services | | | | | | | |
|------------------------------------|---------------------|---------------------|----|-------------------|----|-------------------------|--------------|---------------|
| | | Program Services | | Mgmt & General | | Fund- <u>Raising</u> | - | <u> Fotal</u> |
| Specific assistance to individuals | \$ | 560,300 | \$ | - | \$ | - | \$ | 560,300 |
| Shared Services, Administrative | | - | | 42,000 | | - | | 42,000 |
| Special events | | - | | - | | 104,074 | | 104,074 |
| Solicitation fees | | - | | 400 | | - | | 400 |
| Bank charges and miscellaneous | | | | 390 | | - | | 390 |
| Total Expenses | <u>\$</u> | 560,300 | \$ | 42,790 | \$ | 104,074 | <u>s</u> | 707,164 |

Food Lion Charitable Foundation, Inc. Notes to Financial Statements For the year ended December 31, 2010

Note 1 - Nature of the Organization

Food Lion Charitable Foundation, Inc (the "Foundation") is a nonprofit organization incorporated in North Carolina on October 31, 2001 which was formed exclusively for charitable and humanitarian purposes and for making gifts to other Internal Revenue Code (hereinafter, "IRC") §501(c)(3) organizations as the Foundation's Board of Directors deems appropriate. The Foundation's focus is to provide financial support for programs and organizations dedicated to eliminating hunger through Feeding America and United Way member agencies

Note 2 - Summary of Significant Accounting Policies

Significant accounting policies are as follows:

Method of Accounting – The financial statements of the Foundation have been prepared utilizing the accrual basis of accounting.

Basis of Presentation – The financial statements of the Foundation are presented in conformity with generally accepted accounting principles relating to not-for-profit entities. Under those standards, net assets and revenues, gains, expenses and losses are classified based on the absence or existence and nature of donor-imposed restrictions as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that can be fulfilled by actions of the Foundation pursuant to those stipulations or that expire by the passage of time.

Permanently restricted net assets – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Foundation. Generally, the donors of such assets would permit the Foundation to use all or part of the income earned on the assets.

The entire amount of net assets of the Foundation at December 31, 2010 is unrestricted.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and habilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Tax Status – The Foundation is exempt from federal income tax under IRC §501(c)(3). If the Foundation earned income from certain activities not directly related to its tax-exempt purpose, such income would be subject to taxation as unrelated business income. In addition, the

Food Lion Charitable Foundation, Inc. Notes to Financial Statements For the year ended December 31, 2010

Foundation qualifies for the charitable contribution deduction allowable under IRC §170(b)(1)(B), and has been classified as a private foundation under IRC §509(a).

Generally the Internal Revenue Service may examine a tax return for three years from the date it is filed. At December 31, 2010, tax years ended December 31, 2009, 2008 and 2007 remained open for possible examination by the IRS.

Contributions – The Foundation accounts for contributions in conformity with generally accepted accounting principles relating to Not-for-Profit entities. Contributions are recognized as revenues in the period carned.

Note 3 - Description of Program and Supporting Services

The following are descriptions of the activities of the Foundation:

Program Services - Provides financial support to programs and organizations dedicated to eliminating hunger through Feeding America and United Way member agencies.

Management and General – Includes the functions necessary to provide coordination and articulation of the Foundation's program strategy; secure proper administrative functioning of the Board of Directors, and manage the financial and budgetary responsibilities of the Foundation.

Fundraising Provides the structure necessary to encourage and secure private financial support from individuals and corporations.

Note 4 - Concentration of Credit Risk

Financial instruments, which potentially subject the Foundation to concentration of credit risk, consist primarily of demand deposits. At December 31, 2010, the Foundation's cash balance exceeded the \$250,000 insured limit as set forth by the Federal Deposit Insurance Corporation by \$181,843.

Food Lion Charitable Foundation, Inc. Notes to Financial Statements For the year ended December 31, 2010

Note 5 - Investments

Investments consist of Bonds received from a donor, and are presented at fair value. Investments at December 31, 2010 are summarized as follows:

| | | | | | | Interest |
|-----------------|-----|----------|----|-----------|----------|----------|
| Serial #/Series | Iss | ue Price | Fa | iir Value | Maturity | Rate |
| x5929501/FE | \$ | 5,000 | \$ | 6.404 | 12/2032 | 1 50% |
| x5929502/EE | | 5,000 | | 6,404 | 12/2032 | 1.50% |
| x5929503/EE | | 5,000 | | 6,404 | 12/2032 | 1.50% |
| m76461512/EE | | 500 | | 639 | 1/2033 | 2 16% |
| m76461511/EE | | 500 | | 639 | 1/2033 | 2.16% |
| | \$ | 16,000 | \$ | 20,490 | | |

Note 6 - Grants Payable

The Foundation is obligated as of December 31, 2010 under remaining multi-year grant commitments, summarized as follows.

| | <u>2011</u> | | 2012 |
|--------------------------------------|--------------|----|--------|
| King's Daughter Childrens Hospital | \$ 50,000 | \$ | - |
| Medical University of South Carolina | 20,000 | _ | 20,000 |
| | \$ 70,000 | \$ | 20,000 |

Future obligations under Grants Payable are summarized as follows for the years ending December 31

| 2011 | S | 70,000 |
|------|---|--------|
| 2012 | | 20,000 |
| 2013 | | - |
| 2014 | | |
| 2015 | | _ |

Note 7 - Related Party Transactions

During the year ended December 31, 2010, Food Lion provided administrative services to the Loundation at a cost of \$42,000

Form 8868

(Rev January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Internal Revenu | e Service | ▶ File a | separate a | pplication for each return. | | |
|---|---------------|---|----------------|---|--------------------------|----------------------|
| If you are | filing for an | Automatic 3-Month Extension, | complete | only Part I and check this box | | → X |
| | | | | nsion, complete only Part II (on pag | | |
| - | - | - | | itomatic 3-month extension on a pre | • | 8 8 . |
| • | | • | | · | - | |
| | | | | ou need a 3-month automatic extens | | |
| | | | | tomatic) 3-month extension of time ed in Part I or Part II with the exce | | |
| | | | | Contracts, which must be sent to | | |
| | | | | sit www irs gov/efile and click on e-f | | |
| | | Month Extension of Time. Or | | | ind for Gridining a fron | 10.0.1.0. |
| | | | | atic 6-month extension - check this b | nov and complete | |
| | | | | | • | _ |
| All other co | | noted and 1120 C filore) and another of | DEMI | Co. and trusts must use Form 7004 to | | - |
| | | | iips, REIVIIC | Cs, and trusts must use Form 7004 to | request an extension | or um a |
| to file incom | | empt organization | | | Employer Identification | n number |
| Type or | 1 | · - | | _ | , , | at number |
| print | | ion Charitable Founda | | | 56-2279572 | |
| File by the | J | eet, and room or suite no. If a P O bo | x, see instruc | ctions. | | |
| due date for filing your | | Executive Drive | | | | |
| return See | 1 - | r post office, state, and ZIP code For | a roreign ad | dress, see instructions. | | |
| instructions | Salist | oury, NC 28145 | | | | |
| Enter the Re | eturn code fo | or the return that this application | is for (file a | a separate application for each return |) | . 0 4 |
| Application | | | Datum | I Annihadian | | T Dodge |
| Application | | | Return | Application | | Return |
| Is For | | | Code | ls For | | Code |
| Form 990 | | | 01 | Form 990-T (corporation) | | 07 |
| Form 990-BI | | | 02 | Form 1041-A | | 08 |
| Form 990-E2 | | | 03 | Form 4720 | | 09 |
| Form 990-PF | | | 04 | Form 5227 | | 10 |
| | | or 408(a) trust) | 05 | Form 6069 | | 11 |
| Form 990-T | (trust other | than above) | 06 | 6 Form 8870 12 | | |
| | | care of ▶ Chris Blumenth | | | | |
| | | 4-633-8250 | | FAX No. ► 704-645-4490 | | |
| | | | | the United States, check this box | | ▶ 🔲 |
| | | eturn, enter the organization's fou | ır digit Gro | up Exemption Number (GEN) | If th | nis Is |
| for the whole | e group, che | ck this box ▶ 🔛 if | it is for pa | rt of the group, check this box | ▶ and att | ach |
| | | EINs of all members the extense | | | | |
| 1 I reque | st an autom | atic 3-month (6 months for a corp | poration re | quired to file Form 990-T) extension | of time | |
| until | August 1 | 5 , 20 11 , to file the | exempt org | anization return for the organization | named above. The e | xtension is |
| for the | organization | 's return for. | | | | |
| ▶ X calendar year 20 10 or | | | | | | |
| > | tax year beg | ginning | , 20 | , and ending | , 20 | |
| 2 If the ta | ax year ente | | | k reason Initial return F | | |
| - 16 11 | _ | | | | | |
| 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. | | | | | | |
| 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 | | | | | | |
| c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS | | | | | | |
| | | Tax Payment System) See instruc | | | 3c \$ | |
| - | _ | g to make an electronic fund w | nthdrawal | with this Form 8868, see Form 84 | 153-EO and Form 88 | 379-EO for |
| payment inst | ructions | | | | | |

| Form 8868 (Re | v 1-2011) | | | | Page 2 |
|--|--|-----------------|--|-------------------------|----------------|
| If you are | filing for an Additional (Not Automatic) 3-N | onth Exter | nsion, complete only Part II and che | ck this box | |
| Note. Only of | complete Part II if you have already been gra | anted an au | itomatic 3-month extension on a pre | viously filed Form 886 | 38. |
| If you are | filing for an Automatic 3-Month Extension, | complete d | only Part I (on page 1). | | |
| Part li | Additional (Not Automatic) 3-Month E | xtension | of Time. Only file the original (no | copies needed). | |
| Type or | Name of exempt organization | | | Employer identification | on number |
| print | Food Lion Charitable Founda | tion, Ir | nc. | 56-2279572 | , |
| File by the | Number, street, and room or suite no. If a P.O be | | | | |
| extended due date for | 2110 Executive Drive | | | | |
| filing your | City, town or post office, state, and ZIP code. Fo | r a foreign ad | Idress, see instructions. | <u></u> | |
| return See | Salisbury, NC 28145 | • | | | |
| instructions | | | | - | |
| Enter the Re | eturn code for the return that this application | is for (file a | a separate application for each return |) | |
| Application | | Return | Application | | Return |
| is For | | Code | is For | | Code |
| Form 990 | | 01 | | | 7 |
| Form 990-BI | - | 02 | Form 1041-A | | 08 |
| Form 990-E2 | 2 | 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 |
| | (trust other than above) | 06 | Form 8870 | | 12 |
| STOP! Do no | ot complete Part II if you were not already | granted an | automatic 3-month extension on a | previously filed For | m 8868. |
| The books | s are in the care of > | | | | |
| Telephone | | F | AX No. ▶ | | |
| • If the orga | anization does not have an office or place of | business in | the United States, check this box | | ▶ □ |
| | or a Group Return, enter the organization's fo | | | | |
| | e group, check this box ▶ 🔲 🚶 | | | | |
| | names and EINs of all members the extension | | | | |
| 4 I reque | st an additional 3-month extension of time u | ntil | , (| 20 | |
| | endar year, or other tax year beginni | | , 20 , and ending | , | 20 . |
| | x year entered in line 5 is for less than 12 m | | k reason: Initial return | Final return | |
| c | hange in accounting period | | | | |
| 7 State in | detail why you need the extension | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 8a If this | application is for Form 990-BL, 990-PF, 99 | 0-T, 4720 | , or 6069, enter the tentative tax, | less any | |
| nonrefu | indable credits. See instructions. | | | 8a \$ | |
| b If this | application is for Form 990-PF, 990-T, | 4720, or | 6069, enter any refundable cre | edits and | |
| estimat | ed tax payments made. Include any pri | or year o | verpayment allowed as a credit | and any | |
| amount | paid previously with Form 8868. | | | 8b \$ | |
| c Balance | Due. Subtract line 8b from line 8a. Include | your payme | ent with this form, if required, by usin | ng EFTPS | |
| (Electronic Federal Tax Payment System). See instructions. | | | | | |
| | Sign | ature and | d Verification | | |
| . , | of perjury, I declare that I have examined this form, and complete, and that I am authorized to prepare this for | including acco | | the best of my knowled | ge and belief, |
| ' | | | | | |
| Signature > |) ren | | Title > Cax planes. | ✓ Date ▶ 5-1 | 3-11 |
| | | | The state of the s | | (Rev 1-2011) |
| | ` ` | | | | |