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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

| | | of the Treasury enue Service | N | ote. The fou | ndation ma | | | | e Foundation return to satisfy st | | rting requireme | ents. | 2 0 10 |
|---------------------------------------|----------|--|-------------------------------------|---|----------------|----------|---------------------------------|-----------|-----------------------------------|--------------|-----------------|---------------|---|
| Ford | alen | dar year 2010, o | r tax yea | r beginning | JU | L 1 | , 2010 | | , and ending | | JUN 30 | , 2011 | |
| G C | heck | all that apply: | | Initial return | | | | n of a fo | rmer public charity ie | ′ 🗀 | Name change | Final return | 1 |
| Nan | ne of | foundation | | | | | | · | | | A Employer i | dentification | number |
| | | CAPE F | EAR | MEMOR | IAL F | OUN | DATION | | | | 56-19 | 974747 | · |
| Nurr | ber ar | nd street (or P O box | | | | | ess) | | | n/suite | B Telephone | | |
| _ | | 2508 I | | PENDEN | CE BL | VD | | | 20 | U | | <u>452-06</u> | |
| City | or to | wn, state, and Zli WILMIN | | I NC | 2841 | າ | | | | | D 1. Foreign | | pending, check here |
| H C | heck | type of organizat | | | | | t private found | ation | | | | | eeting the 85% test, emputation |
| | ~ | ction 4947(a)(1) i | | | | _ | r taxable privat | | tion | | | | |
| I Fa | | rket value of all a | | | J Accou | | | Cash | X Accrual | | | | itus was terminated (A), check here |
| (fr | om F | Part II, col (c), lii | ne 16) | · | | | specify) | | | | 1 | | 60-month termination |
| _ | _ | | | | | | d) must be o | n cash b | oasis) | | | |)(B), check here |
| Pa | rt I | (The total of amous necessarily equal | enue an nts in colu the amoun | id Expenses imns (b), (c), and its in column (a | d (d) may not | : | (a) Revenue a expenses per b | | (b) Net investra | nent | (c) Adjus | | (d) Disbursements for charitable purposes (cash basis only) |
| 2 | | Contributions, gi | | | | | | | | | N/Z | <u> </u> | |
| 2012 | | Check X If t | | | o attach Sch B | | | | 0.4 | 000 | | | am a market 1 |
| 70 | | Interest on savings cash investments | | | | | 84,2 | | | <u> 283.</u> | | | STATEMENT 1 |
| - | | Dividends and in | terest fro | om securities | 3 | | 523,9 | 199. | 523, | 999. | | | STATEMENT 2 |
| | | Gross rents Net rental income of | - (l=aa) | | | - | | | | | | | |
| 1 | _ | Net gain or (loss) fro | · · - | assets not on I | line 10 | + | 281,3 | 367. | | | | | |
| 2 6 | b | Gross sales price for assets on line 6a | | | ,022. | | 2027 | | | | | | |
| ŢĮ Š | 7 | Capital gain net inc | ome (from | | | | - | | 281, | 367. | | | |
| E & | 8 | Net short-term c | apıtal ga | ın | | | | | | | | | |
| SCAININEL FEB | 9 | Income modifica | | | | | | | | | | | |
| \vec{c} | 10a | Gross sales less rel and allowances | turns | | | | | | | | | | |
| | 1 | Less Cost of goods | | | | - | | | | | | | |
| | l | Gross profit or (I | loss) | | | | 13,9 | 222 | 1 2 | 922. | | | STATEMENT 3 |
| | 11 12 | Other income | Discoil? | h/(III) | | | 903, | | 903, | | | | STATEMENT 3 |
| | 13 | Total. Add Intes | theers dir | ACTORS TRUSTAGE | sceto | \neg | | 000. | | 000. | | | 63,000. |
| | 14 | | | | l co l | | 210, | | | 054. | | | 162,162. |
| | 15 | Other employee Pension plans, e | imployee | benefits | S-O | | | | | | | | |
| ses | | Legal rees | | 16 | 쁘 | | | | | | | | |
| per | b | Accounting tees | DEN | | 'МП 4 | - | | 325. | | <u>530.</u> | | | 3,795. |
| Ä | | Other profession | af fees | ST | MT 5 | - | 71, | 914. | 71, | 914. | | | 0. |
| Ę | l | Interest | | C/III | MT 6 | - | 7 | 556. | | 0. | | | 0. |
| stra | 18 19 | Taxes Depreciation and | danlati | | .MT. 0 | \vdash | | 675. | | 467. | | | 0. |
| n in | 20 | Occupancy | ı dehletit | JII | | - | | 078. | | 108 | | | 36,970 |
| Adr | 21 | Travel, conferen | ces. and | meetinas | | | | 201. | | 080. | | | 6,121 |
| pug | | Printing and pub | | - | | | | | • | | | | |
| Jg 8 | 23 | Other expenses | | SI | 'MT 7 | | 49, | 953. | 5, | 676. | , | | 44,277 |
| Operating and Administrative Expenses | 24 | Total operating | | | | | | | _ | | | | |
| De | | expenses. Add | | - | | | 488, | | 160, | <u>829.</u> | , | | 316,325 |
| J | 1 | Contributions, g | | | | | 2,411, | 200. | | | - | | 2,445,200 |
| | 26 | Total expenses | | bursements. | | | 2 000 | 110 | 160 | 020 | | | 2 761 525 |
| | 27 | Add lines 24 and Subtract line 26 | | n 12: | | + | 2,900, | TTQ. | 160, | 049 | - | | 2,761,525 |
| | | SUDTRACT line 2b | | | recomment. | _ | 1,996, | 547 | | | | | |
| | 1 | Net investment | | | | | | <u></u> | 742, | 742 | | | |
| | I | Adjusted net inc | | | | | | | | | N/ | A | |
| 0235 | | | | | 4.00 | | | | | | | | Form 000-DE (0040) |

| For | m 99 | 0-PF (2010) CAPE FEAR MEMORIAL FOUNI | | 56-1 | 1974747 Page 2 |
|-----------------------------|-------------|--|--------------------|---------------------------------------|---------------------------|
| ۵ | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | |
| 드 | <u>ar t</u> | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 500. | 500. | 500. |
| | 2 | Savings and temporary cash investments | 968,426. | 2,111,036. | 2,111,036. |
| | ı | Accounts receivable ► | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | ' | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | I - | Receivables due from officers, directors, trustees, and other | | | |
| | ١ | disqualified persons | | | |
| | , | Other notes and loans receivable | | | |
| | ' ' | Less: allowance for doubtful accounts | | | |
| | _ | | | - | |
| Assets | 8 | Inventories for sale or use | | | |
| Ass | ı | Prepaid expenses and deferred charges | 10 241 002 | 11 100 (40 | 11 100 (40 |
| | i . | Investments - U.S. and state government obligations STMT 10 | 12,341,823. | 11,109,649. | 11,109,649. |
| | 1 | Investments - corporate stock STMT 11 | 40,291,735. | 44,136,441. | 44,136,441. |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | 14 | Land, buildings, and equipment basis \triangleright 105, 145. | | | |
| | | Less accumulated depreciation STMT 9 ►100,877. | 8,943. | 4,268. | 4,268. |
| | 15 | Other assets (describe ► STATEMENT 12) | 2,362. | 10,427. | 10,427. |
| | | | | | |
| | 16 | Total assets (to be completed by all filers) | 53,613,789. | 57,372,321. | 57,372,321. |
| | 17 | Accounts payable and accrued expenses | 113,154. | 123,495. | |
| | 18 | Grants payable | 310,000. | 276,000. | |
| Ś | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iđe | 21 | Mortgages and other notes payable | | | |
| Ë | | Other liabilities (describe ► STATEMENT 13) | 195,000. | 195,000. | |
| | | ,, | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 618,154. | 594,495. | |
| | | Foundations that follow SFAS 117, check here | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| es | 24 | Unrestricted | 52,995,635. | 56,777,826. | |
| anc | 25 | Temporarily restricted | 32/200/3300 | 00//// | |
| Bal | 26 | Permanently restricted | | | |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| Ī | | and complete lines 27 through 31. | | | |
| þ | 27 | Capital stock, trust principal, or current funds | | | |
| ets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| et. | 30 | Total net assets or fund balances | 52,995,635. | 56,777,826. | |
| Z | " | Total net assets of fully parances | 32,333,033. | 30,111,020. | |
| | 21 | Total liabilities and net assets/fund balances | 53,613,789. | 57,372,321. | |
| = | | | | | |
| F | art | III Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | |
| ' | | st agree with end-of-year figure reported on prior year's return) | J. | 1 | 52,995,635. |
| 9 | | r amount from Part I, line 27a | | 2 | -1,996,547. |
| | | r increases not included in line 2 (itemize) | CPP CM | | 5,778,738. |
| | | lines 1, 2, and 3 | SEE STA | · · · · · · · · · · · · · · · · · · · | 56,777,826. |
| | | eases not included in line 2 (itemize) | | 4 | |
| | | | lumn (h) lung 20 | 5 | <u> </u> |
| <u>6</u> | ruta | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | ionin (0), iine 30 | 6 | Form 990-PF (2010) |
| 023 | 3511 | | | | rum 330-FF (2010) |

See the Part VI instructions.

| | 1990-PF (2010) CAPE FEAR MEMORIAL FOUNDATION | <u> 56-</u> | 1974 | 147 | | Page 4 |
|----|---|-------------|--|------------|----------|--|
| | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or | 4948 | - see in | ıstru | ction | 15) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | • | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔀 and enter 1% | 1 | | | 7,4 | <u>27.</u> |
| | of Part I, line 27b | | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | | | | | • |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | ├── | | - | 0. |
| 3 | Add lines 1 and 2 | 3 | <u> </u> | | 1,4 | <u>27.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | _5 | | | 7,4 | <u> </u> |
| 6 | Credits/Payments: | | | | | |
| | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,102 | • | | | | |
| | Exempt foreign organizations - tax withheld at source | 4 | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 15,000 | 4 | | | | |
| | Backup withholding erroneously withheld 6d 6d | ┥₋ | | 1 | 7 1 | ^ ^ |
| | Total credits and payments. Add lines 6a through 6d | 7 | | | | 02. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | <u> 29.</u> |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | ├── | | <u> </u> | 1.6 |
| 10 | | 10 | ├ | | 9,5 | <u>46.</u> |
| | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 9,546. Refunded ▶ Int VII-A Statements Regarding Activities | 11 | | | | <u> </u> |
| _ | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver | | | | Yes | No |
| ıa | any political campaign? | IC III | ţ | 1a | | X |
| | only political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | Ì | 1b | | X |
| U | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish | | ŀ | -" | | |
| | distributed by the foundation in connection with the activities. | cu o | | | | |
| | Did the foundation file Form 1120-POL for this year? | | İ | 1c | | х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | İ | -'- | | |
| • | (1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0. | _ | | | i | |
| 6 | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | <u> </u> | | | | |
| | managers. ▶ \$0 . | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | , or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| b | o If "Yes," has it filed a tax return on Form 990-T for this year? | N | I/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | ĺ |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state | ite law | | ļ | | |
| | remain in the governing instrument? | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | <u> </u> |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | |
| 88 | a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | NC | | | | | |
| t | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | C : | v | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | |
| 9 | | uendar | | _ | | v |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | Earr | 10 2000 | _DE | 2010) |
| | | | FULL | . 330 | - t t (| 2010) |

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

| orm 990-PF (2010) CAPE FEAR MEMORIAL FOUND | | | <u>56-19747</u> | <u>47 </u> |
|---|---------------------------------------|-----------------------------|--|---------------------------------------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be F | Required (contin | ued) | ····- |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | | | |
| any voter registration drive? | | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | in described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or f | | | |
| the prevention of cruelty to children or animals? | | | s X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | • | ın Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | • | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check to | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | | |
| expenditure responsibility for the grant? | | I/A L Ye | s L No | l ľ |
| If "Yes," attach the statement required by Regulations section 53 494 | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | C-1 | | |
| a personal benefit contract? | | Ye | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | <u> </u> | Sb X |
| If "Yes" to 6b, file Form 8870 | -l - lt 0 | | [22]., | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | s X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | nogoro Highly | | 7b |
| Part VIII Paid Employees, and Contractors | ees, roundation wa | magers, migni | , | |
| List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | account, other allowances |
| | to position | enter -o-j | Compensation | allowalicos |
| | - | | | |
| SEE STATEMENT 14 | 1 | 90,000. | 0. | 0. |
| | | 30,0000 | | |
| | | | | |
| | | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those in | , · _ · _ · _ · | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense account, other allowances |
| (a) Name and address of each employee paid more than \$60,000 | devoted to position | (C) Compensation | and deferred compensation | allowances |
| GARRY A. GARRIS - 2508 INDEPENDENCE | INVESTMENT AN | ALYST | | |
| BOULEVARD, WILMINGTON, NC 28412 | 20.00 | 90,000. | 0. | 0. |
| ELIZABETH R. DAUGHERTY - 2508 | GRANTS OFFICE | e r | | |
| INDEPENDENCE BOULEVARD, WILMINGTON, | 40.00 | 50,751. | 0. | 0. |
| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| | 4 | | | |
| | <u> </u> | L | | |
| Total number of other employees paid over \$50,000 | | | <u>▶</u> | 0 |

| Form 990-PF.(2010) CAPE FEAR MEMORIAL FOUNDATION | 56-1974747 | Page 7 |
|--|-----------------------------------|------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Manag Paid Employees, and Contractors (continued) | ers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | b) Type of service (c) Cor | npensation |
| NONE | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | • | 0 |
| Part IX-A Summary of Direct Charitable Activities | | <u>~</u> _ |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | such as the Expense | es |
| 1 N/A | | |
| 2 | | |
| 3 | | |
| A | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amoun | |
| 1 N/A | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. 3 | | |
| | | |

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations | s, see instructions.) |
|----|--|-------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 53,085,298. |
| b | Average of monthly cash balances | 1b | 3,639,793. |
| C | Fair market value of all other assets | 1c | 14,696. |
| d | Total (add lines 1a, b, and c) | 1d | 56,739,787. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 56,739,787. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 851,097. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 55,888,690. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,794,435. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | id certain | 1 |
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,794,435. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 7,427. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,787,008. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,787,008. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 2,787,008. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 2,761,525. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b_ | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 2,761,525. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 7,427. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 2,754,098. |
| | Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation | rualifiae 1 | for the section |

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|---|---------------|---|-------------|----------------------|
| 1 Distributable amount for 2010 from Part XI, | | , | | ···· |
| line 7 | | | | 2,787,008. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | • |
| a Enter amount for 2009 only | | | 2,622,991. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 2,761,525. | | | | |
| a Applied to 2009, but not more than line 2a | | | 2,622,991. | <u>.</u> |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 138,534. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| | 0. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 2,648,474. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | _ | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | _ | | | |
| not applied on line 5 or line 7 | <u>0.</u> | | | |
| 9 Excess distributions carryover to 2011. | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | 1 | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | Form 900 PE (0010) |

| | AR MEMORIAL | | | | 74747 Page 10 |
|--|---|-----------------------------|---------------------------------------|-----------------------------|---------------------------------------|
| Part XIV Private Operating Fo | | | · · · · · · · · · · · · · · · · · · · | N/A | · · · · · · · · · · · · · · · · · · · |
| 1 a If the foundation has received a ruling or | determination letter that | t it is a private operating | 1 | | |
| foundation, and the ruling is effective for | 2010, enter the date of t | the ruling | > | | |
| b Check box to indicate whether the founda | <u>ition is a private operatir</u> | ng foundation described | I in section | 4942(j)(3) or4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | ! | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | - | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | - | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | | | | |
| under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | 1 |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | - | |
| and 5 or more exempt | | | | | |
| organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Infor | mation (Comple | te this part only | if the foundation | had \$5 000 or m | ore in assets |
| at any time during th | e vear-see the i | nstructions.) | ii dio lodiladdol | · παα φο,σσο σι πι | 010 111 033013 |
| 1 Information Regarding Foundation | Managers: | | | | |
| a List any managers of the foundation who | | than 2% of the total cor | ntributions received by the | e foundation before the clo | se of any tax |
| year (but only if they have contributed mo | ore than \$5,000). (See s | ection 507(d)(2).) | | | oo o. any tan |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | own 10% or more of th a 10% or greater interes | e stock of a corporation | (or an equally large port | ion of the ownership of a p | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contribution | n, Grant, Gift, Loan, | Scholarship, etc., F | Programs: | | |
| | | | | not accept unsolicited requ | uests for funds. If |
| the foundation makes gifts, grants, etc. (s | see instructions) to indiv | riduals or organizations | under other conditions, o | omplete items 2a, b, c, and | d d. |
| a The name, address, and telephone number | er of the person to whor | n applications should b | e addressed: | | |
| ANNA P. ERWIN, 910-45 | 52-0611 | | | | |
| 2508 INDEPENDENCE BLY | D., STE 20 | 0, WILMING | TON, NC 284 | 12 | |
| b The form in which applications should be | submitted and informati | tion and materials they | should include: | | |
| APPLICATION FORMS AND | REQUEST G | UIDELINES . | ARE AVAILAB | LE AT THE AB | OVE ADDRESS |
| c Any submission deadlines: | | | | | |
| JANUARY 15 AND JULY 1 | | | <u> </u> | | |
| d Any restrictions or limitations on awards, | | | | | |
| GRANTS MADE ONLY TO 5 | | | | | ITIES FOR |
| HEALTH AND MEDICAL NE | REDS IN SOU | THEASTERN | NORTH CAROL | LNA | 5 000 5= |
| 023601 12-07-10 | | | | | Form 990-PF (2010) |

| <u> </u> | <u> </u> | | | |
|---|--|--------------------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye Recipient | ar or Approved for Future I | | | |
| Name and address (home or business) | 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 |
| a Paid during the year | or substantial contributor | recipient | | |
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| SEE STATEMENT 15 | | | | |
| to a Total b Approved for future payment | | | ▶ 3a | 2445200. |
| • | | | | |
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| Tabl CEE CHAMPMENM 16 | | | A 5: | 246 000 |
| Total SEE STATEMENT 16 | | | > 3b | 246,000. |

42..

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelat | ed business income | Exclud | ed by section 512, 513, or 514 | (e) |
|--|-----------------|-----------------------------|--|--------------------------------|-------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt |
| 1 Program service revenue: | code | Amount | code | Amount | function income |
| a | | | <u> </u> | | |
| b | | | <u> </u> | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | l – t | - | |
| investments | | | 14 | 94 293 | |
| 4 Dividends and interest from securities | | | 14 | 84,283. 523,999. | |
| | | | 7.4 | 343,333. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | 1 | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | _ | 4.5.5.5 | |
| 7 Other investment income | | | 15 | 13,922. | . <u> </u> |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 281,367. | |
| 9 Net income or (loss) from special events | | | <u> </u> | | |
| 10 Gross profit or (loss) from sales of inventory | | | ↓ | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | 1 | 0. | <u> </u> | 903,571. | 0. |
| | | | | 13 | 903,571. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 200,0,20 |
| 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | _ | | | | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | the Acc | omplishment of Ex | cempt | | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to | | · | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
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| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
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| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |
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| 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incon | ne is reported | ın column (e) of Part XVI-A | | Purposes | |

| Part > | | egarding Trar | | and Transactions | and Relation | | haritable | | ige 13 |
|-----------------|--|--|------------------------------------|------------------------------|--|--|------------------|-----------|----------|
| 1 Did | the organization directly or indi | rectly engage in any | of the following | ng with any other organizati | on described in se | ection 501(c) of | | Yes | No |
| | Code (other than section 501(c | | | | | | 1 | | |
| a Tran | sfers from the reporting found | ation to a noncharit | able exempt or | ganization of: | | | | | |
| (1) | Cash | | | | | | 1a(1) | | х |
| (2) | Other assets | | | | | | 1a(2) | | Х |
| b Othe | er transactions: | | | | | | | | |
| (1) | Sales of assets to a noncharita | ible exempt organiza | ation | | | | 15(1) | | Х |
| (2) | Purchases of assets from a no | ncharitable exempt | organization | | | | 1b(2) | | X |
| (3) | Rental of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) | Reimbursement arrangements | i e | | | | | 1b(4) | | X |
| (5) | Loans or loan guarantees | | | | | | 1b(5) | | X |
| (6) | Performance of services or me | embership or fundra | using solicitatio | ons | | | 1b(6) | | X |
| | ring of facilities, equipment, ma | • . | • | • | | | 1c | | X |
| or s | e answer to any of the above is ervices given by the reporting f mn (d) the value of the goods, (b) Amount involved | oundation. If the fou other assets, or ser | undation receiv vices received. | ed less than fair market val | ue in any transact | | nt, show in | | unto. |
| | (-) | (0) | N/A | | (4) 5000.5 | tion of dationors, datioactions, i | are sname a | - angomo | |
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| | | | _ | | | | | | |
| ın se | le foundation directly or indirection 501(c) of the Code (othe | r than section 501(d | | | izations described | 1 | Yes | X | |
| _ D II Y | es," complete the following sch (a) Name of org | | | (b) Type of organization | | (c) Description of relation | nchin | | |
| | N/A | ganization | | (b) Type of Organization | | (c) Description of relation | Justub | | |
| | N/A | | | | - | ······································ | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | <u> </u> | | | | |
| Sign | Under penalties of perjury, I declar and complete Declaration of prepa | | | | | | belief, it is tr | ue, corre | ct, |
| Here | I Sen! | | | 21612 | 1012 L | PRESIDENT | | | |
| | Signature of officer or tri | | | Date | | Title | | | |
| Deid | Print/Type preparer's na | | Preparer's s | signature | Date | Check if PTI self- employed | IN | | _ |
| Paid Propa | JENNIFER P | | Jun | yus puricu | 12/2/12 | | | | |
| Prepa Use C | nly | | PULLEN | | | Firm's EIN ▶ | | | |
| | Firm's address ► 30 | O NORTH 1 | ALD SUB | म मण्याच . ण्यम | T.OOR | ı | | | |

910-762-9623 Form **990-PF** (2010)

Phone no.

WILMINGTON, NC 28401

| | Capital Gaille and Lo. | sses for Lax on thisestillent income | | | | |
|--|---|--|--|----------------------------------|--|----------------------------------|
| | (a) List and | describe the kind(s) of property so rick warehouse; or common stock, 2 | ld, e.g., real estate, | (b) How acquired P - Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 10 | | FLATION 2.625% 7 | | D - Donation | | |
| _ | | ENDED STRATEGIES | | | 10/14/08 06/30/09 | |
| | | STEMATIC STRATEG | | | 06/30/09 | |
| | | RAIF PLC DESIGNA | | P | | $\frac{01/21/11}{07/01/10}$ |
| | | RAIF PLC DESIGN | | P | | $\frac{07/01/10}{01/04/11}$ |
| _ | · | RAIF PLC DESIGN | | P | | $\frac{01}{03}$ |
| a | | DIVIDENDS | | | | 03/01/11 |
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| 0 | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | Gain or (loss) lus (f) minus (g) | |
| — а | 3,599,271. | | 3,089,899. | | · · · · · · | 509,372. |
| <u> </u> | 675,000. | | 633,478. | | | 41,522. |
| C | 675,000. | | 613,765. | | | 61,235. |
| <u>d</u> _ | 44,720. | | 80,037. | | | -35,317. |
| e | 29,085. | | 243,247. | | _ | 214,162. |
| f | 12,926. | | 108,229. | | - | -95,303. |
| 9 | 14,020. | | | | | 14,020. |
| 1_ | | | | | | - |
| <u></u> | | | | | | |
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| <u>k</u> | | | | | · | |
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| n | | | ··· | | | |
| <u>n</u> | | | | | | |
| 0 | Complete only for accets chown | g gain in column (h) and owned by | the foundation on 12/21/60 | | | - |
| _ | Complete only for assets shown | (j) Adjusted basis | (k) Excess of col. (i) | (1) LOS Gains (excess c | ses (from col. (h)) of col. (h) gain over | col (k) |
| | (i) F.M.V. as of 12/31/69 | as of 12/31/69 | over col. (j), if any | but n | ot less than "-0-") | |
| <u>a</u> | | | | | | 509,372. |
| b | | | | | | 41,522. |
| C d | | | | | - | 61,235. |
| <u>d</u> | | | | | | -35,317. |
| t | | | | | | 214,162. |
| <u>-</u> | | | | | | -95,303. 14,020. |
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| <u>''</u> | | | | | | |
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| 0 | | | | | | |
| | | . If noun place anto | r in Part I line 7 | | | |
| | Capital gain net income or (net ca | | r in Part I, line 7 0-" in Part I, line 7 | 2 | <u> </u> | <u>281,367.</u> |
| | If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | | nu (o). | 3 | N/A | |

Comment of the

| FORM 990-PF INTEREST ON SAVINGS | AND TE | MPORARY C | ASH | INVESTMENTS | STATEMENT | 1 |
|--|--------------------------|----------------------------|------|-----------------------------------|---------------------|------------|
| SOURCE | | | | | AMOUNT | |
| CENTURA OPERATING ACCOUNTS WELLS FARGO | | | | • | 84,2 | 81. 02. |
| TOTAL TO FORM 990-PF, PART I, LI | NE 3, C | COLUMN A | | - - | 84,2 | 83. |
| FORM 990-PF DIVIDENDS A | ND INTE | REST FROM | SEC | URITIES | STATEMENT | 2 |
| SOURCE | GROS | S AMOUNT | | PITAL GAINS DIVIDENDS | COLUMN (A AMOUNT |) |
| WELLS FARGO | | 538,019. | | 14,020. | 523,9 | 99. |
| TOTAL TO FM 990-PF, PART I, LN 4 | | 538,019. | | 14,020. | 523,9 | 99. |
| FORM 990-PF | OTHER | INCOME | | | STATEMENT | 3 |
| DESCRIPTION | | (A) REVENUE PER BOOK | | (B) NET INVEST- MENT INCOME | | |
| VISTA ROYALTY INCOME | | 13, | 922. | 13,922 | • | |
| TOTAL TO FORM 990-PF, PART I, LI | NE 11 = | 13, | 922. | 13,922 | • | |
| FORM 990-PF | ACCOUNT | ING FEES | | | STATEMENT | 4 |
| | (A) PENSES R BOOKS | (B) NET INV MENT IN | EST- | | | |
| ACCOUNTING FEES | 6,325 | 5. 2 | ,530 | • | 3,7 | 95. |
| TO FORM 990-PF, PG 1, LN 16B | 6,325 | 5. 2 | ,530 | • | 3,7 | 95. |

to the transfer of the same of

| FORM 990-PF C | THER PROFES | SIONAL FEES | S'. | PATEMENT 5 |
|--|--|--|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT MANAGEMENT FEES | 71,914. | 71,914. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C = | 71,914. | 71,914. | | 0. |
| FORM 990-PF | TAX | ES | S'. | FATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| TAXES AND LICENSES PENALTY & FINE | 7,427. 129. | 0. | | 0.0 |
| TO FORM 990-PF, PG 1, LN 18 | 7,556. | 0. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | PATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLI PURPOSES |
| OFFICE EXPENSE BANK CHARGES POSTAGE DUES & SUBSCRIPTIONS TELEPHONE INSURANCE EXPENSE UTILITIES CABLE EXPENSE COMPUTER SYSTEM OTHER SUPPLIES MISCELLANEOUS EXPENSES | 5,730. 83. 150. 7,512. 5,511. 9,268. 2,516. 2,565. 10,571. 5,584. 463. | 573. 0. 0. 1,502. 551. 927. 252. 256. 1,057. 558. 0. | | 5,157 83 150 6,010 4,960 8,341 2,264 2,309 9,514 5,026 463 |
| | | . ——— | | |

| FORM 990-PF OTHER INCREAS | SES IN NET ASS | ETS OR FUN | D BALANCES | STATEMENT | 8 |
|-----------------------------|------------------------|----------------------------|-------------|---------------------|-----|
| DESCRIPTION | | | | AMOUNT | |
| UNREALIZED GAIN ON RECORDIN | G SECURITIES | AT FAIR MA | RKET VALUE | 5,778,7 | 38. |
| TOTAL TO FORM 990-PF, PART | III, LINE 3 | | | 5,778,73 | 38. |
| FORM 990-PF DEPRECIATION | OF ASSETS NOT | HELD FOR | INVESTMENT | STATEMENT | 9 |
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATE DEPRECIATION | | FAIR MARKI VALUE | €T |
| FURNITURE & EQUIPMENT | 105,145. | 100,87 | 7. 4,268 | . 4,26 | 58. |
| TO 990-PF, PART II, LN 14 | 105,145. | 100,87 | 7. 4,268 | 4,26 | 58. |
| FORM 990-PF U.S. AND | STATE/CITY G | GOVERNMENT | OBLIGATIONS | STATEMENT | 10 |
| DESCRIPTION | U.S GOV' | | BOOK VALUE | FAIR MARKET | r |
| US TREASURY BONDS | x | | 11,109,649. | 11,109,64 | 19. |
| TOTAL U.S. GOVERNMENT OBLIG | GATIONS | _ | 11,109,649. | 11,109,6 | 19. |
| TOTAL STATE AND MUNICIPAL O | GOVERNMENT OBL | IGATIONS | | | |
| TOTAL TO FORM 990-PF, PART | II, LINE 10A | - | 11,109,649. | 11,109,64 | 19. |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT | 11 |
| DESCRIPTION | | | BOOK VALUE | FAIR MARKE | r |
| | | | | | |
| CORPORATE STOCK & MUTUAL FU | NDS | _ | 44,136,441. | 44,136,4 | 41. |

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| FORM 990-PF | OTHER ASSETS | | STATI | EMENT 1 |
|--|---|--|---------------------------------|--------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | | MARKET ALUE |
| SALES TAX RECEIVABLE PREPAID TAXES | 260. 2,102. | 88 9,54 | | 881 9,546 |
| TO FORM 990-PF, PART II, LINE 15 | 2,362. | 10,42 | 7. | 10,427 |
| FORM 990-PF 07 | THER LIABILITIES | | STATI | EMENT 1 |
| DESCRIPTION | | BOY AMOUNT | EOY | AMOUNT |
| DEFERRED COMPENSATION PAYABLE | | 195,00 | 0. | 195,000 |
| TOTAL TO FORM 990-PF, PART II, LI | INE 22 | 195,00 | 0. | 195,000 |
| | ST OF OFFICERS, D D FOUNDATION MANA | | STAT | EMENT 1 |
| TRUSTEES ANI | TITLE AND | COMPEN- | EMPLOYEE BEN PLAN | EXPENSE |
| | O FOUNDATION MANA | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| NAME AND ADDRESS ANNA ERWIN 2508 INDEPENDENCE BOULEVARD | TITLE AND AVRG HRS/WK PRESIDENT/TREA | COMPEN- SATION ASURER 90,000. | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| NAME AND ADDRESS ANNA ERWIN 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 R.T. SINCLAIR, JR. M.D. 2508 INDEPENDENCE BOULEVARD | TITLE AND AVRG HRS/WK PRESIDENT/TREA 40.00 CHAIRMAN EMERI | COMPEN- SATION ASURER 90,000. | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| NAME AND ADDRESS ANNA ERWIN 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 R.T. SINCLAIR, JR. M.D. 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 W. CARTER MEBANE, III 2508 INDEPENDENCE BOULEVARD | TITLE AND AVRG HRS/WK PRESIDENT/TREA 40.00 CHAIRMAN EMERI 1.00 | COMPEN- SATION ASURER 90,000. | EMPLOYEE BEN PLAN CONTRIB 0. | EXPENSE |

| CAPE FEAR MEMORIAL FOUNDATION | | | 56-19 | 974747 |
|---|-----------------------|-----------|-------|--------|
| J. RICHARD CORBETT, M.D. 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 | ASSISTANT SECRETAR | 0. | 0. | 0. |
| ROBERT F. WARWICK 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| RICHARD L. WOODBURY 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| JAMES D. HUNDLEY, MD 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| RONALD R. SINCLAIR 2508 INDEPENDENCE BOULEVARD WILMINGTON, NC 28412 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | , PART VIII | 90,000. | 0. | 0. |

| | AND CONTRIBUTIONS DURING THE YEAR | STATI | EMENT 15 |
|--|--|---------------------|----------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| 1602 CLUB 318 GOLDEN ROAD WILMINGTON, NC 28409 | STRUCTURE REPAIR & RENOVATION | | 40,000. |
| AMERICAN HEART ASSOCIATION 101 CENTRE PORT DRIVE, SUITE 130 GREENSBORO, NC 27409 | MISSION: LIFELINE INITIATIVE | | 50,000. |
| AMERICAN RED CROSS, CAPE FEAR CHAPTER 1102 SOUTH 16TH STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT & BABYSITTERS BOOT CAMP | | 58,000. |
| AMERICAN RED CROSS, CAPE FEAR CHAPTER 1102 SOUTH 16TH STREET WILMINGTON, NC 28401 | UNSOLICITED FINANCIAL CONTRIBUTION | | 1,000. |
| BOYS AND GIRLS HOMES OF NORTH CAROLINA, INC. 400 FLEMING DRIVE LAKE WACCAMAW, NC 28450 | COTTAGE RENOVATIONS - OFFICE & TEACHING PARENT APT | | 23,200. |
| BRIGADE BOYS AND GIRLS CLUB, INC. 2759 VANCE STREET WILMINGTON, NC 28412 | TRIPLE PLAY PROGRAM - CONTINUED FUNDING | | 55,000. |
| BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. POST OFFICE BOX 1551 SHALLOTTE, NC 28459 | GENERAL OPERATING SUPPORT & BABYSITTERS BOOT CAMP | | 40,000. |
| CAPE FEAR COMMUNITY COLLEGE 411 NORTH FRONT STREET WILMINGTON, NC 28401 | DENTAL SCHOOL - DESKTOP COMPUTERS (12) | | 25,000. |

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| CAPE FEAR MEMORIAL FOUNDATION | | 56-1974747 |
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| CAPE FEAR HEALTHNET 3329-C WRIGHTSVILLE AVENUE WILMINGTON, NC 28403 | 2 - PT PATIENT NAVIGATOR SALARIES | 90,000. |
| CHILD DEVELOPMENT CENTER, INC. 3802 PRINCESS PLACE DRIVE WILMINGTON, NC 28405 | GENERAL OPERATING SUPPORT | 75,000. |
| CHRISTIAN RECOVERY HOUSES, INC. 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027 | GENERAL OPERATING SUPPORT | 15,000. |
| COASTAL HORIZONS CENTER, INC. 615 SHIPYARD BLVD WILMINGTON, NC 28412 | GENERAL OPERATING SUPPORT & SALARY SUPPORT | 75,000. |
| COMMUNITIES IN SCHOOLS OF BRUNSWICK COUNTY, INC. POST OFFICE BOX 10087 SOUTHPORT, NC 28461 | ACTION FOR SUCCESS PROGRAM - CONTINUED SUPPORT | 25,000. |
| COMMUNITIES IN SCHOOLS OF CAPE FEAR, INC. POST OFFICE BOX 398 WILMINGTON, NC 28402 | GENERAL OPERATING SUPPORT - CONTINUED FUNDING | 30,000. |
| COMMUNITY BOYS AND GIRLS CLUB OF WILMINGTON, INC. 901 NIXON STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT - CONTINUED FUNDING | 30,000. |
| DUPLIN CHRISTIAN OUTREACH MINISTRIES 514 SOUTH NORWOOD STREET WALLACE, NC 28466 | COMPUTER EQUIPMENT | 12,000. |
| DUPLIN COUNTY HEALTH SERVICES 340 SEMINARY STREET KENANSVILLE, NC 28349 | PEDIATRIC OBESITY CLINIC - START UP | 40,000. |
| EAST COAST SOLUTIONS 605 NIXON STREET, UNIT #3 WILMINGTON, NC 28401 | STEPPING STONE MANOR RENOVATIONS | 2,500. |

| CAPE FEAR MEMORIAL FOUNDATION | | 56-1974747 |
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| = | CAPITAL SUPPORT - RENTAL FACILITY UPFIT | 70,000. |
| FAMILIES FIRST, INC. POST OFFICE BOX 1776 WHITEVILLE, NC 28472 | STRENGTHENING FAMILIES PROGRAM | 25,000. |
| FELLOWSHIP OF CHRISTIAN ATHLETES POST OFFICE BOX 86 WILMINGTON, NC 28402 | GENERAL OPERATING SUPPORT | 30,000. |
| FIRST FRUIT MINISTRIES 2750 VANCE STREET WILMINGTON, NC 28408 | WILMINGTON DREAM CENTER - TRANSITIONAL HOUSING | 30,000. |
| FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 1314 MARSTELLAR STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT | 50,000. |
| GOOD SHEPHERD MINISTRIES OF WILMINGTON, INC. 811 MARTIN STREET WILMINGTON, NC 28401 | NIGHT SHELTER & MEDICAL CLINIC OPERATIONS | 80,000. |
| HOPE HARBOR HOME POST OFFICE BOX 230 SUPPLY, NC 28462 | LIFE COACH - START UP | 30,000. |
| LEADING INTO NEW COMMUNITIES, INC. POST OFFICE BOX 401 WILMINGTON, NC 28402 | GENERAL OPERATING SUPPORT | 40,000. |
| LOWER CAPE FEAR HOSPICE 1414 PHYSICIANS DRIVE WILMINGTON, NC 28401 | BRUNSWICK COUNTY FACILITY | 300,000. |
| MUSTARD SEED MINISTRY 5654 CAROLINA BEACH ROAD WILMINGTON, NC 28412 | GENERAL OPERATING SUPPORT | 20,000. |

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| CAPE FEAR MEMORIAL FOUNDATION | | 56-1974747 |
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| NC MISSIONS OF MERCY (MOM) 1600 EVANS ROAD CARY, NC 27513 | WEEKEND DENTAL CLINIC - CONTINUED FUNDING | 15,000. |
| NEW HANOVER COUNTY HEALTH DEPARTMENT 2029 SOUTH 17TH STREET WILMINGTON, NC 28401 | MENS HEALTH SCREENING PROGRAM | 55,000. |
| 2029 SOUTH 17TH STREET | FAMILY COUNSELING SERVICES - LCSW - CONTINUED FUNDING | 30,000. |
| NEW HANOVER COUNTY PARKS, GARDENS & SENIOR RESOURCE CENTER 230 GOVERNMENT CENTER DRIVE, SUITE 120 WILMINGTON, NC 28403 | ASSISTANCE PROGRAM - | 7,500. |
| PENDER ADULT SERVICES, INC. POST OFFICE BOX 1251 BURGAW, NC 28425 | IN-HOME CAR SERVICES - CONTINUED FUNDING | 36,000. |
| PENDER ALLIANCE FOR TEEN HEALTH POST OFFICE BOX 1057 HAMPSTEAD, NC 28443 | GENERAL OPERATING SUPPORT - START UP FUNDING | 40,000. |
| PHOENIX EMPLOYMENT MINISTRY 20 NORTH 4TH STREET, SUITE 100 WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT | 15,000. |
| PRESBYTERIAN COUNSELING CENTER 4810 WRIGHTSVILLE AVENUE WILMINGTON, NC 28403 | SAM MANN HEALING PARTNERSHIP - CONTINUED FUNDING | 20,000. |
| PREVENT BLINDNESS NORTH CAROLINA 4011 WEST CHASE BLVD, SUITE 225 RALEIGH, NC 27607 | PHOTO-REFRACTIVE SCREENING - CONTINUED FUNDING | 25,000. |
| QUALITY ENHANCEMENT FOR NON-PROFITS (QENO) UNCW 601 SOUTH COLLEGE ROAD, RM 110B WILMINGTON, NC 28403 | GENERAL OPERATING SUPPORT | 55,000. |

| CAPE FEAR MEMORIAL FOUNDATION | | 56-1974747 |
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| SAFE HAVEN OF PENDER, INC. POST OFFICE BOX 657 BURGAW, NC 28425 | GENERAL OPERATING SUPPORT | 20,000. |
| SALVATION ARMY POST OFFICE BOX 90 WILMINGTON, NC 28402 | UNSOLICITED FINANCIAL CONTRIBUTION | 1,000. |
| ST. ANDREWS PRESBYTERIAN COLLEGE 1700 DOGWOOD MILE LAURINBURG, NC 28352 | THE RT SINCLAIR JR MD SCHOLARSHIP FUND | 50,000. |
| ST. MARY DENTAL CLINIC CORP 412 ANN STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT | 75,000. |
| THE CAROUSEL CENTER, INC. 1501 DOCK STREET WILMINGTON, NC 28401 | PROJECT ONE STOP - CONTINUED FUNDING | 40,000. |
| TILESTON HEALTH CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT | 150,000. |
| WILMINGTON CARENET COUNSELING CENTER 610 SOUTH COLLEGE ROAD WILMINGTON, NC 28403 | BENEVOLENT SERVICES/CLIENT AID PROGRAM - CONTINUED FUNDING | 34,000. |
| WILMINGTON FAMILY YMCA 2710 MARKET STREET WILMINGTON, NC 28401 | LIVESTRONG EXERCISE AND THRIVE PROGRAM - START UP | 25,000. |
| WILMINGTON FAMILY YMCA 2710 MARKET STREET WILMINGTON, NC 28401 | GIRLS ON THE RUN EXPANSION/RUN FOR LIFE PROGRAM | 40,000. |
| WILMINGTON HEALTH ACCESS FOR TEENS 4005 OLEANDER DRIVE WILMINGTON, NC 28403 | SCHOOL BASED HEALTH CENTER - ASHLEY HIGH SCHOOL | 50,000. |

| CAPE FEAR MEMORIAL FOUNDATION | | 56-1974747 |
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| | TRANSITIONAL HOUSING PROGRAM SUPPORT | 20,000. |
| THE ARC OF NC - FIRST IN FAMILIES OF SOUTHEASTERN NC 5041 NEW CENTRE DRIVE, SUITE 109 WILMINGTON, NC 28403 | | 20,000. |
| ARID SERENITY ASSOCIATION INC POST OFFICE BOX 4804 WILMINGTON, NC 28406 | BUILDING PURCHASE AND RENOVATIONS | 30,000. |
| DUKE UNIVERSITY MEDICAL CENTER DUKE HOSPITAL SOUTH 013, BASEMENT, PURPLE ZONE DURHAM, NC 28801 | HIV/STD PREVENTION PROGRAM "LETS TALK" | 20,000. |
| KIDS MAKING IT, INC. 15 SOUTH WATER STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT - WOODWORKING PROGRAM | 40,000. |
| NEW HOPE CLINIC, INC. POST OFFICE BOX 10601 SOUTHPORT, NC 28461 | GENERAL OPERATING SUPPORT | 55,000. |
| PENDER COUNTY PUBLIC HEALTH FOUNDATION, INC. 803 SOUTH WALKER STREET BURGAW, NC 28425 | GENERAL OPERATING SUPPORT - ACCESS TO CARE | 20,000. |
| SPECIAL OLYMPICS OF NORTH CAROLINA 2200 GATEWAY CENTRE BLVD, SUITE 201 MORRISVILLE, NC 27560 | GENERAL OPERATING SUPPORT | 20,000. |
| WILMINGTON HEALTH ACCESS FOR TEENS 4005 OLEANDER DRIVE WILMINGTON, NC 28403 | SCHOOL BASED HEALTH CENTER - ASHLEY HIGH SCHOOL | 35,000. |
| WILMINGTON FAMILY YMCA 2710 MARKET STREET WILMINGTON, NC 28401 | LEASE PAYMENTS FOR CARDIO EQUIPMENT | 40,000. |
| TOTAL TO FORM 990-PF, PART XV, LI | INE 3A | 2,445,200. |

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| | AND CONTRIBUTIONS OFOR FUTURE PAYMENT | STATI | EMENT 16 |
|--|---|---------------------|----------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| COASTAL CAROLINAS HEALTH ALLIANCE 5305-M WRIGHTSVILLE AVENUE WILMINGTON, NC 28403 | MOBILE SIMULATION LABORATORY OPERATIONS | | 30,000. |
| HOPE HARBOR HOME POST OFFICE BOX 230 SUPPLY, NC 28462 | LIFE COACH - START UP | | 30,000. |
| KIDS MAKING IT, INC. 15 SOUTH WATER STREET WILMINGTON, NC 28401 | GENERAL OPERATING SUPPORT - WOODWORKING PROGRAM | | 40,000. |
| MUSTARD SEED MINISTRY 5654 CAROLINA BEACH ROAD WILMINGTON, NC 28412 | GENERAL OPERATING SUPPORT | | 20,000. |
| PENDER ALLIANCE FOR TEEN HEALTH POST OFFICE BOX 1057 HAMPSTEAD, NC 28443 | GENERAL OPERATING SUPPORT | | 30,000. |
| THE CAROUSEL CENTER, INC. 1501 DOCK STREET WILMINGTON, NC 28401 | PROJECT ONE STOP - CONTINUED FUNDING | | 40,000. |
| WILMINGTON FAMILY YMCA 2710 MARKET STREET WILMINGTON, NC 28401 | LEASE PAYMENTS FOR CARDIO EQUIPMENT | | 40,000. |
| YWCA LOWER CAPE FEAR 2815 SOUTH COLLEGE ROAD WILMINGTON, NC 28412 | GENERAL OPERATING SUPPORT | | 46,000. |

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CAPE FEAR MEMORIAL FOUNDATION

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COASTAL CAROLINAS HEALTH ALLIANCE 5305-M WRIGHTSVILLE AVENUE WILMINGTON, NC 28403

MOBILE SIMULATION LABORATORY OPERATIONS

-30,000.

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

246,000.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, complete | te only Pa | rt I and check this box | | > | X | |
|--|--|--------------|--|----------------------------|--------------|-------------|--|
| | are filing for an Additional (Not Automatic) 3-Month Ex | | | form). | , | | |
| - | complete Part II unless you have already been granted a | | | | m 8868, | | |
| | nic filing (e-file). You can electronically file Form 8868 if y | | | | | oration | |
| | I to file Form 990-T), or an additional (not automatic) 3-mo | | | | | | |
| | to file any of the forms listed in Part I or Part II with the ex | | | | | | |
| | il Benefit Contracts, which must be sent to the IRS in pap | | | | | | |
| | w.lrs.gov/efile and click on e-file for Charities & Nonprofits | | (000 1110 1120 1010), (0110 1010 1010 1010 1010 1010 1010 10 | | | | |
| Parti | | | bmit original (no copies needed). | | | | |
| | ration required to file Form 990-T and requesting an autor | | | plete | | | |
| Part I or | • - | 1,01,0001110 | The state of the second of the second of the second | φ.σ.σ | • | . \square | |
| | ", corporations (including 1120-C filers), partnerships, REM | IICs. and t | rusts must use Form 7004 to request an | exten. | sion of time | | |
| | come tax returns. | | | | | | |
| Туре ог | Name of exempt organization Employer identification | | | | | number | |
| print | Name of exempt organization | | | Linployof radination named | | | |
| _ | CAPE FEAR MEMORIAL FOUNDATION | | | | 56-1974747 | | |
| flie by the | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | |
| filing your return. See | you 2508 INDEPENDENCE BLVD. NO. 200 | | | | | | |
| Instruction | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | | |
| | WILMINGTON, NC 28412 | | | | | | |
| | | | | | | | |
| Enter th | e Return code for the return that this application is for (file | a separa | te application for each return) | | | 0 4 | |
| | | · | | | | | |
| Application | | Return | Application | | | Return | |
| ls For | | Code | is For | | | Code | |
| Form 990 | | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990-BL | | 02 | Form 1041-A | | | 08 | |
| Form 990-EZ | | 03 | Form 4720 | | | 09 | |
| Form 990-PF | | 04 | Form 5227 | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | Form 6069 | | | 11 | |
| Form 990-T (trust other than above) | | 06 | Form 8870 | | | 12 | |
| ANNA ERWIN | | | | | | | |
| • The | books are in the care of > 2508 INDEPENDE | NCE B | LVD. STE 200 - WILMI | NGT | ON, NC 284 | 412 | |
| Telephone No ▶ 910-452-0611 FAX No. ▶ | | | | | | | |
| If the organization does not have an office or place of business in the United States, check this box | | | | | | | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this | | | | | | | |
| box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for | | | | | | | |
| 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until | | | | | | | |
| FEBRUARY 15, 2012, to file the exempt organization return for the organization named above. The extension | | | | | | | |
| is for the organization's return for: | | | | | | | |
| | calendar year or | | | | | | |
| | tax year beginning JUL 1, 2010 , and ending JUN 30, 2011 . | | | | | | |
| tax your beginning | | | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return | | | | | | | |
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| L | Change in accounting period | | | | | | |
| 20 16 | this continuous to far Form 000 BL 000 BF 000 T 4700 | -r 6060 o | enter the tenteture toy long one | Γ 1 | | | |
| | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 17 | | | | | 7,102. | |
| _ | nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | <u> </u> | ,,1021 | |
| | · · | | | _ | , | 2,102. | |
| | stimated tax payments made. Include any prior year over | | | 3b | \$ | ., 104. | |
| | alance due. Subtract line 3b from line 3a. Include your pa | | | , | 1 2 | 5,000. | |
| | y using EFTPS (Electronic Federal Tax Payment System). | | | 3c | | | |
| Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. | | | | | | | |