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DLN: 93493090009962

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 A For the 2010 D Employer identification number C Name of organizatio SOUTHMINSTER INC B Check if applicable Address change 56-1443222 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (704) 551-6800 Terminated G Gross receipts \$ 29,177,081 City or town, state or country, and ZIP + 4 CHARLOTTE, NC 28210 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes DAVID LACY 8919 PARK ROAD **H(b)** Are all affiliates included? CHARLOTTE, NC 28210 If "No," attach a list (see instructions) H(c) Group exemption number ► Website: ► WWW SOUTHMINSTER ORG K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1984 M State of legal domicile NC Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE CONTINUING CARE TO RESIDENTS OF SOUTHMINSTER, INC Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)  $\,$  .  $\,$  . 14 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 14 5 301 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . 6 80 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Current Year Prior Year** 10,745 Contributions and grants (Part VIII, line 1h) . 6,045 Rayenue Program service revenue (Part VIII, line 2g) . 18,273,123 19,342,983 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 516,154 750,471 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>-1</u>8,225 11 -1,881 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 18,798,141 20,081,274 13 34.898 23.833 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 7,958,867 8,187,757 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 13,093,911 13,166,086 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 21,087,676 21,377,676 19 Revenue less expenses Subtract line 18 from line 12  $\,$  . -2,289,535 -1,296,402 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 108,936,364 102,420,104 21 Total liabilities (Part X, line 26) . 123,622,303 118,913,975 Net assets or fund balances Subtract line 21 from line 20 -14,685,939 -16,493,871 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-03-30 Signature of officer Sian Here KENDA LAUGHEY CFO Type or print name and title Check if self Preparer's signature PTIN Date employed 🕨 🕻 **GREGORY W JOHNS** GREGORY W JOHNS preparer's name Paid Firm's name FCLIFTONLARSONALLEN LLP Firm's EIN Preparer

Firm's address • 101 N TRYON STREET SUITE 1000

CHARLOTTE, NC 28246

May the IRS discuss this return with the preparer shown above? (see instructions)

**Use Only** 

Phone no 🕨 (704) 998-

Г Nο

**✓** Yes

Form	90 (2010) Page 2
Pari	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
_	ONTINUING CARE RETIREMENT COMMUNITY, SOUTHMINSTER HELPS OLDER PEOPLE MAINTAIN AN ACTIVE LIFESTYLE
	DIGNITY, PRIVACY AND PEACE OF MIND WHILE MINISTERING TO THEIR SPIRITUAL NEEDS
2	ıd the organization undertake any significant program services during the year which were not listed on ne prior Form 990 or 990-EZ?
	,,
	f "Yes," describe these new services on Schedule O
3	id the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	f "Yes," describe these changes on Schedule O
4	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and llocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code ) (Expenses \$ 19,200,288 including grants of \$ 23,833 ) (Revenue \$ 19,342,983 )
-,-	CONTINUING CARE RETIREMENT COMMUNITYPROVIDE A CONTINUUM OF SERVICES (INDEPENDENT LIVING, ASSISTED LIVING, NURSING) TO OLDER ADULTS THAT ALLOWS THEM TO LIVE INDEPENDENTLY AND AS ACTIVELY AS THEIR FACULTIES AND STRENGTH PERMIT
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
 4е	Total program service expenses►\$ 19,200,288
	10/200/200

Part IV	<b>Checklist of</b>	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		NI -
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
	complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in 50x 3 of Farm 1096. Enter-0- if not applicable  Define the number of Farms W-20 included in line 12. Enter-0- if not applicable  Define the number of Farms W-20 included in line 12. Enter-0- if not applicable  Define the number of Farms W-20 included in line 12. Enter-0- if not applicable  Define the number of analysis with backs with holding rules for reportable payments to venders and reportable.  Enter the number of analysis is agreed as the results of the payment of the organization have venified because you may be recurred to -15t. (see instructions)  Did the organization have venified because you may be recurred to -15t. (see instructions)  Did the organization have venified because you may be recurred to -15t. (see instructions)  At any time during the calendar year, did the agranization have an interest in or a signature or other marked in year?  At any time during the calendar year, did the agranization have an interest in or a signature or other marked in year.  Entries in other than a same of the foreign country.  Entries of interior requirements for from TD F 90-22 1, Report of Foreign Sents and Francial Accounts  West the organization as assit to a prohibble did as whetler transaction?  The payment of the desire the payment of the pay		Check if Schedule O contains a response to any question in this Part V			
be effect the number of Forms W-26 included in line 1a enter-0- if not applicable  Did the organization compty with backos with noting rules for reportable payments to venerors and reportable garmag (genathro) winning at opera winner?  Did the organization compty with backos within comparise for reportable payments to venerors and reportable garmag (genathro) winning at opera winner?  Sedements filed the scalars are around on with or which the vear overed by this 2a 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Yes	No
Exter the number of Forms W-2G included in line 1a Enter-0-rifnot applicable  Did the organization comply with backup withbolding rules for reportable gayments to venders and reportable gayments to enders and reportable gayments to venders and the process of the forms of the calendar year and reportable gayments to vender the process of the forms of the calendar year and reportable gayments the venture of the garments have vendered becames grown more of \$1,000 are more stump the process of the foreign country to the process of the garments have vendered becames grown more of \$1,000 are more stump the year?  Note, of the sum of lines 1a and 2a is greater than 25G, you may be required to effect does instructions)  but the organization have vendered becames grown more of \$1,000 are more stump the year?  So the companies have vendered becames grown common of \$1,000 are significant or other databout and strong the same of the foreign country \$1.000 are stored to the strong country \$1.000 a	1				
to dishe organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to price winners?  Statements filed for the calender year entirely might be provided by the provided of the provided for the calender year entirely with a provided for the provided for the calender year entirely with a provided for the prov	h		•		
gaming (sambling) winnings to price winner?  Let ether the number of employees reported on Form W-3, Transmittal of Mage and Tax Statements filed for the calendar year ending with or within the year covered by this 2 1012  I that least one is reported on line 2a, did the organization file all inquired federal amployment tax returns?  2b. Visit Medic fifthe summer of lines 2 and 23 as greater than 200, you may be required to a fell; (see instructions)  Did the eigenization have unrelated business gross income of \$1,000 or more during the vairs.  11 "Yes", has it field a Form \$90-T for this rever? If "No", provide an explanation in Schedule 0.  At any time during the calendar year, did the organization have an intended in, or a signature or other sutherity and colored in the foreign country.  12 "Yes", enter the name of the foreign country.  13 "If "yes", enter the name of the foreign country.  14 "Yes", enter the name of the foreign country.  15 "Yes" and the programments for Form TD F 00-22 1, Report of Foreign Back and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  16 "Yes" and the organization that it was one is a party to a prohibited tax shelter transaction?  16 "Yes" and the organization have around poor acceptant hat are normally greater than \$100,000, and did the erganization solid any combinations that were not tax deductible?  17 "Yes", did the organization in eleven with evers solidation an express statement that such contributions or gifts were not tax deductible?  18 "Yes", did the organization nearly and prohibitions under section \$100,000, and did the erganization nearly and prohibitions under section \$100,000, and did the erganization nearly and prohibitions are not tax deductible?  19 "Yes", did the organization nearly and prohibitions under section \$100,000, and did the erganization nearly and prohibitions are not tax deductible?  19 "Yes", did the organization nearly and prohibitions are diseased to section \$200,000,		<b>1b</b> 0			
Either the number of employees regarded on Form W-3, Transmitted of Wage and Tx 2a 30.1  2a 30.1  3b 70.2  Selements file of the calendar year ending with or within the year overeid by this return.  5b 1f at least one is reported on line 2.a, did the organization file all required fideral employment tax returns?  Note 1f the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  Did the organization file we unrelated business gross in come of \$1,000 or more during the view of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  By 1f Year, less it fled a Form 990-T for this year? 1f You, provide an explanation in Sciencific 4. As any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial secount in a foreign country.  We she organization in a party to a prohibited tax shelter transaction at any time during the tax year?  5c if Year, either the neme of the foreign country.  We she organization in party to a prohibited tax shelter transaction at any time during the tax year?  5c if Year, and the organization in the Form 886-T7.  5c if Year, and the organization in the Form 886-T7.  5c if Year, and the organization in the Form 886-T7.  5c if Year, and the organization in close with every not tax deductible?  5c if Year, and that may receive deduct tible contributions under section 170(c).  5c if Year, and that may receive deduct tible contributions under section 170(c).  5c if the organization receives a payment in excess of \$5.5 made partly as a contribution and partly for goods and services growed to the payor?  5c if Year, and that may receive deduct tible contributions under section 170(c).  5c if Year, and that may receive deduct tible contributions under section 170(c).  5c if the organization receives a contribution of qualified intellectual payority, and the organization file of the organization necessary and payority of the organization in the section 170 (c) and	С		10		
Section   Sec					
Note, if the sum of lines 12 and 20 as greater than 250, you may be required federal employment tax returns?  20 b Vest Note, if the sum of lines 12 and 20 as greater than 250, you may be required to e-file (see instructions)  21 bit the organization have unrealed business greats, uncome of \$1,000 mere during the stead form 900-1 for this year? If Yea, 'provide an explanation in Schedule 0  21 At any time during the calendar year, did the organization have an uninerest in, or a signature or other authority over a financial account; and in a foreign country (such as a bank account, section).  22 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  23 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  24 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  25 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  26 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  27 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  28 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  29 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  29 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  29 See instructions for filing requirements for form TO F 90-22 1, Report of foreign Bank and Financial Accounts  29 See instructions for filing form Form 80 Filing Fili		Statements filed for the calendar year ending with or within the year covered by this			
Note: (if the sum of lines 1s and 2s is greater than 250, you may be required to e-file. (see instructions)  Dut the organization have uncellated business gross income of \$1,000 or more during the elements.  30   16   16   17   18   16   18   18   18   18   18   18	h		1		
Due the organization have unrelated business gross income of \$1,000 or more during the year?  If Yes, has it filled a Form 990-T for this year? If Yo, "provide an explanation in Schedule 0.  At any time during the callendar year, did the organization have an interest in, or a signature or other authority organization account in a foreign country (such as a bank account, securities account, or other financial accounts in foreign country (such as a bank account, securities account, or other financial accounts of the financial accounts of the foreign country    See instructions for filling requirements for Form TD F 90-22 is, Report of Foreign Bank and Financial Accounts  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  So Did any texable party notify the organization file Form 5886-T7  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the erganization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization necever a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  To Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If Yes, if did the organization motify the donor of the value of the goods or services provided?  To Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If the organization receive a payment in excess of \$75 made payment in a scess of \$75 made payment in a case of \$75 made payment in \$75 made \$75 mad			2b	Yes	
Market		<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
At any time dump the calendar year, did the organization have an interest in, or a signature or other authority own, a financial account in a freegree country (such as a bank account, securities account, or other financial security).  If If Year, finish the name of the foreign country  See instructions for filing requirements for Form TD F 98-22 1, Report of Foreign Bank and Financial Accounts  Was the organization is party to a prohibited tax shelter transaction at any time during the tax year?  So but any taxable party notify the organization that it was ones a party to a prohibited tax shelter transaction?  If If Year's to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts their are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Organization solicit any contributions that were not tax deductible?  Organizations that may receive deductible contributions on express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions and research and party to a contribution and party for goods and services gravided to the payor?  If If year, and the organization necessor a payment in excess of \$75 made party as a contribution and party for goods and services gravided to the payor?  If If year, and the organization necessor as payment in excess of \$75 made party as a contribution and party for which it was required to the payor?  If If year, and the organization necessor as payment in excess of \$75 made party as a contribution and party for which it was required to the payor?  If Year, and the organization necessor as payment in excess of \$75 made party as a contribution of the organization set of the property of which it was required to the payor?  If Year, and the organization makes any taxable distributions in directly or indirectly, on a passonal benefit contract?  If If the organization is excessed as contribution of cars, beats, arri			3a		l N
At any time during the calendar year, did the organization have an interest in, or a signature or other authority very. A financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  If If Yea, a make the name of the foreign country. See instructions for filling requirements for Form T D F 98-22 1, Report of Foreign Bank and Financial Accounts.  Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  Do ind any taxable party notify the organization file of Form 888-7.  To provide the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If Yea, to the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  If If Yea, the being agreement in excess of \$75 made partly as a contribution and partly for goods and services provided to the party?  If If Yea, did the organization solity the donor of the value of the goods or services provided?  Did the organization solity excepts of the value of the goods or services provided?  To both the organization solity excepts, or otherwise disose of trappible personal property for which it was required to the Party. To the organization solity excepts of the party of th	Ь				- '
Account?    Second   1   1   1   1   1   1   1   1   1		At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
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	а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
-4	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	163	
	bescribe in schedule of the process, if any, used by the organization to review this form 550			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FKENDA LAUGHEY

8919 PARK ROAD CHARLOTTE,NC 28210 (704) 551-6800

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other			
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		Highest compensated amployee Key employee Officer		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) REX GRIBBLE JR CHAIR	1 00	х						0	0	0		
(2) STEPHEN CORNWELL VICE CHAIR, TREASURER	1 00	х						0	0	0		
(3) HOPE PARROTT VICE CHAIR, SECRETARY	1 00	х						0	0	0		
(4) DR PINKNEY RANKIN JR VICE CHAIR	1 00	х						0	0	0		
(5) ROBERT THOMASON VICE CHAIR	1 00	х						0	0	0		
(6) MOLLIE MARSH BRUGH BOARD MEMBER	1 00	х						0	0	0		
(7) RICHARD BUTLER BOARD MEMBER	1 00	х						0	0	0		
(8) GRACE FOGG BOARD MEMBER	1 00	х						0	0	0		
(9) REV HENRY HARMAN EDENS III EX-OFFICIO	1 00	х						0	0	0		
(10) JOHN GIANNUZZI BOARD MEMBER	1 00	х						0	0	0		
(11) BARBARA MISHOE EX-OFFICIO	1 00	х						0	0	0		
(12) SUSAN SCHENCK BOARD MEMBER	1 00	х						0	0	0		
(13) DR H STEPHEN SHOEMAKER EX-OFFICIO	1 00	х						0	0	0		
(14) JAMES WALL BOARD MEMBER	1 00	х						0	0	0		
(15) DAVID LACY EXECUTIVE DIRECTOR	40 00			х				207,390	0	11,686		
(16) JEFFREY LOHR TREASURER	40 00			х				117,700	0	7,779		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	Name and Title Average Position (check all Reportable hours that apply) compensation				(E) Reportable compensation	n	(F) Estima amount o	ated fother				
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- organization (W- 2/1099-MISC) (W- 2/1099-MISC)			compens from f organizat relat organiza	the ion and ed
(17) MARY COOPER ASST SECRETARY	40 00			х				106,418		0		7,492
										+		
							<u> </u>			+		
	on sheets to Part VII, Sec					· ·						
d Total (add lines 1b an	d 1c)						►	431,508		0		26,957
	duals (including but not lime compensation from the c				teda	above)	) who	received more than	1			
											Yes	No
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual							3		No			
organization and relate	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									4	Yes	
5 Did any person listed o	on line 1a receive or accru he organization? <i>If</i> "Yes," o	ıe comp	ensa	tıon	fron	n any ı		-	r individual for	5	1 es	No
Section B. Independ	and Cambus stans											

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SPECTRUM MARKETING 1349B E GARRISON GASTONIA, NC 28054	MARKETING CONSULTANT	156,375
TONEY'S CARPET 546 NC HWY 24/27 WEST MIDLAND, NC 28107	CONSTRUCTION	155,291
SMITH GROUNDS MANAGEMENT PO BOX 2134 MATTHEWS, NC 28106	LANDSCAPING	149,765

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

Form 9 Part							Pa	ge <b>9</b>
Part	V111	Statement of Reven	це		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								513, or 514
\$ \$	1a	Federated campaigns	1a					314
ar oun	ь	Membership dues	. 1b					
ો. ક	c	Fundraising events	. 1c					
<u>≅</u> `g	d	Related organizations	. 1d					
Sins Simis	e	Government grants (contributions)	1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants similar amounts not included above		6,045				
	g	Noncash contributions included in li						
9 E	h	Total. Add lines 1a-1f			6,045			
				Business Code				
Program Service Revenue				623000		8,302,880		
흏				623000		6,083,390		
MCA	c d	EARNED ENTRANCE FEES		900099	4,864,738	4,864,738		
Š	e		<del></del>					
Tan L	f	All other program service re-	venue			91,975		
ŢQ.					91,975			
	<u>д</u> 3	<b>Total.</b> Add lines 2a-2f  Investment income (including			19,342,983			
		and other similar amounts)		ŀ	347,801			347,80
	4	Income from investment of tax-ex						
	5	Royalties						
			(ı) Real	(II) Personal				
		Gross Rents	23,570					
		Less rental expenses						
	c	Rental income or (loss)	23,570					
	d	Net rental income or (loss)			23,570			23,57
	_	Gross amount	(i) Securities 9,498,477	(II) O ther				
	/a	Gross amount from sales of assets other than inventory	9,490,477					
	ь	Less cost or other basis and	9,095,807					
		sales expenses	100 570					
	_	Gain or (loss)  Net gain or (loss)	402,670		402,670			402,670
		Gross income from fundraising			102,070			102,07
Jue		(not including	ng events					
Other Revenue		\$ of contributions reported on	line 1c)					
ď		See Part IV, line 18						
her	١.		<b>a</b>					
ŏ		Less direct expenses . Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
			b					
		Net income or (loss) from ga						
	<b>10</b> a	Gross sales of inventory, les	s					
		returns and allowances .	a					
	ь	Less cost of goods sold .	. <b>b</b>					
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code	,			44 ===
	_	DISPOSAL OF ASSETS		900999	-41,795			-41,79
	b							
	C		<u></u>					
		All other revenue	•					
	e	Total. Add lines 11a-11d			-41,795			
	12	Total revenue. See Instructi	ons	ŀ	20.00		_	700 -
	I				20,081,274	19,342,983	0	732,246

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations mus	st complete all o	columns.		
A	ll other organizations must complete column (A) but are not required to c	•		(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	23,833	23,833		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	458,464		458,464	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,124,995	5,376,899	748,096	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	130,894	114,907	15,987	
9	Other employee benefits	998,423	876,477	121,946	
10	Payroll taxes	474,981	387,931	<del>'  </del>	
а	Fees for services (non-employees) Management	,			
ь	Legal	28,605		28,605	
С	Accounting	43,768		43,768	
d	Lobbying	,		,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	96,455		96,455	
g g	Other	782,892	678,978	<del>                                     </del>	
12	Advertising and promotion	80,977	070,970	80,977	
13	Office expenses	129,660	57,693	<del>                                     </del>	
	Information technology	47,914	-	47,914	
14	Royalties	47,914		47,914	
15		1 000 000	1 000 000		
16 17	Occupancy	1,089,098	, ,	†	
17 18	Travel	2,065	1,004	1,061	
19	Conferences, conventions, and meetings	10,551	1 296	9,165	
20	Interest	4,253,966	,	<del>                                     </del>	
20	Payments to affiliates	4,233,300	4,233,300	+	
22		4,914,549	4 014 540		
23	Depreciation, depletion, and amortization	206,635		206,635	
24	Insurance	·		206,633	
9	DIETARY SUPPLIES	917,754	917,754		
b		226,177	226,177	<del>                                     </del>	
c	PRO GRAM SUPPLIES	165,278		<del>                                     </del>	
d	TRO SKAPI SOTT LILES	103,276	103,276		
e f	All other expenses	169,742	114,358	55,384	
25	Total functional expenses. Add lines 1 through 24f	·		<del>                                     </del>	
26	Joint costs. Check here F if following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	21,377,676	19,200,288	2,177,388	0
	compilied educational campaign and landraioning solicitation	İ	I		

Part X Balance Sheet (A) (B) Beginning of year End of year 2,213,324 2.640.240 1 2 2 3 3 86.931 4 110,009 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 29,937 34,363 181,636 178,298 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete 117,111,717 10a Part VI of Schedule D 35.203.419 86,016,276 **10c** ь Less accumulated depreciation . . . . . 10b 81.908.298 0 11 11 17,953,391 15,309,488 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 0 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,454,869 15 2,239,408 15 16 108.936.364 16 102,420,104 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 966.309 17 848.768 17 Accounts payable and accrued expenses . 18 18 42.030.502 19 19 41.612.378 80,216,485 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 76,164,501 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 409.007 25 288.328 Other liabilities Complete Part X of Schedule D . . . . . 26 123.622.303 26 118,913,975 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 -14.813.464 -16,612,177 Unrestricted net assets . . . . Temporarily restricted net assets . . . . . 127,525 28 28 118,306 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ -14,685,939 33 -16,493,871 33 Total net assets or fund balances . . . . . 108.936,364 34 Total liabilities and net assets/fund balances . . . . . 102,420.104

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20.0	081,27
2	Total expenses (must equal Part IX, column (A), line 25)	2			377,670
3	Revenue less expenses Subtract line 2 from line 1	3			296,40
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-14,6	585,939
5	Other changes in net assets or fund balances (explain in Schedule O)	5		- 5	511,53
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		-16,4	193,87
Par	Table Transport		•	F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3Ь		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

SOUTHMINSTER INC

h

# S AS FIIEU Data -

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

**Employer identification number** 

Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

OMB No 1545-0047

56-1443222 Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						Т	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do		3,375	12,395	10,745		6,045	32,560
	not include any "unusual		3,3,3	12,555	20,7 13		5,515	32,500
	grants ")							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished	13,313,842	13,405,319	16,268,884	18,273,123	19	,342,983	80,604,151
	in any activity that is related to the organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
_	are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf						-	
5	The value of services or facilities furnished by a governmental unit							
	to the organization without							
	charge							
6	Total. Add lines 1 through 5	13,313,842	13,408,694	16,281,279	18,283,868	19	,349,028	80,636,711
	A mounts included on lines 1, 2,							
	and 3 received from disqualified	46,374	48,228	38,704	51,217		54,273	238,796
	persons							
b	A mounts included on lines 2 and							
	3 received from other than	750.054	2 222 225	44.400.440	2 575 645		550 400	22 225 552
	disqualified persons that exceed	762,051	3,229,306	14,198,140	2,575,615	1	,560,438	22,325,550
	the greater of \$5,000 or 1% of							
_	the amount on line 13 for the year Add lines 7a and 7b	808,425	3,277,534	14,236,844	2,626,832	1	,614,711	22,564,346
8	Public Support (Subtract line 7c	000,123	3,277,331	11,230,011	2,020,032		,011,711	
0	from line 6)							58,072,365
Se	ction B. Total Support	1			ı			
	ndar year (or fiscal year	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 20	110	(f) Total
	beginning in)	(a) 2006						
9	A mounts from line 6	13,313,842	13,408,694	16,281,279	18,283,868	19	349,028	80,636,711
10a	Gross income from interest,							
	dividends, payments received	262.022	206 227	467.000	110 510		247.004	050.000
	on securities loans, rents,	262,033	306,837	-467,299	419,548		347,801	868,920
	royalties and income from							
ь	similar sources Unrelated business taxable							
D	income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b	262,033	306,837	-467,299	419,548		347,801	868,920
11	Net income from unrelated							
	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include gain or loss from the sale of							
	capital assets (Explain in Part	61,616	141,115	100,627	22,081		23,570	349,009
	IV )							
13	Total support (Add lines 9, 10c,	13,637,491	13,856,646	15,914,607	18,725,497	10	720,399	81,854,640
	11 and 12 )	, ,	· · ·	<u> </u>	· · · 1			
14	First Five Years If the Form 990 $$ is	for the organization	on's first, second	, thırd, fourth, or f	ifth tax year as a	section5	01(c)(3	
	check this box and <b>stop here</b>							▶
	ction C. Computation of Pub	lic Sunnert De	ercentage					
15	Public Support Percentage for 201			13 column (f))		15		70 950 %
16	Public support percentage from 20	•		· · / /				
10	Tablic Support percentage noin 20	os schedule A, F	arciii, mie 13			16		69 190 %
	ction D. Computation of Inv	estment Inco	me Dercenta	ne .				
17	Investment income percentage for				(f))	17		1 060 %
		•	A Dart III line 1	·	· //			1 000 %

18

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported **▶**▼ organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493090009962

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ernal Revenue Service	► Attach to Fo	orm 990. 🕨 See separate instruction	ns.	In	spect	ion
Name of the organi	zation		Emp	loyer ident if icat ion	numbe	r
SOUTHMINSTER INC			56-	1443222		
	izations Maintaining Donor Ad				omplet	e if the
organiz	zation answered "Yes" to Form 99		1 .	(1) F 1		
Tabel sounds of	t and af year	(a) Donor advised funds		( <b>b)</b> Funds and other	accour	nts
Total number a	•					
	ributions to (during year) its from (during year)					
	e at end of year					
	e at end of year ation inform all donors and donor advi	Core in writing that the access held	ın donor advı	cod		
funds are the o	rganization's property, subject to the	organization's exclusive legal conti	rol?	Γ	Yes	┌ No
used only for c	ation inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit		•	r purpose	Yes	┌ No
Part III Conse	rvation Easements. Complete	ıf the organization answered "	Yes" to Forn	n 990, Part IV, lır	ne 7.	
. Purpose(s) of c	conservation easements held by the o	rganızatıon (check all that apply)				
_	on of land for public use (e g , recreati					a
<u>.</u>	of natural habitat	Preservatio	n of a certifie	d historic structure		
•	on of open space					
•	2a-2d if the organization held a quali ne last day of the tax year	ified conservation contribution in th	ne form of a co	onservation		
				Held at the End	of the	Year
a Total number o	f conservation easements		2a			
<b>b</b> Total acreage	restricted by conservation easements		2b			
c Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
<b>d</b> Number of con:	servation easements included in (c) a	cquired after 8/17/06	2d			
	servation easements modified, transfe	rred, released, extinguished, or ter	minated by th	ne organization durii	ng	
the taxable yea	ar <b>►</b>					
Number of stat	es where property subject to conserva	ation easement is located 🟲				
	nization have a written policy regarding the conservation easements it holds?		n, handling of	violations, and	Yes	┌ No
Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation	easements d	uring the year ►		
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation eas	ements during	g the year 🟲 \$		
	servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements	ofsection	Г	Yes	┌ No
balance sheet,	escribe how the organization reports of and include, if applicable, the text of t n's accounting for conservation easen	the footnote to the organization's fir	•	· ·	s	
art IIII Organ	izations Maintaining Collection etc. If the organization answered '	ns of Art, Historical Treasu	ires, or Otl	her Similar Ass	ets.	
a If the organizat art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fin	116, not to report in its revenue st for public exhibition, education or r	tatement and research in fu			٠,
historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for j owing amounts relating to these items	public exhibition, education, or rese				
(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		
(ii) Assets incl	luded in Form 990, Part X			<b>►</b> \$		
If the organizat	tion received or held works of art, historics of	· · · · · · · · · · · · · · · · · · ·	sets for finan			
	uded in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

كالنحر	<b>IIII</b> Organizations Maintaining Co	HECTIONS OF AL	t, HIS	TOFI	cai ii	reasi	ures, or c	Juic	ı Sillilla	1 A556	<b>LS</b> (CC	ntinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing	that a	re a sıgnıfıc	ant u	se of its c	ollection	ו	
а	Public exhibition		d	Γ	Loan	orexo	:hange prog	rams				
b	Scholarly research		e	$\Gamma$	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the	organızatıoı	n's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	ed "Y	es" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	utions	or other as:	sets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		ſ			A mou	ınt	
c	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to	Form 990	. Par	t IV. line	10.		
		(a)Current Year		Prior			wo Years Back		Three Years		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re hel	dand	admınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations					•		•		3a(i)		
	(ii) related organizations							-		3a(ii)		<u> </u>
		1 1 1								3b		
	If "Yes" to 3a(II), are the related organizatio	•				•						<u> </u>
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	nds		Part V line	10			<b>I</b>	<u> </u>
4	. ,,	e organization's en	dowm	ent fu See F	nds orm 9	90, P			(2) 4 - 2 - 2 - 2		I	
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu See F	nds	990, P other	Part X, line (b)Cost or o	other	(c) Accum		( <b>d)</b> Bo	ok value
4 Par	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings	e organization's en	dowm	ent fu See F	nds orm 9 Cost or	990, P other	(b)Cost or o basis (other	other	deprecia		( <b>d)</b> Bo	
4 Par 1a L	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment	e organization's en	dowm	ent fu See F	nds orm 9 Cost or	990, P other	(b)Cost or o basis (other	other er) 3,573	deprecia		. ,	793,573
Par la L b B	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment	e organization's en	dowm	ent fu See F	nds orm 9 Cost or	990, P other	(b)Cost or obasis (other	other er) 3,573	deprecia	tion	. ,	793,573
Par 1a L b B c L	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  and	e organization's en	dowm	ent fu See F	nds orm 9 Cost or	990, P other	(b)Cost or c basis (other 79	other er) 3,573	deprecia	tion	7	ok value 793,573 9,194,529 1,452,242
1a L b B c L d E	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings  Description of investment  and	e organization's en	• nt. S	ent fu Gee F (a) basis	nds Orm 9 Cost or s (invest	other (ment)	(b)Cost or or basis (other 79 110,32 4,76	other er) 3,573 0,681	31,1	26,152	7	793,573 9,194,529

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	( <b>b</b> )Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)O ther		
(A) INVESTMENTS	15,309,488	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	15,309,488	
Part VIII Investments-Program Related. See	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)	
Part X Other Liabilities. See Form 990, Part X		
(a) December of Labelta		
	(b) A mount	
Federal Income Taxes		
MARK-TO-MARKET ADJUSTMENT OF DERIVATIVE	288,328	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	288,328	
	- /- = <del>-</del>	

_	rotal revenue (Form 990, Fait VIII, Column (A), fine 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	<sub>1</sub>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
Com	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV , Iı	nes 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

<b>Ident if ier</b>	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN	PART X	THE CORPORATION HAS BEEN RECOGNIZED BY THE
TAX POSITIONS UNDER FIN 48		INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME
		TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)
		(3) AND 509(A)(1), RESPECTIVELY THE CORPORATION
		FILES AS TAX-EXEMPT ORGANIZATIONS SHOULD THE
		STATUS BE CHALLENGED IN THE FUTURE, THE 2008, 2009,
		AND 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY
		FEDERAL, STATE, AND LOCAL AUTHORITIES THE
		CORPORATION IS NOT AWARE OF ANY ACTIVITIES THAT
		WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE
		CORPORATION IS NOT AWARE OF ANY ACTIVITIES THAT
		ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME
		OR EXCISE OR OTHER TAXES THE CORPORATION
		ADOPTED GUIDANCE IN THE INCOME TAX STANDARD
		REGARDING RECOGNITION AND MEASUREMENT OF
		UNCERTAIN TAX POSITIONS THE IMPLEMENTATION HAS
		HAD NO IMPACT ON THE CORPORATION'S FINANCIAL
		STATEMENTS

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493090009962 OMB No 1545-0047

# **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion Employer identification number

SOUTHMII	NSTER INC						56-1443222	
Part I  1 Does	General Informatio the organization maintain			grants or assistance the	arantees' eligibility for	the grants or assist	ance and	
the s	election criteria used to aw	ard the grants or as:	sıstance?					√ Yes
	ribe in Part IV the organiza							
Part II	Grants and Other A Form 990, Part IV, lind duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	'es" to . Part II can be
0	me and address of rganızatıon government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
			1				<u> </u>	
	total number of section 50		<del>-</del>				· · · · · • • • • • • • • • • • • • • •	1
	total number of other orga  Act and Paperwork Reductior				Cat No 50055P			ile I (Form 990) 2010

	·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, In	ine 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) RESIDENT ASSISTANCE	1	23,833			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS ARE APPLIED TO RESIDENT ACCOUNTS TO ASSIST THE RESIDENT WITH
MONITORING GRANTS		ENTRANCE FEES AND MONTHLY FEES GRANTS ARE AWARDED BASED ON THE FINANCIAL NEED OF THE RESIDENT
INTHELLS		

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DLN: 93493090009962

OMB No 1545-0047

Inspection

Open to Public

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization SOUTHMINSTER INC

**Employer identification number** 

56-1443222

Pai	t I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	$\vdash$	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee		•			
	Independent compensation consultant	ı Iz	Compensation survey or study			
	Form 990 of other organizations	٠ اح	·			
	1 offin 990 of other organizations	14	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part V I	I, Section A, line $1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymei	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of $% \left( 1\right) =\left( 1\right) \left( 1\right)$	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of $% \left\{ 1,2,3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4$	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in		•			
	ın Part III	-		8		No
9	If "Yes" to line 8, did the organization also follow the	e rebutt	able presumption procedure described in Regulations			
	section 53 4958-6(c)?		· · ·	9		

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & (iii) Oth reportab		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DAVID LACT	(ı) (ıı)	207,390 0	0	_	5,562 0	6,124 0	219,076 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

# Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

DLN: 93493090009962

Inspect ion

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOUTHMINSTER INC

Schedule K

(Form 990)

**Supplemental Information on Tax Exempt Bonds** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Employer identification number

56-1443222

Part I	Bond	Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Defeased Behalf of Issuer			(i) Pool financing	
							Yes	No	Yes	No	Yes	No	
A	SOUTHMINISTER INC	56-1443222	657902NC2	12-24-1996	5,055,000	CONSTRUCT DEMENTIA WING AND 8 IL UNITS		Х		X		X	
В	SOUTHMINISTER INC	56-1443222	657902C59	10-01-2002	13,320,000	REFINANCE 1994 BONDS		х		Х		Х	
С	SOUTHMINISTER INC	56-1443222	65820YHF6	11-15-2007	64,180,000	CONSTRUCTION AND RENOVATION		Х		Х		Х	
D	SOUTHMINISTER INC	56-1443222	65820YHG4	11-15-2007	25,500,000	CONSTRUCTION AND RENOVATION		Х		Х		Х	
										·			
												•	
										·			
	Drocoode												

Part II	Proceeds
---------	----------

		A	<u> </u>	E	В		C		D
1	A mount of bonds retired								
2	A mount of bonds legally defeased								
3	Total proceeds of issue		5,055,000		13,320,000	64,180,000		25,500,000	
4	Gross proceeds in reserve funds	309,619			9,466,241			2,193,256	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	12,825,999			12,825,999	11,089,904		4,743,727	
7	Issuance costs from proceeds		101,100	494,001		1,246,530		605,834	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		4,644,281			41,980,370		17,957,1	
11	O ther spent proceeds								
12	O ther unspent proceeds		396,954				396,954		
13	Year of substantial completion	1998		20	02	20	09	20	09
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х	Χ			Х		Х
15	Were the bonds issued as part of an advance refunding issue?		Х		Х		Х		Х
16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	

#### allocation of proceeds? Part IIII Private Business Use

			A		В		C		)
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		Х		Х		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		X		X		X

Х

Does the organization maintain adequate books and records to support the final

Χ

Χ

Χ

Part III Private Business Use (Continued)

_	initiate basiness est (contanata)								
			4		В		С	ı	)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	A re there any management or service contracts that may result in private business use?		×		х		×		Х
b	Are there any research agreements that may result in private business use of bond- financed property?		×		х		×		Х
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		x		x		x	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		×	
Б-	ATV Aubituaca								

Part IV Arbitrage

		A		В		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x		x		х		х	
2	Is the bond issue a variable rate issue?		Х	Х			X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x		х		x		х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		х		Х		X		Х
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		×		х		×
6	Did the bond issue qualify for an exception to rebate?		x		x		×		×

# Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493090009962

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization SOUTHMINSTER INC

Employer identification number

56-1443222

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR, VICE CHAIRS, AND PRESIDENT AND CHIEF EXECUTIVE OFFICER THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ALL BOARD MEMBERS ARE NOMINATED BY A NOMINATING COMMITTEE OF THE BOARD, BUT SUCH NOMINATIONS ARE SUBJECT TO RATIFICATION BY THE GOVERNING BODIES OF THE ORGANIZATION'S TWO FOUNDING CHURCHES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FINAL FORM 990 WILL BE DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO BEING FILED ANY COMMENTS OR QUESTIONS WILL BE DIRECTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	· ·	ANY OFFICER, DIRECTOR OR TRUSTEE, OR KEY EMPLOYEE WHO ENGAGES IN A TRANSACTION THAT MAY BE DEEMED TO BE A CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE THE TRANSACTION WITH THE BOARD THE BOARD WILL DECIDE THE APPROPRIATE ACTION TO TAKE REGARDING THE CONFLICT OF INTEREST ON A CASE-BY-CASE BASIS

ldentifier	Return Reference	Explanation
	SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF SOUTHMINSTER, INC. AS PART OF A COMPREHENSIVE REVIEW OF THE PRESIDENT'S PERFORMANCE AGAINST AGREED UPON GOALS COMPENSATION OF KEY EMPLOYEES OTHER THAN THE PRESIDENT IS REVIEWED AND APPROVED BY THE PRESIDENT COMPETITIVE COMPENSATION INFORMATION IS OBTAINED FROM INDEPENDENT SOURCES, SUCH AS GUIDESTAR, TO ENSURE THAT COMPENSATION IS REASONABLE IN RELATION TO THE MARKETPLACE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH ELECTRONIC MUNICIPAL MARKET ACCESS, A SOURCE FOR MUNICIPAL DISCLOSURES AND MARKET DATA IN ADDITION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -511,530

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2B	THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	NO CHANGES FOR APPROVING AUDITED FINANCIAL STATEMENTS OR SELECTION OF INDEPENDENT ACCOUNTANTS HAVE OCCURRED FROM THE PRIOR YEAR