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# Form **990-P**F

Department of the Treasury

## **Return of Private Foundation**

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

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

OMB No 1545-0052

2010

				oc abic to ase a copy of this	return to satisfy state repo	ting requirements.	l
For	calen	dar year 2010, or tax ye	ar beginning DEC	1, 2010	, and ending	NOV 30, 2011	
G	Check	all that apply:	Initial return		rmer public charity	Final retur	n
			Amended return	Address chang	ge 🔲	Name change	
Na	ne of	foundation				A Employer identificatio	n number
		HJB FOUND	ATION			56-1547030	)
Nur	nber a	nd street (or P O box number	of mail is not delivered to street	address)	Room/suite	B Telephone number	
		530 SE GR	EENVILLE BLV	D SUITE 200		252-383-21	41
City	or to	own, state, and ZIP code				C If exemption application is	pending, check here
		GREENVILL				D 1. Foreign organization	s, check here
H (	Check	type of organization:	X Section 501(c)(3) ex	cempt private foundation		Foreign organizations m check here and attach c	eeting the 85% test, omputation
	Se	ction 4947(a)(1) nonexer	mpt charitable trust	Other taxable private founda	tion	E If private foundation sta	atus was terminated
I Fa	air ma	rket value of all assets at	end of year   J   Accounti	ng method: X Cash	Accrual	under section 507(b)(1	
(fi	om F	Part II, col. (c), line 16)		her (specify)		F If the foundation is in a	60-month termination
_	<u> \$                                   </u>			mn (d) must be on cash b	pasis)	under section 507(b)(1	
Pa	<u>art l</u>	Analysis of Revenue a	nd Expenses umns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amou	ints in column (a) )	expenses per books	ıncome	income	(cash basis only)
	1	Contributions, gifts, gran	nts, etc., received	231,308.		N/A	
	2		ion is not required to attach Sch. B				
	3	Interest on savings and temp cash investments	porary				
	4	Dividends and interest fr	rom securities	11,599.	11,599.		STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)			·		
a)	6a	Net gain or (loss) from sale of		11,547.			
nu.	b	Gross sales price for all assets on line 6a	<u>169,727.</u>				
Revenue	7	Capital gain net income (from	n Part IV, line 2)		11,547.	,	
ш	8	Net short-term capital ga	ain			REC	EIVED
	9	Income modifications Gross sales less returns	1				10
	10a	and allowances				SEP :	SOS
	b	Less Cost of goods sold				0 3EP.	\$ ZUIZ 13.
	C	Gross profit or (loss)					
	11	Other income				OGD	EM, UT
	12	Total. Add lines 1 throu		254,454.	23,146.		
SD .	13	Compensation of officers, di	, ,	0.	0.		0.
<b></b>	14	Other employee salaries	-				
<b>S</b> 9	15	Pension plans, employed	e benefits				
NSes	16a	Legal fees	amım o	0.50	0.5.0		
Expension of the contract of t	b	Accounting fees	STMT 2	850.	850.		0.
, <u>ű</u>	C	Other professional fees	STMT 3	605.	603.		0.
בָּׁ דֶּ	17	Interest	CMM 4	0.1			
Operating and Administrative	18	Taxes	STMT 4	81.	81.		0.
į	19	Depreciation and depleti	1011				
Ē	20	Occupancy	d maatinas				<del> </del>
γþ	21	Travel, conferences, and	=				
, a	22	Printing and publication	S				
ting	23	Other expenses	i-i-tt		<del></del>		<del>                                     </del>
era	24	Total operating and add		1,536.	1 604		
Õ	25	expenses. Add lines 13	<del>-</del>	44,007.	1,534.		0.
	1	Contributions, gifts, grad		44,00/.			44,007.
	26	Total expenses and dis	oursements.	45,543.	1,534.		44 007
_	27	Add lines 24 and 25 Subtract line 26 from lin	no 12.	45,543.		-	44,007.
	1			208,911.			
	Ι.	Net investment income		200,311.	21,612.	<del>                                     </del>	
	i	Adjusted net income (if			41,014.	N/A	
0235 12-0	01		Reduction Act Notice, see	the instructions		1 A1/A	Form <b>990-PF</b> (2010)
12-0	, - 10	upoimuin					101111 000 1 1 (2010)

Form 9	990-PF (2016) HJB FOUNDATION	Decrees (		1547030 Page 2
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
		3,207.	2,167.	2,167.
2	<b>1</b>			
3				
	Less: allowance for doubtful accounts	-		
4				
	Less: allowance for doubtful accounts ▶			
5	· · · · · · · · · · · · · · · · · · ·			
6	, , ,			
	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
\$   g	F			
Assets				
יין ויי	a Investments - U.S. and state government obligations			···
- 1	b Investments - corporate stock			····-
- 1	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			<del></del> .
12	F	600 050		
13		699,953.	909,904.	0.
14	, , , , ,			
	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers)	703,160.	912,071.	2,167.
17		703,100.	912,011.	2,10/.
18				
ا	'. '. '		11-1	
Liabilities	<b>_</b>			
g 2				
흥 [2,	Other liabilities (describe ►)			
"	Other habilities (describe )			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24				
E 2	Temporarily restricted			
E 26	Permanently restricted			
밀	Foundations that do not follow SFAS 117, check here			
린	and complete lines 27 through 31.			
S 27	Capital stock, trust principal, or current funds	703,160.	912,071.	
e 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
S 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net Assets or Fund Balances	Total net assets or fund balances	703,160.	912,071.	
_				
3	Total liabilities and net assets/fund balances	703,160.	912,071.	<u> </u>
Par	t III Analysis of Changes in Net Assets or Fund Ba	alances		
<b>1</b> To	tal net assets or fund balances at beginning of year - Part II, column (a), line	30		
	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ		i i	T00 460

_			
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1 1	703,160.
2	Enter amount from Part I, line 27a	2	208,911.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	912,071.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	912,071.

8

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

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

44,007.

orm	n 990-PF (2010) HJB FOUNDATION	5	6-1	<u>5470:</u>	<u> 30</u>		age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 49	48 - :	see ins	truc	tior	ıs) <u> </u>
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 X and enter 1%	<b>)</b>	1			2	16.
	of Part I, line 27b	Г					
c	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.
	Add lines 1 and 2	Γ	3			2	16.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			2	16.
	Credits/Payments:	Γ					
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a						
	Exempt foreign organizations - tax withheld at source						
	and the first of t	231.					
	Backup withholding erroneously withheld  6d						
	Total credits and payments. Add lines 6a through 6d		7			2	31.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	F	8				<u> </u>
			9				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		10				15.
			11				0.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax ► 15 . Refund art VII-A   Statements Regarding Activities	eu		<del></del>			<u> </u>
		toniono ir			•	<b>Yes</b>	No
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	ilei veile ii	•	<del> </del>		. 03	
	any political campaign?	ıtıan\O			a		$\frac{\mathbf{x}}{\mathbf{x}}$
D	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defini			<u> </u>	b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of any materials provided the control of the activities and copies of the control of the activities and copies of the control of the control of the copies of the copie	ublisnea	or		:		
	distributed by the foundation in connection with the activities.				.		17
-	c Did the foundation file Form 1120-POL for this year?				lc		<u>X</u>
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^				1	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	on		1			
	managers. ► \$ 0 .				_	l	77
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		<u>X</u>
	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 incorpo	ration, or					77
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u>X</u>
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			<u> </u>	la		<u>X</u>
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N/		lb		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			ļ	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T						ı
6							Ī
	By language in the governing instrument, or						i
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	the state i	aw				i
	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	
	If "Yes," complete Part II, col. (c), and Part XV.			1			Ī
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)						ı
ŀ	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	)		<del></del>			Ī
٠	of each state as required by General Instruction G? If "No," attach explanation	•			3Ь	Х	i
9		) for calen	dar	<u> </u>	-		
•	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresse	es Si	тмт		10	Х	
	in the second desired and address in the second desired in the second desired in the second desired address in the second desired in the second desired in the second desired desired in the second desired desired desired desired in the second desired desir			Form \$	_		2010)

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

Form **990-PF** (2010)

orm 990-PF (2010) HJB FOUNDA'TION			56-15470	<u>30 Page 6</u>
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be P	Required (contin	ued)	<del></del>
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization			İ	
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	Or		
the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , , ,	Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described i			
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 h	•		<b>▶</b>	-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned		
expenditure responsibility for the grant?		/A 🗆 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 4945		/A	.s NO	
, , , , , , , , , , , , , , , , , , ,			į	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No	
a personal benefit contract?	annual basses and the	Ye		, , , , , , , , , , , , , , , , , , , ,
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>                                     </u>	Sb X
If "Yes" to 6b, file Form 8870		<del></del>		
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 attribu				7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<i>(</i>	
- Faid Limployees, and Contractors				<del></del>
1 List all officers, directors, trustees, foundation managers and their		(-) Componentian	(d) Contributions to	4.3.5
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	`enter -0-)	compensation	allowances
	PRESIDENT			
530 SE GREENVILLE BLVD SUITE 200				
GREENVILLE, NC 27858	0.00	0.	0.	0.
MARTIN GABLE	VICE-PRESIDEN	ήr		
530 SE GREENVILLE BLVD SUITE 200				
GREENVILLE, NC 27858	0.00	0.	0.	0.
	SECRETARY			
110 CHRISTENBURY DR				
GREENVILLE, NC 27858	0.00	0.	0.	0.
	1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	dovated to position		Compensation	4.10114.1000
NONE				
				<del></del>
	1			
		1		
	1			
	-			
			_	
	-			
	L	<u> </u>	L	
Total number of other employees paid over \$50,000	<u>.</u>			0

 $\triangleright$ 

All other program-related investments. See instructions.

Total, Add lines 1 through 3

15550905 786700 4400-5010

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	774,249.
b	Average of monthly cash balances	1b	774,249. 49,494.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	823,743.
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	823,743.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,356.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	811,387.
6	Minimum investment return. Enter 5% of line 5	6	40,569.
Р	<b>Part XI</b> 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	Minimum investment return from Part X, line 6	1	40,569.
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	216.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,353.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	_ 5	40,353.
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	40,353.
P 1	Part XII Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a		1a	44,007.
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		3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	44,007.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-	44,007.
•	income. Enter 1% of Part I, line 27b	5	216.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	43,791.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	<sub>f</sub> ouninos for ti	

,	(a) Corpus	(b) Years prior to 2009	( <b>c)</b> 2009	( <b>d)</b> 2010
1 Distributable amount for 2010 from Part XI,				
line 7				40,353.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008				
e From 2009 568.				
f Total of lines 3a through e	568.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 44,007.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			40 252
d Applied to 2010 distributable amount	2 654			40,353.
e Remaining amount distributed out of corpus	3,654.			
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:	•			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,222.			
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				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0.			
not applied on line 5 or line 7	U.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	4,222.			
	4,444.			
10 Analysis of line 9: a Excess from 2006				
b Excess from 2007	,			
c Excess from 2008				
d Excess from 2009 568.				
e Excess from 2010 3,654.				
		·	<del></del>	Form <b>990-PF</b> (2010)

Form 990-PF (2010) HJB FOU				56-15	47030 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of	the ruling	<b>▶</b>		
<b>b</b> Check box to indicate whether the found	dation is a private operatii	ng foundation described	in section	4942(j)(3) or 49	)42(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>b</b> 85% of line 2a				· · · · ·	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					<u> </u>
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					<del></del>
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,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public			<del></del>		
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 Info	rmation (Comple	te this part only	if the foundatio	n had \$5,000 or me	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:	-			
a List any managers of the foundation wh	no have contributed more		itributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed i	more than \$5,000). (See s	section 507(d)(2).)			
LORRAINE BRODY					
b List any managers of the foundation when			(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation ha	is a 10% or greater intere	st.			
NONE					<del></del>
2 Information Regarding Contribut			_		
				not accept unsolicited requ	
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, and	l d.
a The name, address, and telephone num	ber of the person to who	m applications should b	e addressed:		
N/A					
			·		<del></del>
b The form in which applications should N/A	be submitted and informa	tion and materials they :	should include:		
c Any submission deadlines:					
N/A			<u>-</u> .		
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields	s, kınds of ınstitutions, oi	other factors:	
N/A					

Fart XV   Supplementary information	(Continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	CONTRIBUTION	
a Paid during the year  SEE STATEMENT 7	or substantial contributor	recipient		
Total	<u> </u>		<b>▶</b> 3a	44,007
Total  b Approved for future payment  NONE		· ·	34	44,007

023611 12-07-10

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

				ousiness income	Evaludad	l hu cooken E12 E12 er E14	
-	s amounts unless o	therwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
•	m service revenue:		code		code		Tomotion income
		_ <del></del>	-				<del></del>
			1				<del></del>
		<del></del>	1 1				
a			I		<del></del>	<del></del>	
e							
T	a and contracts from	m government agangins					
-		m government agencies					<del>-</del>
	ership dues and ass				+++		
	t on savings and ter	inpurary casii					
Investr	nems ids and interest fror	m cacuritiae					11,599.
	ntal income or (loss)						11,355.
	ntal income or (loss) ot-financed property						
	t debt-financed property		·				
	i debt-imanced prop ital income or (loss)						
		) il Olli persoliai					
proper	nvestment income					·····	
	r (loss) from sales c	of accete other					
		JI doseto Ottlei					11,547.
	iventory come or (loss) from	enacial avante					11,317.
	profit or (loss) from						
11 Other		i saics of inventory					
			h 1	·			
_			1		<del></del>		
e	tal. Add columns (b)	\ (d) and (e)			0.	0	. 23,146.
	Add line 12, columi		<u> </u>				23,146.
		tructions to verify calculations	s.)				
				anliahmant of		Dumaga	
Part X	(VI-B) Rela	tionship of Activitie	es to the Accor	npusnment or	Exempt	Purposes	
Line No.	Explain below	how each activity for which	income is reported in	column (e) of Part X\	/I-A contribut	ed importantly to the acc	complishment of
$\blacksquare$	the foundatio	n's exempt purposes (other t	than by providing fund	s for such purposes)	).		
4	THIS IS	NET INVESTMEN	NT INCOME	FROM CASH	AND S	ECURITIES	
							•
						*****	
					171		
						<u> </u>	
							····
			••				

orr	m 990-PF (2010) 'HJB FOUNDATION 56	-1547030	Pag	ge 13
Pa	art XVII Information Regarding Transfers To and Transactions and Relationships With N Exempt Organizations	loncharitable		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of	Ye	s	No

Part AVII	Exempt Organi	-	ilisiers to a	anu mansa	ictions ai	iu neiatioi	nships with Notich	antable	,	
1 Did the or	rganization directly or indir		nv of the followin	o with any other	r organization	described in s	ection 501(c) of		Yes	No
	(other than section 501(c)									
	from the reporting founda				v v. g					
(1) Cash		mon to a monona	nabio oxompt on	guinzunon on				1a(1)		x
(2) Othe								1a(2)	$\neg \neg$	X
b Other trai								18(2)		
		hla avamnt araan	ization					1b(1)		v
• •	s of assets to a noncharitat chases of assets from a nor									V
\- <i>,</i>		•	n organization					1b(2)		· · ·
	al of facilities, equipment,	or other assets						1b(3)		·
` '	nbursement arrangements							1b(4)		A V
	ns or loan guarantees							1b(5)		X X X X X
. ,	ormance of services or me							1b(6)		X
	of facilities, equipment, mai							1c		X_
	<del>-</del>						ur market value of the goods		ets,	
					market value	in any transac	tion or sharing arrangement,	, show in		
<del> </del>	d) the value of the goods,					1				
(a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organ	ization	(d) Descrip	ntion of transfers, transactions, an	d sharing an	angeme	nts
			N/A			ļ				
	<u>.</u>									
										····
								-		
-								<del></del>		
							·			
		-12.1					·			
<del></del>										
						<del> </del>		<del></del>		
			<del></del>							
						<del>                                     </del>				
		<u></u>								
2a Is the fou	undation directly or indirect	tly affiliated with,	or related to, one	or more tax-ex	empt organiza	ations describe	d			
ın sectioi	n 501(c) of the Code (other	r than section 50	I(c)(3)) or in sec	tion 527?				Yes Yes	X	No
b If "Yes," o	complete the following sch	edule.								
	(a) Name of org			(b) Type of o	rganization		(c) Description of relation	iship		
	N/A							·		
				İ			· <u>-</u> ·· ·			
				1						
<del></del> .				†	+			·		
Line	der penalties of periury. I declare	e that I have examine	ed this return, include	ling accompanying	schedules and	statements, and t	o the best of my knowledge and t	pelief, it is tri	Je, corre	ect,
and	complete Declaration of prepa								,	
Sign Here	Hr Su	P/		1	91101	11-	Presiled			
Tiele	Construe of afficer on tru	<del>/</del>	<del></del>	i	<del>,</del>		(			
	Signature of officer or tr		D-a		Date	Data	Title	,		
	Print/Type preparer's na		Preparer's s	signature		Date	Check if PTIN	ı		
	TERRAY F.	SUGGS,	Kenna	. 4 J		9-7-R	self- employed			
Paid	CPA		UUJU	1 4. On	42	7-1-12	-			
Preparer		RAY SUG	GS, P.A.	,g c	<b>/ 1</b>		Firm's EIN ▶			
Use Only										

(910)641-0105 Form **990-PF** (2010)

Phone no.

Firm's address ▶ 609 S. FRANKLIN ST.

WHITEVILLE, NC 28472

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

Employer identification number

нЈ	B FOUNDATION	56-1547030
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
General Rule		
For an organization contributor Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II	oney or property) from any one
Special Rules		
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	
aggregate contribu	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri ations of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals Complete Parts I, II, and III.	
contributions for u If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- se exclusively for religious, charitable, etc., purposes, but these contributions did not ag- ted, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000. ely religious, charitable, etc,
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E i Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

## HJB FOUNDATION

56-1547030

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	IRA FBO MORRIS BRODY CSFB#217-814607-1 110 CHRISTENBURY DR. GREENVILLE, NC 27858	\$31,308.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

### HJB FOUNDATION

56-1547030

No. rom Description of noncash property given art I  (a) No. rom Description of noncash property given art I  (a) No. rom Description of noncash property given art I  (a) No. rom Description of noncash property given  (b) Tom Description of noncash property given	(c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	(d) Date received  05/25/11  (d) Date received  (d) Date received
SECURITIES #217-814607-1  (a) No. rom Part I  (b) Description of noncash property given  (a) No. from Part I  (a) Description of noncash property given  (b) Description of noncash property given  (a) No. from Part I  Description of noncash property given	(c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	(d) Date received
#217-814607-1  (a) No. From Description of noncash property given  (a) No. From Description of noncash property given  (b) Description of noncash property given  (a) No. From Description of noncash property given  (b) Description of noncash property given  (c) Description of noncash property given	(c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)	(d) Date received
No. (b) Description of noncash property given  (a) No. (b) From Description of noncash property given  Part I  (a) No. (b) Description of noncash property given  (b) Description of noncash property given  Section Description of noncash property given  Description of noncash property given  Part I	(c) FMV (or estimate) (see instructions)	Date received
(a) No. (b) from Description of noncash property given  (a)  (b)  (b)  (c)  (d)  (d)  (e)  (e)  (from Description of noncash property given  (b)  (c)  (d)  (e)  (e)  (from Description of noncash property given  (e)  (from Description of noncash property given	(c) FMV (or estimate) (see instructions)	
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) Description of noncash property given  Part I	FMV (or estimate) (see instructions)	
(a) No. (b) from Description of noncash property given Part I		
No. (b)  from Description of noncash property given  Part I		
	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate) (see instructions)	(d) Date received

e of organizat	ion		
	IUII		Employer identification number
	23 MT 034		FC 4545000
B FOUNI	OATLON religious charitable etc. ii	adividual contributions to section	56-1547030 501(c)(7), (8), or (10) organizations aggregating
, <b>u</b> u	ore than \$1,000 for the year. Complet art III, enter the total of exclusively religi	e columns (a) through (e) and the fo ous, charitable, etc , contributions of	llowing line entry. For organizations completing
	1,000 or less for the year (Enter this inf	ormation once See instructions)	· \$
No.   om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$-\mid$ $=$			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferrale manual address -	nd 7ID + 4	Polotionship of transferor to transferor
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation (mo., day, yr.) 1a LORD ABBETT BOND-DEBENTURE FUND 09/29/0502/14/11 P b LORD ABBETT\_BOND-DEBENTURE FUND P 11/10/0502/14/11 c LORD ABBETT BOND-DEBENTURE FUND P 01/30/0602/14/11 d TATA MOTORS LTD SPON ADR Ρ 07/18/11|08/15/11 e TATA MOTORS\_LTD SPON ADR P 07/18/11|08/29/11 f FORD MOTOR CO COM NEW 08/05/1110/27/11 P P 07/12/0407/07/11 g CAPITAL INCOME BUILDER FUND CLASS C h EUROPACIFIC GROWTH FUND CLASS C P 07/12/0407/07/11 | FIDELITY ADVISOR INTERNAT'L CAPITAL P 07/12/0407/07/11 07/1<u>2/04</u>07/07/11 P THE INCOME FUND OF AMERICA CLASS C k LORD ABBETT FUNDAMENTAL EQUITY P 07/12/0407/07/11 08/05/0407/07/11 | LORD ABBETT FUNDAMENTAL EQUITY P 11/10/0907/07/11 m LORD ABBETT FLOATING RATE FUND P n TEMPLETON GLOBAL BOND FUND CLASS C 11/10/09|07/07/11 o CAPITAL GAINS DIVIDENDS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price plus expense of sale (or allowable) (e) plus (f) minus (g) 22,396 22,064 332. a 10,375 10,005. 370. b 10,195 10,010 185. С 2,835 2,180 d <655.> 2,045 2,835. <790.> е 1,204 1,087. 117. 29,599 27,534 2,065. 13,729 10,009 3,720. 9,999. 7,479. <2*.*520.> 28,423 28,134. 289. 8,538. <u>2,32</u>8. 10,8<u>6</u>6. 6,198. 8,089. 1,891. 8,364. 8,154. 210. m 11,898. 10,778 1,120. n 2,885. 2,885. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 332. b 370. 185. С <655.> d <790.> 117. f 2,065. g 3,720. h <2,520.> 289. 2,328. 1,891. 1 210. m ,120. n 2,885. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } Capital gain net income or (net capital loss) 11,547. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3 N/A

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A	)
DIVIDEND INCOME	•		14,484.		2,885.	11,5	99.
TOTAL TO FM 990-PF, PART I, I	LN 4		14,484.		2,885.	11,59	99.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES		850.		850.			0.
TO FORM 990-PF, PG 1, LN 16B		850.		850.			0.
FORM 990-PF (	OTHER	PROFES	SIONAL FI	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
CONTRACT SERVICES POSTAGE BANK SERVICE CHARGE MISC EXPENSE		575. 13. 15. 2.		575. 13. 15. 0.			0. 0. 0.
TO FORM 990-PF, PG 1, LN 16C		605.	· <del></del>	603.			0.
FORM 990-PF		TAX	ES	<u>-</u> -		STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITA PURPOSI	
NC INCOME TAX PAID	-	81.		81.			0.
TO FORM 990-PF, PG 1, LN 18		81.		81.		<u> </u>	0.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	BOOK VALU	JE
CSFB C/A #217-093814-1 UBS C/A#VN07380 CSFB IRA #217-093814-1		COST COST COST	668,54 123,78 117,50	39.
TOTAL TO FORM 990-PF, PART I	II, LINE 13		909,90	04.
FORM 990-PF LIST C	OF SUBSTANTIAL CONTRIBUTION PART VII-A, LINE 10	TORS	STATEMENT	6
NAME OF CONTRIBUTOR	ADDRESS			
IRA FBO OF MORRIS BRODY	110 CHRISTENBU GREENVILLE, NO			

7

STATEMENT

FORM 990-PF

PAID	DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
UNITED JEWISH FEDERATION	NONE RELIGIOUS	PUBLIC CHARITY	5,250.
LOAVES AND FISHES MINISTRIES	NONE RELIGIOUS	PUBLIC CHARITY	100.
CAMP SEA GULL	NONE GENERAL CHARITABLE	PUBLIC CHARITY	928.
HADASSAH	NONE RELIGIOUS	PUBLIC CHARITY	100.
HADASSAH	NONE RELIGIOUS	PUBLIC CHARITY	100.
THE LAWRENCEVILLE SCHOOL	NONE EDUCATIONAL	PUBLIC CHARITY	250.
AEPI-DK	NONE EDUCATIONAL	PUBLIC CHARITY	250.
ASNC/PITT COUNTY CHAPTER ART FOR AUTISM	NONE MEDICAL	PUBLIC CHARITY	

GRANTS AND CONTRIBUTIONS

#### HJB FOUNDATION

CAMPUS CRUSADE FOR CHRIST	NONE RELIGIOUS	PUBLIC CHARITY
CHRIS CARTER MEMORIAL GOLF TOURN.	NONE GENERAL CHARITABLE	PUBLIC CHARITY
CONGREGATION BAYT SHALOM	NONE RELIGIOUS	PUBLIC CHARITY
CONGREGATION BAYT SHALOM	NONE RELIGIOUS	PUBLIC CHARITY
DUKE CTR FOR EATING DISORDERS	NONE MEDICAL	PUBLIC CHARITY
DUKE UNIVERSITY	NONE EDUCATIONAL	PUBLIC CHARITY
DYLAN MICHAEL WESTBROOK	NONE GENERAL CHARITABLE	PUBLIC CHARITY
GREENVILLE MUSEUM OF ART	NONE GENERAL CHARITABLE	PUBLIC CHARITY
GREENVILLE MUSEUM OF ART	NONE GENERAL CHARITABLE	PUBLIC CHARITY
HADASSAH	NONE RELIGIOUS	PUBLIC CHARITY

HADASSAH	NONE GENERAL CHARITABLE	PUBLIC CHARITY
JEWISH LIFE AT DUKE	NONE EDUCATIONAL	PUBLIC CHARITY
JOHNS HOPKINS KIMMEL CANCER CTR	NONE MEDICAL	PUBLIC CHARITY
LIVES SAVING LIVES	NONE MEDICAL	PUBLIC CHARITY
MEDICAL & HEALTH SCIENCES FOUND	NONE MEDICAL	PUBLIC CHARITY
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE MEDICAL	PUBLIC CHARITY
OPEN HAND PROJECT  PAMILCO-TAR RIVER FUND	NONE GENERAL CHARITABLE NONE	PUBLIC CHARITY PUBLIC
ST. PAUL'S BENEVOLENT INSTITUTE	GENERAL CHARITABLE  NONE	CHARITY  PUBLIC
THE LAWRENCEVILLE SCHOOL	RELIGIOUS NONE	CHARITY
	EDUCATIONAL	CHARITY

PUBLIC THE LAWRENCEVILLE SCHOOL NONE EDUCATIONAL CHARITY NONE PUBLIC THE LAWRENCEVILLE SCHOOL EDUCATIONAL CHARITY **PUBLIC** THE LAWRENCEVILLE SCHOOL NONE EDUCATIONAL CHARITY **PUBLIC** THE LAWRENCEVILLE SCHOOL NONE EDUCATIONAL CHARITY UNC ALUMNI ASSOC. NONE PUBLIC EDUCATIONAL CHARITY UNITED JEWISH FEDERATION NONE PUBLIC RELIGIOUS CHARITY **PUBLIC** UNITED JEWISH FEDERATION NONE **RELIGIOUS** CHARITY URBAN MINISTRY CENTER NONE PUBLIC RELIGIOUS CHARITY WOMEN FOR WOMEN NONE PUBLIC GENERAL CHARITABLE CHARITY 5,000. THE LAWRENCEVILLE SCHOOL NONE PUBLIC EDUCATIONAL CHARITY

HJB FOUNDATION			56-1547030
THE DIENER SCHOOL	NONE EDUCATIONAL	PUBLIC CHARITY	2,000.
THE LAWRENCEVILLE SCHOOL	NONE EDUCATIONAL	PUBLIC CHARITY	5,000.
WOMEN FOR WOMEN	NONE GENERAL CHARITABLE	PUBLIC CHARITY	200.
CHRIS CARTER MEMORIAL GOLF TOURN.	NONE GENERAL CHARITABLE	PUBLIC CHARITY	100.
PAMILCO-TAR RIVER FUND	NONE GENERAL CHARITABLE	PUBLIC CHARITY	250.
UNC ALUMNI ASSOC.	NONE EDUCATIONAL	PUBLIC CHARITY	50.
DUKE UNIVERSITY	NONE EDUCATIONAL	PUBLIC CHARITY	17,500.
MEDICAL & HEALTH SCIENCES FOUND	NONE MEDICAL	PUBLIC CHARITY	100.
JEWISH FAMILY SERVICE OF TIDEWATER	NONE RELIGIOUS	PUBLIC CHARITY	100.
GREENVILLE MUSEUM OF ART	NONE EDUCATIONAL	PUBLIC CHARITY	250.

HJB FOUNDATION			56-1547030
JEWISH LIFE AT DUKE	NONE RELIGIOUS	PUBLIC CHARITY	1,000.
CONGREGATION BAYT SHALOM	NONE RELIGIOUS	PUBLIC CHARITY	1,340.
CONGREGATION BAYT SHALOM	NONE RELIGIOUS	PUBLIC CHARITY	1,854.
BOYS & GIRLS CLUB OF PITT COUNTY	NONE GENERAL CHARITABLE	PUBLIC CHARITY	185.
CONGREGATION BAYT SHALOM	NONE RELIGIOUS	PUBLIC CHARITY	2,000.
JEWISH FAMILY SERVICE OF TIDEWATER	NONE RELIGIOUS	PUBLIC CHARITY	100.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		44,007.

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	xtension, o	complete only Part II and check this bo	ox .	<b>•</b>	X
Note. Only complete Part II if you have already been granted an				8868.	
• If you are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed)	
Name of exempt organization			Empl	oyer identification	number
Type or			İ	•	
Print HJB FOUNDATION			5	6-1547030	
File by the extended Number, street, and room or suite no. If a P O box, s	see instruc	tions			
due date for 530 SE GREENVILLE BLVD SUIT	E 200				
return See City, town or post office, state, and ZIP code For a f	foreign add	lress, see instructions	_		
GREENVILLE, NC 27858					
Enter the Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4
	·				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante	<u>d an autor</u>	natic 3-month extension on a previou	sly file	d Form 8868.	
MR. HYMAN J. B	RODY				
<ul> <li>The books are in the care of ► <u>530 SE GREENVI</u></li> </ul>	LLE B	<u>LVD, SUITE 200 - GRE</u>	EENV	ILLE, NC 2	<u> 27858                                   </u>
Telephone No ▶ <u>252-353-2141</u>		FAX No. ▶			
If the organization does not have an office or place of business	ss in the Ui	nited States, check this box		<b>&gt;</b>	
• If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	r the whole group, o	check this
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of all	memb	ers the extension is	for.
4 I request an additional 3-month extension of time until		BER 15, 2012.			
5 For calendar year, or other tax year beginning _			<u>von</u>	<u>30, 2011</u>	·
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on Initial return	Fınal r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
WAITING ON ADDITIONAL PAPER W	ORK S	O WE MAY FILE A COME	LET	E AND ACCU	JRATE_
TAX RETURN.	<del>-</del> . •		<del></del>		
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any		_	221
nonrefundable credits See instructions.			8a	\$	231.
b If this application is for Form 990-PF, 990-T, 4720, or 6069					
tax payments made. Include any prior year overpayment a	illowed as	a credit and any amount paid	-	_	221
previously with Form 8868.		No. About Same of second boundary	8b	\$	231.
c Balance due. Subtract line 8b from line 8a. Include your p		in this form, if required, by using			^
EFTPS (Electronic Federal Tax Payment System) See inst		nd Verification	8c_	\$	0.
_			a heet a	f my knowladaa aad b	aliaf
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	uniy accom form.	рануніў эспециез ана зіаценіенкэ, апо то тп	ะ มะรเ 0	i my knowieuge and t	ellel,
			Data		
Signature Title			<u>Date</u>		

Form 8868 (Rev 1-2011)