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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

| 201 | 1 | |
|-----|----|--|
| | 20 | |

| Fo | r cal | endar year 2011 or tax | x year beginning | | ·· | , 2011 | , and endir | ng | | , 2 | 20 |
|-----------------|-----------------|-----------------------------------------------------------|-----------------------------------|--------------|-----------------|--------------------------------------------------|---------------|------|---------------------------------------|---------------------------------------------------|-----------------------|
| ŀ | vame | of foundation | | | | | | AI | Employer identific | cation number | |
| _ (| CAR | Y OIL FOUNDATION | N, INC. | | | | | | 56-195015 | 0 | |
| N | dumb | er and street (or PO box n | umber if mail is not delive | ered to stre | et address) | | Room/sui | te B | er (see instructions) | | |
| | | | | | | | | | (|) – | |
| 1 | 110 | MACKENAN DRIVE | , SUITE 300 | | | | | | | | |
| | City o | r town, state, and ZIP code | 9 | | | | _ | | | | |
| | | | | | | | | С | If exemption application | ition is | ightharpoons |
| (| CAR | Y, NC 27511 | | | | | | | Jenuing, Check here | | |
| G | Che | ck all that apply: | Initial return | | Initial return | of a former p | oublic chari | ty | 1. Foreign organizati | tions check here | ▶ 🗍 |
| | | | Final return | | Amended ret | turn | | 1 | Foreign organizat | | |
| | | X | Address change | | Name change | е | | | 85% test, check h computation | | ▶□ |
| н | Che | ck type of organization | X Section 501 | (c)(3) ex | cempt private f | oundation | | | • | | |
| \perp | s | ection 4947(a)(1) nonexe | mpt charitable trust | | ther taxable pr | vate founda | tion | | | n status was terminated i)(1)(A), check here . | |
| ļ | Fair | market value of all asse | ets at end JAcco | unting i | nethod: X Ca | ash Acc | crual | - 1 | | in a 60-month terminati | ION |
| | of ye | ear (from Part II, col (c), | | ther (sp | ecify) | | | - 1 | |)(1)(B), check here . | |
| | 1 <i>6</i>) | ▶ \$ 3,423, | 435. (Part I, | column | (d) must be on | cash basıs) | | | | | |
| P | art i | Analysis of Revenue | and Expenses (The | (2) 5 | Revenue and | (b) b) - b | | | | (d) Disbursem | |
| | | total of amounts in columi may not necessarily equa | | | penses per | (b) Net inv | | | djusted net ncome | for charitat purposes | |
| _ | | column (a) (see instruction | | | books | | | ' | | (cash basis o | |
| T | 1 | Contributions, gifts, grants, etc., re | eceived (attach schedule) . | | 175,000. | ATCH | 1 | | | | |
| | 2 | I if the found: | ation is not required to B | | | | | - | * , | | - |
| | 3 | Interest on savings and temp | | | 160. | | 160. | | | ATCH 2 | |
| | 4 | Dividends and interest fro | om securities | | 25,955. | 2 | 5,955. | | | ATCH 3 | |
| | 5 a | Gross rents | | | | | | | | | |
| | b | Net rental income or (loss) | | | | - | | | RECE | IVED | 7 |
| e l | 6 a | Net gain or (loss) from sale of | | ļ | 593,212. | - | '- | | | 1.1.0 | <u> </u> |
| E | D | Gross sales price for all assets on line 6a | 1,814,206. | | | - | | 188 | JUN 1 1 | 70 | L |
| اچ | 7 | Capital gain net income (| from Part IV, line 2) . | | | 59 | 3,212. | 1,4 | 0014 7 1 | 2012 3 | ! |
| CENNING Revenue | 8 | Net short-term capital gai | | | ··· | | | -1- | | 8 | |
| ا (د چ | 9 | Income modifications · · | | | | | | | OGDEN | 117 | · · · · |
| Ź | 10 a | Gross sales less returns and allowances · · · · | · | | | · | | | | 101 | |
| | | Less Cost of goods sold . L | | ļ | | | | | | | |
|) [| С | Gross profit or (loss) (atta | | | 29,180. | | 0 100 | | · | 7 7 7 4 | |
| - 1 | 11 | Other income (attach sch | | | 823,507. | | 9,180. | | | ATCH 4 | |
| | 12 | Total. Add lines 1 throug | | | 823,307. | | 8,507. | | | | |
| . 1 | | Compensation of officers, dir | | <u> </u> | | | | | | | |
| ازو | 14 | Other employee salaries | - | | | | | | | | |
|] Sei | 15 | Pension plans, employee | | | | | | | | | |
| Expens | | Legal fees (attach schedu | | | 1,887. | | 944. | | | - | 943 |
| | | Accounting fees (attach s | | | 1,007. | | 777. | | | - | |
| Ĭ. | | Other professional fees (a | | | 348. | | 348. | | | | |
| Ţ. | 17 | Interest ATTACHM | . | | 4,194. | | 144. | | | | |
| is | 18 | Taxes (attach schedule) (see | | | 4,154. | | 133. | | | | |
| Ē | 19 | Depreciation (attach sch | | <u> </u> | | | | | | | |
| ٩ | 20 | Occupancy | | <u> </u> | | | | | | | |
| 힐 | 21 | Travel, conferences, and | | | | | | | | | |
| g | 22 | Printing and publications | | - | 221,550. | 21 | 7,081. | | | | 4,469 |
| == 1 | 23 | Other expenses (attach s | • | | | | .,, 0011 | | | + | 1, 109 |
| ers | 24 | Total operating and adn | • | [| 227,979. | 21 | 18,517. | | | | 5,412 |
| Q | 05 | Add lines 13 through 23 | | | 165,210. | | , , - | | | | $\frac{5,412}{5,210}$ |
| - 1 | 25 26 | Contributions, gifts, gran Total expenses and disburseme | - | - | 393,189. | | 18,517. | | | | 0,622 |
| | <u>26</u> 27 | Subtract line 26 from line | | | | | ,,- | | | } | 3,022 |
| - | | | | 1 | 430,318. | | İ | | | , | |
| - | | Excess of revenue over expense Net investment income | • • | - | , | 4: | 29,990. | | | | |
| | | Adjusted net income (if | · · | - | | † | , , , , , , , | | | | |
| ı | تا | majasted Het HICOHIC (II | nogauve, cittel -U-J | .1 | | 1 | I | | | 1 | |

ATCH 6

Form 990-PF (2011)

| Ð | art II | Balance Sheets description column should be for end-of-year | Beginning of year | End o | f year |
|----------|----------------------|--------------------------------------------------------------------------|-----------------------------------------|----------------|---------------------------|
| _ | | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | | Cash - non-interest-bearing | 221,746. | 191,791. | 191,791. |
| | | Savings and temporary cash investments | 98,664. | 17,321. | 17,321. |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| - | | Grants receivable | | - | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| i | | Less allowance for doubtful accounts ▶ | | | |
| | | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | - | | |
| ISS | | Investments - U.S. and state government obligations (attach schedule). | | | |
| 1 | | Investments - corporate stock (attach schedule) ATCH 8 | | 2,615,005. | 2,714,323. |
| | | Investments - corporate stock (attach schedule) | | | |
| ļ | 11 | Investments - land, buildings, | | | |
| | | and equipment basis Less accumulated depreciation (attach schedule) | | i | |
| ļ | | (attach schedule) | | | |
| | 12 13 | Investments - mortgage loans | 500,000. | 500,000. | 500,000. |
| j | 14 | Land, buildings, and | 300,000. | 300,000. | |
| | | Learn basis Less accumulated depreciation (attach schedule) | | | |
| ı | | (attach schedule) | 3,474. | | |
| | 15 | Other assets (describe ► ATCH 10) | 3,373. | | |
| | 16 | Total assets (to be completed by all filers - see the | 2,893,799. | 3 324 117 | 3,423,435. |
| \dashv | | instructions Also, see page 1, item l) | | 3,324,117. | 3,423,433. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | ···· | • |
| ies | 19 20 21 22 | Deferred revenue | | | , |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| jat | 21 | Mortgages and other notes payable (attach schedule) | | | |
| 1 | 22 | Other liabilities (describe | | | - |
| | | | | | 1 |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0 | | ** / |
| | | Foundations that follow SFAS 117, check here ► X | | | В |
| | | and complete lines 24 through 26 and lines 30 and 31. | 0 000 500 | 2 224 445 | |
| ances | 24 | Unrestricted | 2,893,799. | 3,324,117. | |
| | 25 | Temporarily restricted | | | |
| | 26 | Permanently restricted | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Fund | | Foundations that do not follow SFAS 117, | | | . |
| 교 | | check here and complete lines 27 through 31. ▶ | | | |
| | 27 | Capital stock, trust principal, or current funds | | | <u>.</u> , |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| 4 | 30 | Total net assets or fund balances (see instructions) | 2,893,799. | 3,324,117. | |
| Š | 30 31 | Total liabilities and net assets/fund balances (see | | | , |
| | | instructions) | 2,893,799. | 3,324,117. | - |
| E | art II | Analysis of Changes in Net Assets or Fund | Balances | | |
| 1 | | net assets or fund balances at beginning of year - Part | • • • • • • • • • • • • • • • • • • • • | ~ 1 | |
| | end- | of-year figure reported on prior year's return) | | | 2,893,799 |
| 2 | | | | | 430,318 |
| | | r increases not included in line 2 (itemize) | | 3 | |
| 4 | Add | lines 1, 2, and 3 | | | 3,324,117 |
| _ | _ | | | | |
| 6 | Tota | l net assets or fund balances at end of year (line 4 minus | line 5) - Part II, column (b) | , line 30 6 | 3,324,117 |
| _ | | | <u> </u> | | Form 990-PF (2011) |

| D | |
|------|---|
| Page | ٠ |

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|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|---------------------------------------|---------------------------------------|
| | and Losses for Tax on Inve | | (b) How | (c) Date | <u> </u> |
| | d describe the kind(s) of property sold (e crick warehouse, or common stock, 200 s | • | acquired P-Purchase | acquired (mo , day, yr) | (d) Date sold (mo, day, yr) |
| 1a SEE PART IV SCHE | | WILC CO) | D-Donation | (110 , day, yr) | |
| b _ | | | | | |
| _ | | | | · · · · · · · · · · · · · · · · · · · | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | |
| a | | | - | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | - | |
| Complete only for assets | showing gain in column (h) and owner | by the foundation on 12/31/69 | a) | Gains (Col (h) g | ain minus |
| (i) F M.V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | (k), but not less Losses (from co | than -0-) or |
| a | | | | | |
| b | | | | | |
| <u>c</u> | | | | | |
| d | | | | | |
| <u>e</u> | | | | | |
| 2 Capital gain net income or | r (not capital loss) | gain, also enter in Part I, line 7 | | | |
| 2 Capital gain het income of | (net capital loss) | (loss), enter -0- in Part I, line 7 | 2 | | 593,212. |
| | n or (loss) as defined in sections 12 | * ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | |
| If gain, also enter in Pa | rt I, line 8, column (c) (see insti | ructions). If (loss), enter -0- in | 1 | | |
| Part I, line 8 | <u> </u> | <u> </u> | 3 | | 0_ |
| Part V Qualification | Under Section 4940(e) for Red | duced Tax on Net Investment I | ncome | | |
| If section 4940(d)(2) applies, | c private foundations subject to the | `, | | | |
| | the section 4942 tax on the distrib not qualify under section 4940(e). | • • | ase perio | od? | Yes X No |
| 1 Enter the appropriate am | ount in each column for each year | ; see the instructions before making | any enti | ries | |
| (a) Base penod years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | | (d) Distribution (col (b) divided b | |
| 2010 | 157,869. | 3,021,504. | | <u> </u> | 0.052248 |
| 2009 | 115,916. | 2,831,992. | | | 0.040931 |
| 2008 | 122,500. | 2,886,109. | | | 0.042445 |
| 2007 | 134,461. | 2,487,222. | | | 0.054061 |
| 2006 | 141,756. | 2,804,292. | | | 0.050550 |
| | | | | | |
| 2 Total of line 1, column (d |) | | 2 | | 0.240235 |
| 3 Average distribution ratio | for the 5-year base period - divide | the total on line 2 by 5, or by the | | | |
| number of years the foun | ndation has been in existence if less | s than 5 years | 3 | | 0.048047 |
| • | | | | | · · · · · · · · · · · · · · · · · · · |
| 4 Enter the net value of no | ncharitable-use assets for 2011 fro | m Part X, line 5 | 4 | 3 | ,151,530. |
| | | | | | |
| 5 Multiply line 4 by line 3 | | | 5 | | 151,422. |
| | | | | | |
| 6 Enter 1% of net investme | ent income (1% of Part I, line 27b) | | 6 | | 4,300. |
| 7 Add lines 5 and 6 | | | 7 | | 155,722. |
| | | | | | |
| 8 Enter qualifying distributi If line 8 is equal to or gi Part VI instructions | ons from Part XII, line 4 reater than line 7, check the box | in Part VI, line 1b, and complete | 8 that part | t using a 1% ta | 170,622. ax rate. See the |
| | | | | | |

| Part | VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in | <u>ıstruc</u> | tions) | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|------------------|
| 1a - | Exempt operating foundations described in section 4940(d)(2), check here | | - | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | - |
| | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 4,3 | 00. |
| | here 🕨 X and enter 1% of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | |
| | Part I, line 12, col (b). | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | |
| 3 | Add lines 1 and 2 | | 4,3 | 00. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 | | | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 4,3 | 00. |
| 6 | Credits/Payments | | | |
| а | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,632. | | | |
| | Exempt foreign organizations - tax withheld at source | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 4,000. | | | |
| d | Backup withholding erroneously withheld | | | 20 |
| | Total credits and payments Add lines 6a through 6d | | | 32. |
| | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | 26. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | 0.6 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2012 estimated tax 1,306. Refunded 11 | | 1,3 | 06. |
| | | | | |
| | VII-A Statements Regarding Activities | $\overline{}$ | | |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate | | Yes | No X |
| | or intervene in any political campaign? | 1a | - | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the | 1 | | х |
| | instructions for definition)? | 1b | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | |
| | distributed by the foundation in connection with the activities | | | |
| | Did the foundation file Form 1120-POL for this year? | 1 c | | - |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation >\$ (2) On foundation managers >\$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| _ | on foundation managers \$ | 2 | <u> </u> | x |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | |
| • | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | 1 | | ` |
| 3 | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 1 | | х |
| 4. | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | X | |
| _ | If "Yes," has it filed a tax return on Form 990-T for this year? | 4h | Х | |
| _ b | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | х |
| 5 | If "Yes," attach the statement required by General Instruction T | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| U | By language in the governing instrument, or | | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | 1 | Ì |
| | conflict with the state law remain in the governing instrument? | 6 | Х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, coi (c), and Part XV | 7 | X | |
| 8a | | | | |
| | NC, | _ | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | x | 1 |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | + | + |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete | - 1 | | x |
| | Part XIV | . 9 | +- | ^ - |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | x |
| | and addresses | 10 | 1 | 1 |

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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| Par | t VII-B Statements Regarding Activities fo | r Which Form 47 | '20 May Be Requi | red (continued) | | | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------|--------------------|----------------------------------------------|----------|--|
| 5a | During the year did the foundation pay or incur any amour | nt to | | | | | • | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | | |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | | | | | | | | |
| | - | | | | | | | |
| | directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth | | | 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | (4) Provide a grant to an organization other than a | | | | _ | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (se | | | Yes X No | } | " | | |
| | (5) Provide for any purpose other than religious, cha | | | | | | | |
| | purposes, or for the prevention of cruelty to children or | | • | Yes X No | | | | |
| ь | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | | | | |
| J | Regulations section 53 4945 or in a current notice regards | | | | 5b | | | |
| | Organizations relying on a current notice regarding disaste | _ | | . 🗀 | | | | |
| _ | | | | | İ | | , | |
| C | If the answer is "Yes" to question 5a(4), does the f | | • | | - 1 | | _ | |
| | because it maintained expenditure responsibility for the gra | | | Yes No | 1 | | - | |
| • | If "Yes," attach the statement required by Regulations section | | N | | | | | |
| ьа | Did the foundation, during the year, receive any fund | • | | | | 1. | 1 | |
| _ | on a personal benefit contract? | | | - — | | | x | |
| U | Did the foundation, during the year, pay premiums, direct | tly or indirectly, on a p | personal benefit contrac | a, | · · 6b | | | |
| | If "Yes" to 6b, file Form 8870. | | | Yes X No | | | • | |
| | At any time during the tax year, was the foundation a par | • | • | | | , , | | |
| | If "Yes," did the foundation receive any proceeds or have Information About Officers, Directors, | | | | 7b | <u>. </u> | <u> </u> | |
| Pal | and Contractors | | • | | | | | |
| 1_ | List all officers, directors, trustees, foundation m | | | | | | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Expen | | | |
| НΔЕ | RRY D. STEPHENSON | devoted to position | -0-) | and deferred compensation | | | | |
| | RY, NC | PRES., DIR | 0 | ٩ | | | 0 | |
| | DMAS C. STEPHENSON | .20 | | <u></u> | | | <u>_</u> | |
| | RY, NC | VP, DIR. | 0 | ٨ | | | 0 | |
| | THONY CRAIG STEPHENSON | .20 | | | | | | |
| | RY, NC | SEC., TREA , DIR. | 0 | | | | 0 | |
| CAI | (1, 140 | 2 00 | | <u> </u> | | | | |
| | | | | | | | | |
| 2 | Compensation of five highest-paid employees | (other than thes | e included on line | a 1 - see instructi | one) If r | none | enter | |
| 2 | "NONE." | (other than thos | se included on inc | e i - see msnach | 0113j. 11 <i>1</i> | ionic, | CITCI | |
| | | (b) Title, and average | | (d) Contributions to | (e) Exper | ise acco | unt | |
| (a |) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | other a | llowanc | es | |
| | | devoted to position | | compensation | | | | |
| | NONE | | | | | | | |
| | HOME | | | | | | | |
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| | | | | | | | | |
| | | L | L | L | | | | |
| Tota | al number of other employees paid over \$50,000 . | | | <u>.</u> | <u></u> | <u>▶</u> | | |
| | | | | | Form 9 | 19U-PF | (2011) | |

CARY OIL FOUNDATION, INC. 56-1950150 Form 990-PF (2011) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0 Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) **Amount** Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE

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3 NONE

Total. Add lines 1 through 3.

All other program-related investments. See instructions

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| Pa | rt X . Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.) | n founda | tions, |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------|
| Ī | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes ⁻ | 1 | |
| а | Average monthly fair market value of securities | 1 a | 2,610,724. |
| b | Average of monthly cash balances | 1b | 88,654. |
| C | Fair market value of all other assets (see instructions) | 1c | 500,145. |
| d | Total (add lines 1a, b, and c) | 1 d | 3,199,523. |
| е | Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| ? | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 3,199,523. |
| 1 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | · · · · · · · · · · · · · · · · · · · | 4 | 47,993. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,151,530. |
| 5 | Minimum investment return. Enter 5% of line 5 | 6 | 157,577. |
| Pa | Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this p | part.) | |
| $\overline{}$ | Minimum investment return from Part X, line 6 | 1 | 157,577. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 2a 4,300. | | |
| b | Income tax for 2011. (This does not include the tax from Part VI.) | | |
| C | | 2c | 4,300. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 153,277. |
| 1 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 153,277. |
| ; | | 6 | |
| 7 | Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 153,277. |
| _ | | L | |
| Pa | rt XII Qualifying Distributions (see instructions) | | |
| ī | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 170,622. |
| b | Duranam related investments, total from Dort IV D | 1 b | |
| 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: | | , |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 1 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 170,622. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 4,300. |
| 3 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 166,322. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | lculating v | whether the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

Form 990-PF (2011)

Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2010 2010 2011 Distributable amount for 2011 from Part XI. 153,277. Undistributed income, if any, as of the end of 2011 Enter amount for 2010 only . . Total for prior years 20 09 ,20 08 ,20 07 Excess distributions carryover, if any, to 2011 From 2006 From 2007 c From 2008 From 2009 $4,\overline{163}.$ From 2010 4,163. Total of lines 3a through e Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ _____ 170,622. a Applied to 2010, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions) Treated as distributions out of corpus (Election required - see instructions) 153,277. d Applied to 2011 distributable amount 17,345. e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 21,508. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable 4a from line 2a Taxable amount - see f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . Excess distributions carryover from 2006 not 8 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2012. 21,508. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2007 Excess from 2008 . . .

Form 990-PF (2011)

Excess from 2009 . . .

Excess from 2010 . . .

e Excess from 2011 . . .

4,163.

17,345.

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

N/A

factors

| Part XV Supplementary Information (| continued) | | | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|----------------------------------|---------|--|--|
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount | | |
| Name and address (home or business) | or substantial contributor | recipient | contribution | | | |
| a Paid during the year | | | | | | |
| | | | | | | |
| ATTACHMENT 11 | | | | | | |
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| | l | 1 | 1 | 165,210 | | |
| | <u> </u> | † : : : : : | | 165,210 | | |
| b Approved for future payment | | | | | | |
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| Total | <u></u> | | ▶ 3b | | | |

Page 12

| er gross a | amounts unless otherwise indicated | Unrela | ated business income | Excluded by | section 512, 513, or 514 | (e) Related or exempt |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|--------------------------------------------------|--------------------------------|---------------------------------------|
| Program: | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | . <u>-</u> | | | | |
| e | | | | <u> </u> | | |
| | | | | | | |
| | nd contracts from government agencies | | | | | |
| | hip dues and assessments | | | 14 | 160. | |
| | s avings and temporary cash investments sand interest from securities | | | 14 | 25,955. | ··· |
| | i income or (loss) from real estate | | | | 20,300. | - |
| | financed property | | | | | |
| | ebt-financed property | | | <u> </u> | | |
| | income or (loss) from personal property | | | | | <u>-</u> - |
| | estment income | | | | | |
| | ss) from sales of assets other than inventory | 523000 | 1,787. | 18 | 591,425. | |
| • | ne or (loss) from special events | | - | - | | |
| | ofit or (loss) from sales of inventory. | , . | | | | |
| | enue a | - | | | | |
| ь А | TTACHMENT 12 | | 1,035. | | 28,145. | |
| | | | | | | |
| | | | | | | |
| - | | | | 1 | | |
| е | | | | 1 | | |
| e Subtotal | Add columns (b), (d), and (e) | | 2,822. | | 645,685. | |
| Subtotal Total. Add ee worksh | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calce Relationship of Activities | ulations) | complishment of Ex | empt Purp | 13 | 648,5 |
| Subtotal Total. Add e worksh | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
| Subtotal Total. Add e workshort XVI-I ne No. | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities Explain below how each activit | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
| Subtotal Total. Add e workshort XVI-I ne No. | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities Explain below how each activit | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
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| Subtotal Total. Add e workshort XVI-I ne No. | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities Explain below how each activit | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
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| Subtotal Total. Add e workshort XVI-I ne No. | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities Explain below how each activit | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
| Subtotal Total. Add e workshort XVI-I ne No. | d line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calci Relationship of Activities Explain below how each activit | ulations) to the Ac | complishment of Ex | empt Purp | ooses e) of Part XVI-A contrib | 648,50 |
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| | | Exempt Organ | nizations | | | | | | | - | | | | |
|----------|-------------|----------------------------------------------------------------|-----------------------|------------------------------------|--------------------------------------|---------------------------------|--------------------------------------------------|------------|--------------------|-------------|-----------------|----------------|----------------|---------------|
| ir | section | organization direction 501(c) of the Co | ly or indirectl | | | | | | | | | | Yes | No |
| | - | ations? | | | | | | | | | | | | |
| | | rs from the reportin | | | | | | | | | | | - | v |
| (| I) Casi | h | • • • • • • • | | | • • • • • | | | • • • • | | • • • • • | 1a(1) | | $\frac{x}{x}$ |
| | | er assets | • • • • • • • | | | • • • • • | | | • • • • | | • • • • • | 1a(2) | | |
| | | es of assets to a no | ncharitable ev | remnt orga | nization | | | | | | | 15/1 | | х |
| · · |) Daic | chases of assets fro | inchantable ex | itable even | ont organiza | tion | | | • • • • | | | 1b(1) 1b(2) | | X |
| C | 3) Ren | tal of facilities, equi | pment or oth | er assets | ipi organiza | | | | • • • • | | | 1b(3) | | X |
| i i | 4) Reir | nbursement arrange | ements | o, accor. | | • • • • • | | | • • • • | | | 1b(4) | | X |
| Ċ | 5) Loai | ns or loan guarantee | es | | | | | | • • • | | | 1b(5) | | X |
| (| 6) Perf | formance of service | s or member | ship or fur | Idraisina so | licitations | | | | | | 1b(6) | | X |
| | | of facilities, equipm | | | | | | | | | | 10 | | X |
| | | nswer to any of th | | | | | | | | | | v the | fair m | arket |
| ٧ | alue of | f the goods, other | assets, or ser | rvices give | n by the re | eporting fo | undation | If the | founda | tion rec | eived less | than | fair m | narket |
| V | alue in | any transaction or | sharing arra | ingement, | show in co | lumn (d) 1 | he value | of the | goods, | other a | ssets, or s | ervice | s rec | eived. |
| (a) Line | no | (b) Amount involved | (c) Name o | of noncharitat | ole exempt org | anization | (d) Des | cription o | f transfer | s, transact | ions, and sha | nng arra | ngeme | nts |
| | | N/A | | | | | N/A | | | | | | | |
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| 2a | the f | oundation directly | or indirectly | affiliated v | vith, or rel | ated to, or | ne or moi | re tax-e | exempt | organiz | ations | | | _ |
| d | lescrib | ed in section 501(c) | of the Code | (other thai | n section 50 | 01(c)(3)) o | r ın sectio | n 527? | | | | Y | ′es 🗅 | No |
| b_! | "Yes, | " complete the follo | wing schedule | 9 | | | | | | | | | | · |
| | | (a) Name of organization | n | | (b) Type of | organization | | | (0 |) Descript | ion of relation | ship | | |
| | | ·-· | | | | | | | | _ | | | | |
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| | | <u></u> | | | | | | _ | | | | | | _ |
| | T 11-4 | | | | Access to all colors | | | | | | | | 5 -1 -4 | |
| Sign | correct | penalties of perjury, I declar , and complete Declaration o | f preparer (other tha | ammed this re an taxpayer) is t | turn, including pased on all info | accompanying mation of which | preparer has | any knowl | ts, and to edge | the best (| or my knowled | .ge and | Dellet I | t is true. |
| _ | | A Ste_ | _ _ | 1 | (7 7. | | ~ | , | | | May the IF | | _ | |
| Here | | ature of officer or trustee | | | <u> </u> | | ا بن الله الله الله الله الله الله الله الل | rctar | | | i i | reparer | Shown X Yes | |
| | Jaigit | andre un omicei di diastee | | | -ac | | inie | | | | (see instructio | ns)′ L | Yes | No |
| | 1 | Print/Type preparer's | name | Pre | parer's signa | ure | | Date | 9 | СР | eck if | PTIN | | |
| Paid | | RONALD A. BAT | CHELOR | d | RUSA | till . | CRA | 5 | 129/1 | | f-employed | P000 | 0778 | 63 |
| Prep | arer | | ATCHELOR, | TILLER | RY & ROE | | | | | | N ▶ 56-1 | | | |
| Use (| Only | Firm's address ▶ 36 | | | | | | | | | | | | |
| | - | | | NC | • | | | 7612 | | Phone n | o 919-7 | 187- | 8212 | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

| Internal Revenue Service | | |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Name of the organization | | Employer identification number |
| CARY OIL FOUNDATION, | INC. | 56-1950150 |
| Organization type (check one). | | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private for | undation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundate | ation |
| | 501(c)(3) taxable private foundation | |
| General Rule | (8), or (10) organization can check boxes for both the General Rule and a ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 | |
| | e contributor Complete Parts I and II | |
| Special Rules | | |
| under sections 509(a) | 3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support 1(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 11. | he year, a contribution of |
| during the year, total | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use <i>exclusively</i> for religious, charities, or the prevention of cruelty to children or animals. Complete Parts I, I | able, scientific, literary, |
| during the year, contr not total to more than year for an exclusively | 7), (8), or (10) organization filing Form 990 or 990-EZ that received from ibutions for use <i>exclusively</i> for religious, charitable, etc., purposes, but th \$1,000 If this box is checked, enter here the total contributions that we religious, charitable, etc., purpose Do not complete any of the parts unligation because it received nonexclusively religious, charitable, etc., contributions. | nese contributions did are received during the less the General Rule ributions of \$5,000 or |
| 990-EZ, or 990-PF), but it must | not covered by the General Rule and/or the Special Rules does not file answer "No" on Part IV, line 2, of its Form 990; or check the box on line F, to certify that it does not meet the filing requirements of Schedule B (F | H of its Form 990-EZ or on |
| For Paperwork Reduction Act Notice, | see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule | e B (Form 990, 990-EZ, or 990-PF) (2011) |

Name of organization CARY OIL FOUNDATION, INC.

Employer identification number 56-1950150

| Part I | Contributors (| see instructions | . Use du | plicate co | pies of Part | l if addıtional | space is needed. |
|--------|----------------|------------------|----------|------------|--------------|-----------------|------------------|
|--------|----------------|------------------|----------|------------|--------------|-----------------|------------------|

| (a) | (b) | (c) Total contributions | (d) |
|-----|-----------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| 1 _ | CARY OIL COMPANY, INC. 110 MACKENAN DRIVE, SUITE 300 CARY, NC 27511 | \$175,000. | Person Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroli Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZiP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Name of organization CARY OIL FOUNDATION, INC.

Employer identification number

56-1950150

| Part II | Noncash Property (see instructions). Use duplicate copies of I | Part II if additional space is nee | eded. |
|---------------------------|----------------------------------------------------------------|---------------------------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - - - - - - - - | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | _ _ \$ | |
| | <u> </u> | _ <u></u> | <u></u> |

Employer identification number

| that t | sively religious, charitable, etc., indiotal more than \$1,000 for the year. rganizations completing Part III, enter | Complete columns (a) th | section 501(c)(7), (8), or (10) organizations arough (e) and the following line entry. |
|------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|
| contri | butions of \$1,000 or less for the yea duplicate copies of Part III if additional | r. (Enter this information | once. See instructions.) >\$ |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and ZIP | (e) Transfer of gift | Relationship of transferor to transferee |
|) No. rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and ZIF | (e) Transfer of gift | 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, and ZIF | ., | Relationship of transferor to transferee |
|) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| _ | Transferee's name, address, and ZI | P + 4 | Relationship of transferor to transferee |

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

DATE

DIRECT PUBLIC SUPPORT

CARY OIL COMPANY, INC. 110 MACKENAN DRIVE, SUITE 300 CARY, NC 27511

NAME AND ADDRESS

12/27/2011

175,000.

TOTAL CONTRIBUTION AMOUNTS

175,000.

į.

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

| NET INVESTMENT INCOME | 157. | 160. |
|-----------------------------------------|-----------------------------------------|-------|
| REVENUE AND EXPENSES PER BOOKS | 157. | 160. |
| | | TOTAL |
| DESCRIPTION | BB&T FIDELITY MUNICIPAL MONEY MARKET | |

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PE,

| NET INVESTMENT INCOME | 2,099. 286. 16. 3,175. 5,712. 110. 1,001. 13,360. | 25,955. |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| REVENUE AND EXPENSES PER BOOKS | 2,099. 286. 16. 3,175. 5,712. 110. 1,001. 13,360. | 25,955. |
| DESCRIPTION | SAPERE CTA FUND, LP K-1 INTEREST SAPERE CTA FUND, LP K-1 DIVIDEND FIDELITY SELECT MONEY MARKET FIRST EAGLE GOLD CLASS A GMO US QUALITY EQUITY FUND OAKMARK INTERNAT'L SMALL CAP LONGLEAF PARTNERS MATTHEWS ASIA GROWTH INST'L FUND PIMCO EXTENDED DURATION - INSTL | TOTAL |

- OTHER INCOME PART I FORM 990PF, DESCRIPTION SAPERE CTA FUND, LP K-1 OTHER INCOME

REVENUE AND EXPENSES PER BOOKS 29, 180.

NET INVESTMENT INCOME 29,180.

29,180.

29,180.

TOTALS

FORM 990PF, PART I - INTEREST EXPENSE

NET INVESTMENT INCOME EXPENSES PER BOOKS REVENUE AND DESCRIPTION

348.

TOTALS

INVESTMENT INTEREST EXPENSE

348.

348.

EXPENSES PER BOOKS REVENUE AND

NET INVESTMENT INCOME

144.

TOTALS

FOREIGN TAX PAID FEDERAL EXCISE TAXES

DESCRIPTION

4,194.

144.

144.

| DESCRIPTION BANK SERVICE CHARGES INVESTMENT CONSULTING OTHER PROFESSIONAL FEES | | REVENUE AND EXPENSES PER BOOKS 62. 27,114. | NET INVESTMENT INCOME 27,114. | |
|--------------------------------------------------------------------------------|--------|--------------------------------------------|----------------------------------------|------|
| DUES AND SUBSCRIPTIONS OTHER INVESTMENT EXPENSES | | 189,619. | 348. 189,619. | |
| | TOTALS | 221,550. | | 1 11 |

4,060.

CHARITABLE PURPOSES 62.

| ENDING <u>FMV</u> | 235,633. 299,102. 38,727. 40,780. 41,285. 17,003. 1,097,396. | 2,714,323. |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| ENDING BOOK VALUE | 199,575. 244,251. 20,381. 23,511. 24,404. 8,855. 1,029,028. | 2,615,005. |
| BEGINNING BOOK VALUE | 185,184. 245,891. 32,146. 27,682. 34,650. 920,434. 11,331. 29,463. 583,134. | 2,069,915. |
| DESCRIPTION | FIRST EAGLE GOLD CLASS A GMO US QUALITY EQUITY FUND OAKMARK INTERNAT'L SMALL CAP LONGLEAF PARTNERS FUND MATTHEWS ASIA PACIFIC FUND PIMCO EXTENDED DURATION INSTL SCHNEIDER SMALL CAP VALUE FUND THIRD MILLENNIUM RUSSIA FUND SAPERE CTA FUND LP SAPERE CREDIT OPPS OFFSHORE | TOTALS |

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| | | BEGINNING | SNI | EN |
| | | | | 1 |

| ENDING <u>FMU</u> | 500,000. | 500,000. |
|----------------------|-------------------------------|----------|
| ENDING BOOK VALUE | 500,000. | 500,000. |
| BOOK VALUE | 500,000. | 500,000. |
| DESCRIPTION | WATERFRONT DEVELOPMENT FUND I | TOTALS |

FORM 990PF, PART II - OTHER ASSETS

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ENDING FMV

| ENDING BOOK VALUE | |
|-------------------------|----------------------|
| BEGINNING BOOK VALUE | 3,474. |
| | TOTALS |
| DESCRIPTION | DIVIDENDS RECEIVABLE |
| | |

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|----------------------------------------|----------------------------------------------------------------------------|----------------------------------|---------|
| LEES-MCRAE COLLEGE | NON-PROFIT | EDUCATIONAL | 450. |
| HORSE AND BUDDY | NON-PROFIT | CHARITABLE | 1,500. |
| CARY CHRISTIAN SCHOOL | NON-PROFIT | EDUCATIONAL | 2,500. |
| NCSU COLLEGE OF ENGINEERING FOUNDATION | NON-PROFIT | EDUCATIONAL | 1,150. |
| MIDDLE CREEK HIGH SCHOOL STAMPEDE CLUB | NON-PROFIT | EDUCATIONAL | 2,500. |
| JOBS FOR LIFE | NON-PROFIT | CHARITABLE | 35,000. |

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ATTACHMENT 11 (CONT'D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|-------------------------------------|-----------------------------------------|----------------------------------|---------|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| WESTERN WAKE YOUNG LIFE | NON-PROFIT | EDUCATIONAL | 15,000. |
| ALLIANCE MEDICAL MINISTRY | NON-PROFIT | MEDICAL | 20,000. |
| BARIUM SPRINGS HOMES FOR CHILDREN | NON-PROFIT | CHARITABLE | 1,250. |
| RANDOLPH COUNTY BOARD OF EDUCATION | NON-PROFIT | EDUCATIONAL | 1,000. |
| BOY SCOUTS OF AMERICA | NON-PROFIT | CHARITABLE | 2,000. |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | NON-PROFIT | MEDICAL | 500. |

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ATTACHMENT 11 (CONT'D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
|----------------------------------|---------------------------------------------|----------------------------------|---------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| ALZHEIMER'S NORTH CAROLINA, INC. | NON-PROFIT | MEDICAL | 360. |
| YMCA OF THE TRIANGLE AREA | NON-PROFIT | CHARITABLE | 52,000. |
| WAKEMED FOUNDATION | NON-PROFIT | MEDICAL | 10,000. |
| THE SALVATION ARMY | NON-PROFIT | CHARITABLE | 20,000. |

TOTAL CONTRIBUTIONS PAID 165,210.

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FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

| CODE AMOUNT CODE AMOUNT CODE FUNCTION INCOME | ND, LP K-1 OTHER INCOME 523000 1,035. 01 28,145. | 1,035. |
|----------------------------------------------|--------------------------------------------------|--------|
| DESCRIPTION | SAPERE CTA FUND, | TOTALS |

SCHEDULE D (Form 1041)

Capital Gains and Losses

OMB No 1545-0092

2011

Department of the Treasury Internal Revenue Service ► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

CARY OIL FOUNDATION, INC.

S6-1950150

Note: Form 5227 filers need to complete only Parts I and II

| Part I Short-Term Capital Gains and Los | sses - Assets | Held One Ye | ar or Less | | | |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|----------------------|--------------------------------------|-----|--------------------------------------------------------------------|
| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | (c) Date sold (mo , day, yr) | (d) Sales price | (e) Cost or other (see instruction | | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
| 1a ATTACHMENT 2 | | | 158,804 | 153, | 675 | 5,129 |
| | | | | | | |
| | | | | | | |
| b Enter the short-term gain or (loss), if any, f | rom Schedule D | -1, line 1b | | | 1b | |
| 2 Short-term capital gain or (loss) from Form | ıs 4684, 6252, | 6781, and 882 | 4 | | 2 | 16,533 |
| Net short-term gain or (loss) from partners Short-term capital loss carryover Enter | | | | | 3 | 226,360 |
| Carryover Worksheet Net short-term gain or (loss). Combine | | | | | 4 | () |
| column (3) on the back | | <i></i> . | | | 5_ | 248,022 |
| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo , day, yr) | | (d) Sales price | (e) Cost or other (see instructio | | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
| 6a ONG-TERM CAPITAL GAIN DIVIDEND | S | | ATCH 4 | | | 8,358 |
| ATTACHMENT 3 | | | 1,159,724 | 1,067, | 319 | 92,405 |
| | | | | | | |
| b Enter the long-term gain or (loss), if any, fr | om Schedule D | -1, line 6b | | | 6b | |
| 7 Long-term capital gain or (loss) from Form | ns 2439, 4684, | 6252, 6781, aı | nd 8824 | | 7 | 24,799 |
| 8 Net long-term gain or (loss) from partners | hips, S corpora | tions, and other | estates or trusts | | 8 | 219,628 |
| 9 Capital gain distributions | | | | | 9_ | |
| O Gain from Form 4797, Part I | the amount, it | f any, from lir | ne 14 of the 2010 | Capital Loss | 10 | , |
| Carryover Worksheet Net long-term gain or (loss). Combine la column (3) on the back. | nes 6a through | h 11 in colum | n (f) Enter here and | on line 14a, | 12 | 345,190 |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2011

| | dule D (Form 1041) 2011 | | | | Page 2 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|---------------------------------------|--------------------------|
| Pa | rt III Summary of Parts I and II | | (1) Beneficiaries' | (2) Estate's | (a) T. () |
| | · Caution: Read the instructions before completing this | oart. | (see instr) | or trust's | (3) Total |
| 13 | Net short-term gain or (loss) | 13 | | | 248,022 |
| 14 | Net long-term gain or (loss): | | | | |
| а | Total for year | 14a | | | 345,190 |
| b | | 14b | | | <u> </u> |
| С | 28% rate gain | 14c | | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14a ▶ | <u>15</u> | | ····· | 593,212 |
| | 2: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (| | | | |
| | s, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, co | mpiet | е Рап IV ало тле Сарпа ————————— | Loss Carryover Work | Isneet, as necessary |
| | t IV Capital Loss Limitation | | | · · · · · · · · · · · · · · · · · · · | |
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P | art I, li | ne 4c, if a trust), the sr | 1 1. | |
| a Note | The loss on line 15, column (3) or b \$3,000 :: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page | i i in | | | polote the Capital Loca |
| Carry | vover Worksheet in the instructions to figure your capital loss carryover | 7 1, 1111 | 6 22 (UI FUIII 990-1, II | rie 34), is a loss, com | ipiete trie Capital Luss |
| Pai | t V Tax Computation Using Maximum Capital Gains Rate | s | | | |
| | n 1041 filers. Complete this part only if both lines 14a and 15 in colu | mn (2 | ?) are gains, or an an | nount is entered in | Part I or Part II and |
| | e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor | | | | |
| | tion: Skip this part and complete the Schedule D Tax Worksheet in the i | nstru | ctions if | | |
| | ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero | | | | |
| | n 990-T trusts. Complete this part only if both lines 14a and 15 are | | e or qualified divide | ande are included | in Income in Part I |
| | orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part a | | | | |
| | her line 14b, col (2) or line 14c, col (2) is more than zero | | pioto tilo concaa. | D Tax Trottonio | |
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3 | ١٨١ | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) | , , . | • • • • • • • • • • • • • • • • • • • • | | |
| | but not less than zero | | | | |
| 19 | Enter the estate's or trust's qualified dividends | | | | |
| | from Form 1041, line 2b(2) (or enter the qualified | | | | |
| | dividends included in income in Part I of Form 990-T) 19 | | 1 1 | i i | |
| 20 | Add lines 18 and 19 | | | | |
| 21 | If the estate or trust is filing Form 4952, enter the | _ | _ | | |
| | amount from line 4g, otherwise, enter -0 ▶ 21 | | | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | | 22 | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | | 23 | | |
| | | | | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,300 | | 24 | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24 | 17 | | | |
| | Yes. Skip lines 25 and 26, go to line 27 and check the "No" box | | | | |
| | No. Enter the amount from line 23 | | 25 | | |
| 26 | Subtract line 25 from line 24 | | 26 | | |
| 27 | Are the amounts on lines 22 and 26 the same? | | | | |
| | Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or lin | ne 22 | 27 | | |
| | | | | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | | 28 | | |
| | | | | | |
| 29 | Subtract line 28 from line 27 | | | | |
| 30 | Multiply line 29 by 15% (15) | | | 30 | |
| 31 | Figure the tax on the amount on line 23 Use the 2011 Tax Rat | | | | |
| | (see the Schedule Ginstructions in the instructions for Form 1041). | | | 31 | |
| •• | Add | | | | |
| 32 | Add lines 30 and 31 | | | | |
| 33 | Figure the tax on the amount on line 17. Use the 2011 Tax Rat | | | 1 1 | |
| 3.4 | (see the Schedule Ginstructions in the instructions for Form 1041). Tax on all taxable income. Enter the smaller of line 32 or line 33. | | | | |

Schedule D Detail of Short-term Capital Gains and Losses CARY OIL FOUNDATION, INC.

| | Date | Date | Gross Sales | Cost or Other | Short-term |
|-----------------------------------------------------------|------------|------------|-------------|---------------|------------|
| Description | Acquired | Sold | Price | Basis | Gain/Loss |
| | | | | | |
| CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES | | | | | |
| 455.84 SHS MATTHEWS ASIA GROWTH FUND INV | 01/31/2011 | 02/23/2011 | 7,881. | 8,000. | -119. |
| 7586.207 SHS PIMCO EXTENDED DURATION - INSTL | 01/20/2011 | 04/27/2011 | 57,502. | 55,025. | 2,477. |
| 10733.696 SHS PIMCO EXTENDED DURATION - INSTL | 01/24/2011 | 04/27/2011 | 81,360. | 79,025. | 2,335. |
| 1591.221 SHS PIMCO EXTENDED DURATION - INSTL | 02/23/2011 | 04/27/2011 | 12,061. | 11,625. | 436. |
| | | | | | |
| TOTAL CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES | | | 158,804. | 153,675. | 5,129. |
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| | | | | | |
| Totals | | | 158,804. | 153, 675. | 5,129. |

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56-1950150

ATTACHMENT 3

CARY OIL FOUNDATION, INC.

Schedule D Detail of Long-term Capital Gains and Losses

| | Date | Date | Gross Sales | Cost or Other | Long-term |
|-----------------------------------------------------------|------------|------------|-------------|---------------|-----------|
| Description | Acquired | Sold | Price | Basis | Gain/Loss |
| | | | | | |
| CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES | | | | | |
| | 0000710710 | 1100/00/00 | 107 00 | 34,5 91 | 361.01 |
| | 6002/12/60 | 02/22/2011 | 111.07 | 28 481 | 000 55 |
| 1340.746 SHS FIRST EAGLE GOLD CLASS A | 03/2//2008 | 02/23/2011 | 676,449 | .164.97 | 13, 666, |
| 604.33 SHS FIRST EAGLE GOLD CLASS A | 02/26/2010 | 06/03/2011 | 20,100. | 15, 362. | 4, /38. |
| 281.827 SHS GMO US QUALITY EQUITY FUND CL III | VARIOUS | 02/23/2011 | 5,775. | 4,588. | 1,187. |
| 213,318 SHS GMO US QUALITY EQUITY FUND CL III | 02/26/2010 | 06/03/2011 | 4,531. | 4,053. | 478. |
| 948.488 SHS GMO US QUALITY EQUITY FUND CL III | 02/26/2010 | 06/03/2011 | 20,144. | 18,024. | 2,120. |
| 140.707 SHS LONGLEAF PARTNERS | 03/31/2009 | 02/23/2011 | 4,275. | 2,162. | 2,113. |
| 130,762 SHS LONGLEAF PARTNERS | 03/31/2009 | 06/03/2011 | 3,975. | 2,009. | 1,966. |
| 897.543 SHS MATTHEMS ASIA GROWTH FUND INV | 03/31/2009 | 02/23/2011 | 15,519 | 8,150. | 7,369. |
| 230,769 SHS MATTHEWS ASIA GROWTH INST'L | 03/31/2009 | 06/03/2011 | 4,175. | 2,097. | 2,078. |
| 1491.713 SHS OAKWARK INTERNAT'L SMALL CAP I | 03/31/2009 | 02/23/2011 | 21,600. | 9,413. | 12,187. |
| 275.482 SHS OAKMARK INTERNAT'L SMALL CAP I | VARIOUS | 06/03/2011 | 4,000. | 2,353. | 1,647. |
| 120157 774 SHS PIMCO EXTENDED DURATION - INSTL | 02/26/2010 | 04/27/2011 | 910,775. | 920, 433. | -9,658. |
| | 03/31/2009 | 02/23/2011 | 3,475. | 1,392. | 2,083. |
| 151.24 SHS SCHNEIDER SMALL CAP VALUE FUND | 03/31/2009 | 06/03/2011 | 2,475. | 1,083. | 1,392. |
| 998.035 SHS THIRD MILLENNIUM RUSSIA FD INST SHRS | 03/31/2009 | 02/23/2011 | 25,375. | 9,874. | 15,501. |
| 155.008 SHS THIRD MILLENNIUM RUSSIA FD INST SHRS | 03/31/2009 | 06/03/2011 | 3,875 | 1,534. | 2,341. |
| 1824.86 SHS THIRD MILLENNIUM RUSSIA FD INST SHRS | 03/31/2009 | 11/02/2011 | 36,855. | 18,055. | 18,800. |
| TOTAL CAPITAL GAINS (LOSSES) HELD FOR INVESTMENT PURPOSES | | | 1,159,724. | 1,067,319. | 92,405. |
| | | | | | |
| | | | 1,159,724. | | |
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| Totals | | | | 1,067,319. | 92,405. |

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ATTACHMENT 3

8:53:59 AM

FEDERAL CAPITAL GAIN DIVIDENDS

| LONG-TERM CAPITAL GAIN DIVIDENDS | ATTACHMENT 4 | |
|----------------------------------------------------------|--------------|--------|
| 15% DATE CADITAL CAIN DIVIDENDS | | |
| 15% RATE CAPITAL GAIN DIVIDENDS FIRST EAGLE GOLD CLASS A | 7,293. | |
| LONGLEAF PARTNERS OAKMARK INTERNAT'L SMALL CAP | 1,056. 9. | |
| TOTAL 15% RATE CAPITAL GAIN DIVIDENDS | | 8,358. |
| TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS | | 8.358. |

Gains and Losses From Section 1256 **Contracts and Straddles**

OMB No 1345-0644

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

Attachment Sequence No 82

Identifying number Name(s) shown on tax return CARY OIL FOUNDATION, INC. 56-1950150 Check all applicable boxes (see instructions) Mixed straddle election Mixed straddle account election A В Straddle-by-straddle identification election D Net section 1256 contracts loss election Section 1256 Contracts Marked to Market Part I (a) Identification of account (b) (Loss) (c) Gain SAPERE CTA FUND, 41,332 41,332 41,332 Net gain or (loss). Combine line 2, columns (b) and (c) 4 Form 1099-B adjustments See instructions and attach schedule 41,332 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7 Partnerships and S corporations, see instructions If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be 6 41,332 Short-term capital gain or (loss). Multiply line 7 by 40% (40) Enter here and include on the appropriate line 16,533 Long-term capital gain or (loss). Multiply line 7 by 60% (60) Enter here and include on the appropriate line of Schedule D (see instructions) 24,799 Gains and Losses From Straddles. Attach a separate schedule listing each straddle and its components **Section A - Losses From Straddles** (f) Loss (h) Recognized loss. If column (f) is more (e) Cost or (g) Unrecognized (b) Date If column (e) other basis (c) Date is more than entered (d) Gross gain on offsetting plus than (g), enter (d), enter difference (a) Description of property closed out into or sales price expense of difference or sold acquired sale Otherwise, enter -0positions Otherwise 10 11a Enter the short-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions) 11a b Enter the long-term portion of losses from line 10, column (h), here and include on the appropriate line of Schedule D (see instructions) Section B - Gains From Straddles (f) Gain, If column (b) Date (e) Cost or other (c) Date (d) Gross (d) is more than (e), entered (a) Description of property basis plus closed out sales price énter difference into or expense of sale or sold Otherwise, enter -0acquired 12 13a Enter the short-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions) 13a b Enter the long-term portion of gains from line 12, column (f), here and include on the appropriate line of Schedule D (see instructions) Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) Part III (e) Unrecognized gain. If column (c) is more (b) Date (c) Fair market value on last (d) Cost or other basis (a) Description of property than (d), enter difference Otherwise, enter -0acquired business day of tax year as adjusted 14

For Paperwork Reduction Act Notice, see Instructions.

CARY OIL FOUNDATION, INC.
FORM 990-PF - PART IV

| Kind of Property | | INS AND LOSSES FOR TAX ON INVEST Description | | | | P | Date acquired | Date sold |
|---------------------------------------------|---------------------------------------|-----------------------------------------------|--------------------------|--------------------------------|------------------------------|---|----------------------|-----------|
| Gross sale price less openses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | | Gain or (loss) | |
| | | TOTAL SHORT PARTNERSHIP ESTATES OR | , S CORPOR | ATION, AND | | | 242,893. | |
| | | TOTAL LONG- | TERM CAPITA | AL GAIN DIV | IDENDS | | 8,358. | |
| | | TOTAL LONG- PARTNERSHIF ESTATES OR | , S CORPORA | ATION, AND | | | 244,427. | |
| | | 858.65 SHS PROPERTY TY | | | S A | P | 03/27/2009 | 02/23/20 |
| 28,421. | | 18,246. | | | | | 10,175. | |
| | | 1340.746 SH PROPERTY TY | | | ASS A | Р | 03/27/2009 | 02/23/20 |
| 44,379. | | 28,491. | | | | | 15,888. | |
| į | | 604.33 SHS PROPERTY TY | | | S A | P | 02/26/2010 | 06/03/20 |
| 20,100. | | 15,362. | TE. SECORT | 1165 | | | 4,738. | |
| | | 281.827 SHS | | | Y FUND C | Р | VARIOUS | 02/23/20 |
| 5,775. | | PROPERTY TY | PE: SECURI | TIES | | | 1,187. | |
| | | 213.318 SHS PROPERTY TY | | | Y FUND C | P | 02/26/2010 | 06/03/20 |
| 4,531. | | 4,053. | | | | | 478. | |
| | | 948.488 SHS | _ | _ | Y FUND C | P | 02/26/2010 | 06/03/20 |
| 20,144. | | 18,024. | | | | | 2,120. | |
| | | 140.707 SHS | | | | P | 03/31/2009 | 02/23/20 |
| 4,275. | | 2,162. | TE. BEOMI | 1120 | | | 2,113. | |
| | | 130.762 SHS | | | | P | 03/31/2009 | 06/03/20 |
| 3,975. | | 2,009. | IPE: SECURI | 1165 | | i | 1,966. | |
| | | 897.543 SHS | | | FUND IN | P | 03/31/2009 | 02/23/20 |
| 15,519. | | PROPERTY TY | CPE: SECURI | TIES | | | 7,369. | |
| | | 455.84 SHS | MATTHEWS A | SIA GROWTH | FUND INV | P | 01/31/2011 | 02/23/20 |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | | | | | |

FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | INS AND LOSSES FOR TAX ON INVEST | | | | P | Date | Date sold |
|-----------------------|------------------------------------------|-----------------------------------------------------------------------|--------------|--------------------|--------------------|------------|------------------------|------------|
| Gross sale price less | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | D | acquired Gain or | |
| expenses of sale | allowable | basis | 12/31/69 | 12/31/69 | adj basis | Н | (loss) | |
| 7,881. | | PROPERTY TY 8,000. | PE: SECURI | ΓΙΕS | | | -119. | |
| | | 230.769 SHS MATTHEWS ASIA GROWTH INST'L PROPERTY TYPE: SECURITIES | | | | P | 03/31/2009 | 06/03/2011 |
| 4,175. | | 2,097. | | | | | 2,078. | |
| | | 1491.713 SHS OAKMARK INTERNAT'L SMALL CA PROPERTY TYPE: SECURITIES | | | | | 03/31/2009 | 02/23/2011 |
| 21,600. | | 9,413. | | | | | 12,187. | |
| | | 275.482 SHS OAKMARK INTERNAT'L SMALL CAP PROPERTY TYPE: SECURITIES | | | | P | VARIOUS | 06/03/2011 |
| 4,000. | | 2,353. | | | | | 1,647. | |
| | | 120157.774 SHS PIMCO EXTENDED DURATION - PROPERTY TYPE: SECURITIES | | | RATION - | P | 02/26/2010 | 04/27/2011 |
| 910,775. | | 920,433. | | | | | -9,658. | |
| 57,502. | 7586.207 SHS PIMCO EXTENDED DURATION - 1 | | TION - I | P | 01/20/2011 | 04/27/2011 | | |
| | | 55,025. | | | | | 2,477. | |
| | | 10733.696 SHS PIMCO EXTENDED DURATION - PROPERTY TYPE: SECURITIES | | | | Р | 01/24/2011 | 04/27/2011 |
| 81,360. | | 79,025. | | | | | 2,335. | |
| | | 1591.221 SHS PIMCO EXTENDED DURATION - I PROPERTY TYPE: SECURITIES | | | | Р | 02/23/2011 | 04/27/2011 |
| 12,061. | | 11,625. | | | | | 436. | |
| | | 194.444 SHS SCHNEIDER SMALL CAP VALUE FOR PROPERTY TYPE: SECURITIES | | | VALUE FU | P | 03/31/2009 | 02/23/2011 |
| 3,475. | | 1,392. | | | | | 2,083. | |
| | | 151.24 SHS PROPERTY TY | | | ALUE FUN | P | 03/31/2009 | 06/03/2011 |
| 2,475. | | 1,083. | | | | | 1,392. | |
| | | 998.035 SHS | | | SIA FD I | Р | 03/31/2009 | 02/23/2011 |
| 25,375. | | 9,874. | | | | | 15,501. | |
| | | 155.008 SHS | | | SIA FD I | P | 03/31/2009 | 06/03/2011 |
| 3,875. | | 1,534. | | | | | 2,341. | |
| | | | | | | | | |
| | | | | | | | | |
| j | | | | | | | | |
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CARY OIL FOUNDATION, INC. 56-1950150
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | P 6 0 | Date acquired | Date sold | |
|-----------------------|-----------------------|---------------------------------------|---------------------------------------|-----------------------------------------|-----------------------|------------------|-----------------------|------------|
| Gross sale price less | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | П | Gain | |
| expenses of sale | allowable | basis | 12/31/69 | 12/31/69 | adı basıs | \coprod | or (loss) | |
| 36,855. | | 1824.86 SHS PROPERTY TY 18,055. | | | SIA FD I | P | 03/31/2009 18,800. | 11/02/2011 |
| TOTAL GAIN(I | .oss) | | · · · · · · · · · · · · · · · · · · · | · • • • • • • • • • • • • • • • • • • • | • • • • • • • • • | | 593,212. | |
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| LSA AZI | | | | | | | | |

Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

| | filing for an Automatic 3-Month Extension, o | | | | ▶ [X] | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|--|--|--|--|
| | filing for an Additional (Not Automatic) 3-Mo | | | | | | | | |
| ро пот сотр | olete Part II unless you have already been gra | nted an au | tomatic 3-month extens | sion on a previously filed Form 8868 | 3 | | | | |
| | ling (e-file). You can electronically file Form | | | | | | | | |
| a corporation | n required to file Form 990-T), or an addition | nal (not au | tomatic) 3-month exten | ision of time. You can electronicall | y file Form | | | | |
| | uest an extension of time to file any of the Transfers Associated With Certain Persona | | | | | | | | |
| | For more details on the electronic filing of the | | | | | | | | |
| | tomatic 3-Month Extension of Time. On | _ | | | 70113 | | | | |
| | n required to file Form 990-T and requesting | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | • | \sim | | | | |
| All other cor | | ne DEMIC | · · · · · · · · · · · · · · · · · · · | Form 7004 to request an extension of | • [] | | | | |
| to file incom | | ips, itciviic | os, and trusts must use r | | | | | | |
| to me meem | Name of exempt organization or other filer, see in | structions | | Enter filer's identifying number, see instructions Employer identification number (EIN) or | | | | | |
| Type or | | | | Employer identification flumber (Env) or | | | | | |
| print | CARY OIL FOUNDATION, INC. | | | X 56-1950150 | | | | | |
| File by the | Number, street, and room or suite no. If a P.O. box | x. see ınstruc | ctions | Social security number (SSN) | | | | | |
| due date for filing your | 110 MACKENAN DRIVE, SUITE 30 | | | Social security number (3314) | | | | | |
| return See | City, town or post office, state, and ZIP code For | | dress, see instructions | <u> </u> | | | | | |
| instructions | CARY, NC 27511 | | | | | | | | |
| Enter the Re | eturn code for the return that this application | s for (file a | separate application for | or each return) | 0 4 | | | | |
| | | | | | ٠ ــــــــــــــــــــــــــــــــــــ | | | | |
| Application | | Return | Application | | Return | | | | |
| ls For | | Code | ls For | | Code | | | | |
| Form 990 | | 01 | Form 990-T (corporat | ion) | 07 | | | | |
| Form 990-BL | - | 02 | Form 1041-A | | 08 | | | | |
| Form 990-E2 | 7 | 01 | Form 4720 | | 09 | | | | |
| Form 990-PF | | 04 | Form 5227 | | | | | | |
| 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 | | | | |
| | | | | | | | | | |
| The books | s are in the care of ANTHONY CRAIG | STEPHEN | ISON | | | | | | |
| | | | | | | | | | |
| | No ▶ 919 460-3197 | | FAX No ▶ | | | | | | |
| If the orga | anization does not have an office or place of t | ousiness in | the United States, chec | ck this box | ▶ 📗 | | | | |
| If this is for | or a Group Return, enter the organization's for | ur digit Gro | oup Exemption Number (| (GEN) If the | IS IS | | | | |
| | e group, check this box | | irt of the group, check t | this box ▶ 🔛 and atta | ach | | | | |
| | e names and EINs of all members the extensi | | | | | | | | |
| | st an automatic 3-month (6 months for a cor | | | | | | | | |
| until | | exempt org | ganization return for the | e organization named above. The ex | xtension is | | | | |
| | organization's return for | | | | | | | | |
| X calendar year 20 11 or | | | | | | | | | |
| ▶ [] | tax year beginning | , 20 | , and ending | , 20 | | | | | |
| 0 K45-4- | and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o | | . — | | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return | | | | | | | | | |
| | hange in accounting period | | | | | | | | |
| 3a If this | application is for Form 990 BL 990 BE 99 | O T 4720 | or 6060 onter the | tantatwa tay laga any | | | | | |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 5,632. | | | | | | | | | |
| nonrefundable credits. See instructions 3a \$ 5,632. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | | | |
| estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 1,632. | | | | | | | | | |
| c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS | | | | | | | | | |
| (Electronic Federal Tax Payment System) See instructions 3c \$ 4,000. | | | | | | | | | |
| | you are going to make an electronic fund v | | with this Form 8868. | | | | | | |
| payment inst | | | | | | | | | |
| - | | | | | | | | | |