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### Form **990-PF**

# 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

	Dep	partment of the Treasury ernal Revenue Service Note. The foundation may be	Freated as a Private I be able to use a copy of this reti	Foundation	rtina requirements	<b>2011</b>
		r calendar year 2011 or tax year beginning	or able to use a copy of this for	, and ending	rung rodan omonio	<u> </u>
		lame of foundation			A Employer identification	number
		SOUTHERN BANK FOUNDATION  umber and street (or P O box number if mail is not delivered to street	address)	Room/suite	56-2002871	·
		P.O. BOX 729	audi ess)	Room/saite	B Telephone number (919) 658-	7007
	Cıt	ity or town, state, and ZIP code	_		C If exemption application is p	pending, check here
		MOUNT OLIVE, NC 28365-072  Check all that apply: Initial return Final return Address change	Initial return of a form Amended return Name change	er public charity	D 1 Foreign organization  Foreign organizations mic check here and attach co	
	H (	Check type of organization: X Section 501(c)(3) ex  Section 4947(a)(1) nonexempt charitable trust	empt private foundation Other taxable private foundation	1	E If private foundation sta under section 507(b)(1	tus was terminated
	(fi	Fair market value of all assets at end of year   J   Accounting	ng method: X Cash (her (specify)	Accrual	F If the foundation is in a under section 507(b)(1	60-month termination
;		Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
12	-	1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B Interest on savings and temporary			N/A	
9 2012		3 cash investments 4 Dividends and interest from securities 5a Gross rents	915,852.	893,195.		STATEMENT 1
2 /		b Net rental income or (loss)				
MAY	ine	6a Net gain or (loss) from sale of assets not on line 10  Gross sales price for all  793,389	<227,224.>	Г		
	Revenue	D assets on line 6a 793,309. 7 Capital gain net income (from Part IV, line 2)		o/	RECEIVE	
쀨	Œ	8 Net Snort-term capital gain				L /
SCANNED		9 Income modifications Gross sales less returns and allowances		Į į	MAY 2 4 2012	
SC		b Less Cost of goods sold				\(\frac{1}{2}\)
		c Gross profit or (loss)		<u> </u>	OGDEN, UT	
		11 Other income 12 Total. Add lines 1 through 11	688,628.	893,195.		
-		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 Other employee salaries and wages				
	S	15 Pension plans, employee benefits  16a Legal fees STMT 2	435.			
	ense	b Accounting fees STMT 3	1,930.	0.		0.
	ξ×ρ	c Other professional fees				
	Ve	17 Interest	3,148.	0.		0.
	Operating and Administrative Expenses	18 Taxes STMT 4	68,950.	0.		0.
	inis	19 Depreciation and depletion				
	Adm	20 Occupancy 21 Travel, conferences, and meetings				
	pu/	22 Printing and publications				
	ng a	23 Other expenses STMT 5	1,181.	0.		0.
	ratı	24 Total operating and administrative				
	Ope	expenses Add lines 13 through 23	75,644.	0.		0.
		25 Contributions, gifts, grants paid 26 Total expenses and disbursements	417,900.		. <u>-</u>	417,900.
_		Add lines 24 and 25	493,544.	0.		417,900.
		27 Subtract line 26 from line 12:				
		a Excess of revenue over expenses and disbursements	195,084.	002 105		
		b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)		893,195.	N/A	
1	2350	501 LHA For Paperwork Reduction Act Notice see in	netructions	· · · · · · · · · · · · · · · · · · ·	IN/M	Form <b>990-PF</b> (2011)

56-2002871

11,592,843. Form **990-PF** (2011)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2011)

SOUTHERN BANK FOUNDATION

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) How acquired P - Purchase D - Donation		acquired ay, yr.)	(d) Date sold (mo., day, yr.)		
1a PBI CAPITAL TRUST				P		<b>JARI</b>		VARIOUS		
b LYDIAN				P	7	VARI	ous	VARIOUS		
<u>C</u>										
d					-					
e	(f) Depreciation allowed	(m) Co.	et er ether basis	<del></del>		/h) C:	/			
(e) Gross sales price	(or allowable)		st or other basis expense of sale				ain or (loss ; (f) minus			
a 793,389.			820,613	3.			.,	<27,224		
b			200,000			_		<200,000		
C										
d										
e										
Complete only for assets showing of	<del></del>	1		_	(1)	Gains (C	ol. (h) gair	n minus		
(ı) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (ı) col. (ֈ), ıf any				ot less tha (from col.			
	45 01 12/3 1/09	UVEI	COL (3), II arry				<del>.</del>	<del></del>		
<u>a</u>				-				<27,224 <200,000		
<u>b</u>								<200,000		
d d										
e			· · · · · · · · · · · · · · · · · · ·							
	∫ If gain, also enter	ın Part I line	7	$\overline{1}$						
Capital gain net income or (net capital				2				<227,224		
Net short-term capital gain or (loss)	•									
If gain, also enter in Part I, line 8, col				]						
If (loss), enter -0- in Part I, line 8  Part V Qualification Und	I O 4040/-\-	<u> </u>	17 61 61	<u> </u>			N/A	<u> </u>		
as the foundation liable for the section "Yes," the foundation does not qualify	under section 4940(e). Do not co	mplete this pa	art.					Yes X No		
Enter the appropriate amount in eac	n column for each year; see instru	uctions before	e making any entries	S						
( <b>a)</b> Base period years	(b)			(c)			Distri	(d) bution ratio		
Calendar year (or tax year beginning i			Net value of non				(col. (b) dr	vided by col. (c))		
2010		8,100.		9,620				.03722		
2009		9,310.		$\frac{7,108}{7,031}$				.04491		
2008		<u>9,988.</u> 6,434.		$\frac{7,931}{9,914}$				.04160		
2006		6,540.			<u>,914,222.</u> 983 725		,983,725.			.04906
2000		<u> </u>			7,23,	1		.04000		
Total of line 1, column (d)						2		.21360		
Average distribution ratio for the 5-ye	ear base period - divide the total o	on line 2 by 5,	or by the number o	of years						
the foundation has been in existence	ıf less than 5 years					3		.04272		
Enter the net value of noncharitable-i	use assets for 2011 from Part X, I	ine 5				4	1	1,009,263		
								450 000		
Multiply line 4 by line 3						5		470,338		
						[				
Enter 1% of net investment income /	1% of Part I line 27h\							p 022		
Enter 1% of net investment income (	1% of Part I, line 27b)					6		8,932		
Enter 1% of net investment income ( Add lines 5 and 6	1% of Part I, line 27b)							8,932 479,270		
·	1% of Part I, line 27b)					7		8,932 479,270		
Enter 1% of net investment income ( Add lines 5 and 6  Enter qualifying distributions from Pa	,									

_	m 990-PF (2011) SOUTHERN BANK FOUNDATION		2002			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see ı	nstru	ictio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	Ì				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	1				
١	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   ▶ ☐ and enter 1%	1		1	<u>7,8</u>	<u> 364.</u>
	of Part I, line 27b		1			
(	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				_0.
3	Add lines 1 and 2	3		1	7,8	64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1	7.8	364.
6	Credits/Payments:					
	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 24, 280					
	b Exempt foreign organizations - tax withheld at source 6b	1				
	c Tax paid with application for extension of time to file (Form 8868)	1				
	d Backup withholding erroneously withheld  6d	1				
	Total credits and payments. Add lines 6a through 6d	7		2	4 3	280.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			4,4	.00.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		<del> </del>			
9	·	9	<del> </del>		<i>c</i> 1	1.
10		10	<del> </del>		0,4	116.
<u>11</u>	Enter the amount of line 10 to be: Credited to 2012 estimated tax ► 6,416. Refunded ►  art VII-A Statements Regarding Activities	11	<u> </u>			<u>0.</u>
•				т—	V	
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven-	) IU			res	No
	any political campaign?			1a	<u> </u>	X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b	<b></b>	X
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials publish	ed or			l	
	distributed by the foundation in connection with the activities.				l	
C	c Did the foundation file Form 1120-POL for this year?			1c_	<u> </u>	X
C	1 Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:				l	
	(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$	<u>.                                      </u>			l	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				l	
	managers. > \$0 .				l	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	<u> </u>	X
	If "Yes," attach a detailed description of the activities.			j i	ĺ	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		İ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_ 3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	X	
b	olf "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?			4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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:					
	● By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law			ĺ	
	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	Х	
	If "Yes," complete Part II, col. (c), and Part XV					<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
_	NC					1
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				ĺ	
-	of each state as required by General Instruction G? If "No," attach explanation			8b	х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar		"		<del> </del>
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		y
n	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
	bio any porcono bodonino odubitanda dontributoro during trio tax year. Il 1es, attach a schedule listing their names and addresses		For	m <b>990</b>	-PF	
			1 011	555	1	(2011)

	n 990-PF (2011) SOUTHERN BANK FOUNDATION 56-200	2871	Page 5
P	art VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		
	If "Yes," attach statement (see instructions)	12	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x
	Website address ▶ N/A		
14	The books are in care of ▶ DAVID BEAN Telephone no. ▶919-6	58-70	07
	Located at ▶ 121 EAST MAIN STREET, MOUNT OLIVE, NC ZIP+4 ▶2	8365	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the year	N/2	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	Y	es No
	securities, or other financial account in a foreign country?	16	X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	ł	ĺ
_	country >		
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Y	es No
18	a During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
	a disqualified person?  Yes X No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		
	for the benefit or use of a disqualified person)?  (2) Agent to pay managers a property to a gay remonstration of the pay managers of the pay mana		
	(6) Agree to pay money or property to a government official? (Exception Check "No"		
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No		
U	olf any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	4.	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance check here	1b	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
٠	before the first day of the tax year beginning in 2011?	1.	v
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	<u> </u>
-	defined in section 4942(j)(3) or 4942(j)(5)):		
я	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		
_	before 2011?	}	
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
	statement - see instructions.)	2b	
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		$\top$
	<b>▶</b>		
3 <b>a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
	during the year?		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b_	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

Part VII-B   Statements Regarding Activities for Which I		Required (contin	30-20028	<u>/ 1</u>	Page 6
5a During the year did the foundation pay or incur any amount to:	Onn 4720 May Be	ricquired (comm	T T		Τ
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\?		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	, ,,		.3 (22) 110		
any voter registration drive?	r to durry on, amounty or man		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			.3 (22) 110		
509(a)(1), (2), or (3), or section 4940(d)(2)?	T described in section		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or		.5 .21 140		
the prevention of cruelty to children or animals?	or oddodnoral parposoo, or		s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	er the excentions described				-
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	•				
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		nned			
expenditure responsibility for the grant?		1/A 🔲 Ye	es No		
If "Yes," attach the statement required by Regulations section 53 4945		.,			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?			es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			-		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Port VIII Information About Officers, Directors, Trusto		anagers, Highly			<del></del>
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.	·			
(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 unt, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allo	owances
SEE STATEMENT 7		0.	0.		0.
		ļ			
2 Compensation of five highest-paid employees (other than those inc	luded as less 4) If a	- INCALE II			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(2)	Evenee
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	Expense unt, other
NONE	devoted to position	<del> </del>	compensation	allo	wances
NONE					
	<del></del>			<del>-</del>	
				<del> </del>	
				1	
				<del></del>	
Total number of other employees paid over \$50,000				<u> </u>	
Total number of other employees paid over \$00,000			<b>▶</b>		U

► 0 Form **990-PF** (2011)

Form 990-PF (2011) SOUTHERN BANK FOUNDATION 56-2002  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	(c) Compensation
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services ▶	0
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments	
	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Form **990-PF** (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	10,968,111.
b	Average of monthly cash balances	1b	208,806.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	11,176,917.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le l le l 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3_	11,176,917.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	167,654.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,009,263.
6	Minimum investment return Enter 5% of line 5	6	550,463.
P	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part (see instructions)	id certain	1
1	Minimum investment return from Part X, line 6	1	550,463.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)  2b 1,872.		
c	Add lines 2a and 2b	2c	19,736.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	530,727.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	530,727.
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	530,727.
	art XII Qualifying Distributions (see instructions)	· · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	445 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	417,900.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	417 000
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	417,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		2
c	Income. Enter 1% of Part I, line 27b	5	417 000
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	417,900.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	tuaiities 1	or the section

Form **990-PF** (2011)

#### Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d</b> ) 2011
1 Distributable amount for	r 2011 from Part XI,		· · · · · · · · · · · · · · · · · · ·		
line 7	·				530,727.
2 Undistributed income, if any	, as of the end of 2011				
a Enter amount for 2010 of	only			86,371.	
<b>b</b> Total for prior years:		1			
1	,		0.		
3 Excess distributions car:	ryover, if any, to 2011:				
<b>a</b> From 2006					
<b>b</b> From 2007	8,778.	•			
<b>c</b> From 2008	4 740				
<b>d</b> From 2009	4,749.				
e From 2010		12 505			
f Total of lines 3a through	<u> -</u>	13,527.	·		· · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions t	1				
· · · · · · · · · · · · · · · · · · ·	417,900.			06 254	
a Applied to 2010, but not	P			86,371.	
<b>b</b> Applied to undistributed			•		
years (Election required			0.		
c Treated as distributions	-	0			
(Election required - see i	· -	0.			221 500
d Applied to 2011 distribu	F				331,529.
e Remaining amount distr		12 527			12 527
5 Excess distributions carryove (If an amount appears in columnust be shown in column (a)	ımn (d), the same amount	13,527.			13,527.
6 Enter the net total of ea indicated below;	ch column as				
a Corpus Add lines 3f, 4c, and	d 4e Subtract line 5	0.			
<b>b</b> Prior years' undistribute	d income. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prio undistributed income for deficiency has been issu the section 4942(a) tax h assessed	r which a notice of led, or on which		0.		
d Subtract line 6c from line	e 6b. Taxable				
amount - see instruction	ıs		0.		
e Undistributed income for	r 2010. Subtract line				
4a from line 2a. Taxable	amount - see instr.			0.	
f Undistributed income for	r 2011. Subtract				
lines 4d and 5 from line	1. This amount must				
be distributed in 2012	_				185,671.
7 Amounts treated as distr	ributions out of	-			
corpus to satisfy require					
section 170(b)(1)(F) or 4		0.			
8 Excess distributions carr					
not applied on line 5 or li	_	0.			
9 Excess distributions car	•				
Subtract lines 7 and 8 fro	om line 6a	0.			
10 Analysis of line 9:					
a Excess from 2007					
<b>b</b> Excess from 2008					
c Excess from 2009					
d Excess from 2010					
e Excess from 2011		<u></u>			

56-2002871 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	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				
ALZHEIMERS NORTH CAROLINA, INC.	NONE	NON-PROFIT	DONATION	
1305 NAVAHO DRIVE, SUITE 101				
ALEIGH, NC 27609				500
ARTS COUNCIL OF WAYNE COUNTY	NONE	NON-PROFIT	DONATION	
2406 EAST ASH STREET				
GOLDSBORO, NC 27530				1,000
BAPTIST CHILDRENS HOMES OF NC, INC.	NONE	NON-PROFIT	DONATION	
P.O. BOX 338	NONE .	NON TROTTI	DONATION	
THOMASVILLE, NC 27361				5,000
BEAUFORT COUNTY COMMUNITY COLLEGE	NONE	NON-PROFIT	DONATION	
WASHINGTON NC 27889				2,000
BOYS & GIRLS CLUB PITT CO.	NONE	NON-PROFIT	DONATION	
510 SOUTH WASHINGTON STREET				
GREENVILLE NC 27858  Total SEE CO	NTINUATION SHE	T(S)	<b>▶</b> 3a	2,500 417,900
<b>b</b> Approved for future payment				
ORTH CAROLINA WESLEYAN COLLEGE	NONE	NON-PROFIT	DONATION	
3400 N WESLEYAN BLVD	HONG	NON TROIT	DOMATION	
OCKY MOUNT, NC 27804				5,000
PITT COUNTY MEMORIAL HOSPITAL	NONE	NON-PROFIT	DONATION	
COUNDATION				
90 MEDICAL DR				400.000
REENVILLE, NC 27835				100,000
AYNE COUNTY PUBLIC LIBRARY	NONE	NON-PROFIT	DONATION	
001 E ASH STREET				
OLDSBORO, NC 27530	<u> </u>	<u> </u>		20,000.
Total SEE CC	NTINUATION SHEE	ET(S)	<b>▶</b> 3b	916,000

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			by section 512, 513, or 514	(e)		
Enter groot amounts amost other mor menaces.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue	Business	Amount	sion	Amount	function income -		
		· · · · · · · · · · · · · · · · · · ·					
ab			<del>                                     </del>				
	1 1		<del>                                     </del>				
d			<del>                                     </del>				
	I I	·	<del>  </del>		· · · · · · · · · · · · · · · · · · ·		
ef			<del>                                     </del>				
g Fees and contracts from government agencies							
2 Membership dues and assessments			<del>                                     </del>				
3 Interest on savings and temporary cash			<del>                                     </del>				
investments							
4 Dividends and interest from securities	900000		14	915,852.			
5 Net rental income or (loss) from real estate:	30000	·		313/0321			
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal					<del></del>		
property							
7 Other investment income			<del>                                     </del>				
8 Gain or (loss) from sales of assets other			<del>                                     </del>				
than inventory			18	<227,224.	_		
9 Net income or (loss) from special events			1-20	\ZZ1 , ZZ <del>Z</del> 1			
10 Gross profit or (loss) from sales of inventory			+				
11 Other revenue:							
ab		<del></del>	<del>  -</del>				
G	1		<del>  -   -</del>				
d	1	· · · · · · · · · · · · · · · · · · ·					
е			1				
12 Subtotal. Add columns (b), (d), and (e)		0.		688,628.	0.		
13 Total Add line 12, columns (b), (d), and (e)			<u> </u>	13			
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities	to the Accomi	olishment of Ex	remnt P	urnoses			
	·			·			
Line No Explain below how each activity for which inc			Contribute	d importantly to the accomp	plishment of		
the foundation's exempt purposes (other than	by providing funds	for such purposes).			···		
		<del></del>					
	<del> </del>						
				<del></del>			
					· · · · · · · · · · · · · · · · · · ·		
123621 12-02-11					Form <b>990-PF</b> (2011)		

orm 990-F	PF (2011) <b>SOUTH</b>	ERN BANK	FOUNDA	TION		56-200	2871	. Pa	ige 13
Part X\	/II Information Re Exempt Organ		nsfers To	and Transactions	and Relation	nships With Nonch	aritable		
1 Did th	e organization directly or indi	rectly engage in any	y of the following	ng with any other organizat	ion described in s	ection 501(c) of		Yes	No
the Co	ode (other than section 501(c	(3) organizations)	or in section 52	27, relating to political orga	nizations?				
<b>a</b> Trans	fers from the reporting found:	ation to a noncharit	able exempt or	ganization of:					
(1) 0	ash						1a(1)		Х
(2) 0	ther assets						1a(2)		X
<b>b</b> Other	transactions:								
(1) S	ales of assets to a noncharital	ble exempt organiz	ation				1b(1)		X
(2) P	urchases of assets from a no	ncharitable exempt	organization				1b(2)		X
( <b>3</b> ) R	ental of facilities, equipment,	or other assets					1b(3)		X
(4) R	eimbursement arrangements						1b(4)		X
(5) L	oans or loan guarantees						1b(5)		X
(6) P	erformance of services or me	mbership or fundra	aising solicitatio	ons			1b(6)		X
	ng of facilities, equipment, ma						1c_		X
d If the	answer to any of the above is	"Yes," complete the	following sch	edule. Column ( <b>b)</b> should a	lways show the fa	ir market value of the goods.	, other as:	sets,	
	vices given by the reporting fo				lue in any transact	ion or sharing arrangement,	show in		
colum	n (d) the value of the goods,								
a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(d) Descrip	tion of transfers, transactions, and	d sharing ar	rangeme	nts
			N/A						
							<u> </u>		
		<del></del>				<del></del>			
			<del></del>						
					<del></del>				
					<del></del>			<del></del>	
						······	_		
				· · · · · · · · · · · · · · · · · · ·					
				<del></del>		<del></del>			
	foundation directly or indirect	= :	•		lizations described	]	<del></del> 7.,	72	٦.,
	tion 501(c) of the Code (other	· ·	(3)) or in sect	110N 5277		l	Yes	X	_ No
b II Yes	complete the following sche, (a) Name of org:			(b) Type of organization	1	(c) Description of relation	ehin.	_	
<u> </u>	N/A	amzation	· · · · · · · · · · · · · · · · · · ·	(b) Type or organization		(c) Description of relation	isiih		
<u> </u>	N/A	<del></del>				<del></del>			
			· · · · · · · · · · · · · · · · · · ·						
					<del></del>				
Ur	nder penalties of perjury, i declare t	hat I have examined th	nis return, includin	I ng accompanying schedules and	d statements, and to	the best of my knowledge			
Sign an	id belief, it is true, correct/and com	place Declaration of p	reparer (other tha	n taxpayer) is based on all infor	mation of which prep	arer has any knowledge	lay the IRS sturn with th	e prepar	er
Here	Makk	1/200		5/21/2012	CFO		X Yes		٦.
1	Signature of officer of trustee			Date	Title	174 BUNGE	A Tes	·	J No
	Print/Type preparer's nai	me	Preparer's s		Date	Check of PTIN			
			, a:	_		self- employed			
Paid	Shay P Bo	2014OW	Laur	P Bewby	5/18/12		10F00	<u>ه93</u> 5	د
Prepare			1	AN LLP		Firm's EIN ► 56 – 0			
Use On		J., 110011III	COODI			Time Scini P 30 C	,,,,,	<b>-</b>	
		01 BLITE F	RIDGE P	OAD, SUITE 5	500			<del></del>	
		LEIGH, NO		OLLU, DOLLE J		Phone no 919-	876-	151	6
			/ _ / /			Triione iio JIJ	<u> </u>	ェノセ	J

· 990-W

<b>Estimated Tax on Unrelated Business Taxable</b>	e
Income for Tax-Exempt Organizations	

OMB No. 1545-0976

2012 (Worksheet) (and on Investment Income for Private Foundations) FORM 990-T Department of the Treasury Internal Revenue Service (Keep for your records Do not send to the Internal Revenue Service ) Unrelated business taxable income expected in the tax year Tax on the amount on line 1 See instructions for tax computation 2 Alternative minimum tax (see instructions) Total, Add lines 2 and 3 Estimated tax credits (see instructions) 5 Subtract line 5 from line 4 6 Other taxes (see instructions) 7 Total. Add lines 6 and 7 8 Credit for federal tax paid on fuels (see instructions) 9 10a Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions 10a **b** Enter the tax shown on the 2011 return (see instructions) Caution. If zero or the tax year was for less than 12 months, skip this line 1,872 and enter the amount from line 10a on line 10c 10b c 2012 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount ADJUSTED TO 1,880. from line 10a on line 10c 10c (a) (b) (c) (b) Installment due dates (see instructions) 11 Required installments Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) 12 2011 Overpayment (see instructions) 13

LHA For Paperwork Reduction Act Notice, see instructions

Payment due (Subtract line 13 from line 12.)

Form 990-W (2012)

ESTIMATED TAX 1,880.
AMOUNT PAID 3,000.
AMOUNT DUE 0.

14

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient BERTIE COUNTY YMCA, INC. NONE NON-PROFIT DONATION P.O. BOX 834 WINDSOR, NC 27983 2,000. BOY SCOUTS OF AMERICA - TUSCARORA NONE NON-PROFIT DONATION COUNCIL P.O. BOX 1436 GOLDSBORO NC 27533 2,000. C S BROWN AUDITORIUM RESTORATION NONE NON-PROFIT ООТТАИОО ASSOCIATION, INC P.O. BOX 435 WINTON, NC 27986 1,000. FRIENDS OF THE WASHINGTON COUNTY NONE NON-PROFIT DONATION LIBRARY INC P.O. BOX 786 PLYMOUTH, NC 27962 900. CAMPBELL UNIVERSITY NONE NON-PROFIT DONATION P.O. BOX 116 BUIES CREEK, NC 27506 10,000, REBUILDING TOGETHER PITT CO. NONE NON-PROFIT DONATION PO BOX 20574 GREENVILLE, NC 27858 5,000. CHOWAN UNIVERSITY NONE NON-PROFIT DONATION ONE UNIVERSITY PLACE MURFREESBORO, NC 27855 25,000. DUPLIN CO. EDUCATION FOUNDATION NONE NON-PROFIT DONATION P.O. BOX 128 KENANSVILLE, NC 28349 1,000. EAST CAROLINA COUNCIL BSA NONE NON-PROFIT DONATION P.O. BOX 1698 KINSTON, NC 28503 1,250. EAST CAROLINA UNIVERSITY NONE NON-PROFIT DONATION WARDS SPORTS MEDICINE BLDG GREENVILLE, NC 27858 5,000. Total from continuation sheets 406 900.

3 Grants and Contributions Paid During the Y	<del></del>			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
2011 RELAY FOR LIFE AT ECU WARDS SPORTS MEDICINE BLDG GREENVILLE, NC 27858	NONE	NON-PROFIT	DONATION	1,00
ADLA INC OIC OF WAYNE COUNTY CDC 202 COURTNEY RD GOLDSBORO, NC 27534	NONE	NON-PROFIT	DONATION	5,00
ELIZABETH CITY STATE UNIVERSITY  DEFFICE OF CAREER SERVICES CAMPUS BOX  304 ELIZABETH CITY NC 27906	NONE	NON-PROFIT	DONATION	1 000
BERTIE COUNTY FAMILY RESOURCE CENTER	NONE	TON DROPER	2011	1,000
121 GRANVILLE ST. WINDSOR, NC 27983	NONE	NON-PROFIT	DONATION	30,000
FRIENDS OF THE PARKS FOUNDATION P.O. BOX 953 MOUNT OLIVE, NC 28365	NONE	NON-PROFIT	DONATION	1,000
BOYS AND GIRLS HOME OF NC INC 400 FLEMINGTON DRIVE LAKE WACCAMAW, NC 28450	NONE	NON-PROFIT	DONATION	5,000
HALIFAX COMMUNITY COLLEGE FOUNDATION, INC.	NONE	NON-PROFIT	DONATION	
WELDON, NC 27890  WERTFORD COUNTY EDUCATIONAL  COUNDATION, INC.	NONE	NON-PROFIT	DONATION	2,500
P.O. BOX 1008 AHOSKIE NC 27910				4,000
ISTORIC HOPE FOUNDATION INC 32 HOPE HOUSE RD INDSOR, NC 27983	NONE	NON-PROFIT	DONATION	1,000
CHOANOKE AREA DEVELOPMENT ASSOCIATION C.O. BOX 530	NONE	NON-PROFIT	DONATION	
TOTAL FOUNTEE NC 27869  Total from continuation sheets	<u> </u>	L		2,500

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or any foundation manager or substantial contributor status of contribution Amount Name and address (home or business) recipient HOMETOWN BETHEL NONE NON-PROFIT DONATION P.O. BOX 1165 BETHEL, NC 27812 750. COMMUNITY CARE CLINIC OF DARE NONE NON-PROFIT DONATION P.O. BOX 1329 NAGS HEAD, NC 27959 1,000. EASTERN CAROLINA VOCATIONAL CENTER NONE NON-PROFIT DONATION INC P.O. BOX 1686 GREENVILLE, NC 27835 3,000. MOUNT OLIVE COLLEGE NONE NON-PROFIT DONATION 634 HENDERSON STREET MOUNT OLIVE, NC 28365 100,000. MOUNT OLIVE COLLEGE SCHOLARSHIP FUND NONE NON-PROFIT DONATION P.O. DRAWER 649 MOUNT OLIVE, NC 28365 1,000. NASH COMMUNITY COLLEGE FOUNDATION NONE NON-PROFIT DONATION P.O. BOX 7488 ROCKY MOUNT, NC 27804 2,500. NASH HEALTH CARE SYSTEMS FOUNDATION NONE NON-PROFIT DONATION 2460 CURTIS ELLIS DRIVE ROCKY MOUNT, NC 27804 10,000. NONE BERTIE EDUCATIONAL FOUNDATION INC NON-PROFIT DONATION PO BOX 70 MERRY HILL, NC 27957 5,000, NORTH CAROLINA SYMPHONY NONE NON-PROFIT DONATION 4350 LASSITER AT NORTH HILLS AVE. SUITE 250 RALEIGH, NC 27609 5,000. NORTH CAROLINA WESLEYAN COLLEGE NONE NON-PROFIT DONATION 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 27804 5,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			-
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of sasinoss)	or substantial contributor	recipient		
GREENVILLE COMMUNITY SHELTERS	none	NON-PROFIT	DONATION	
207 MANHATTAN AVENUE				
GREENVILLE, NC 27834				1,000
PITT COUNTY MEMORIAL HOSPITAL	NONE	NON-PROFIT	DONATION	
FOUNDATION				
690 MEDICAL DR				
GREENVILLE, NC 27835		<del> </del>		62,500
KITTY ASKINS HOSPICE CENTER	NONE	NON-PROFIT	DONATION	
107 HANDLEY PARK COURT				
GOLDSBORO, NC 27534				5,000
THE NORTH CAROLINA AQUARIUM SOCIETY	NONE	NON-PROFIT	DONATION	
3125 POPLARWOOD COURT, STE 160				
RALEIGH, NC 27604	+			1,500
NC RURAL CENTER	NONE	NON-PROFIT	DONATION	
4021 CARYA DRIVE				
RALEIGH, NC 27610				600
ROANOKE ISLAND HISTORICAL ASSOC INC.	NONE	NON-PROFIT	DONATION	
1409 NATIONAL PARK DRIVE				
MANTEO, NC 27954		ļ		500
NC RURAL FUND FOR DEVELOPMENT	NONE	NON-PROFIT	DONATION	
127 SOUTH QUEEN STREET				
KINSTON, NC 28501				2,500
SEVEN SPRINGS VOLUNTEER FIRE	NONE			
DEPARTMENT	NONE	NON-PROFIT	DONATION	
P.O. BOX 116				
SEVEN SPRINGS, NC 28578				200
VEW LIBE CONGRESSIVE PRINTS OF THE				
NEW LIFE COMMUNITY DEVELOPMENT	NONE	NON-PROFIT	DONATION	
32-10 QUEENS BLVD				
CLMHURST, NY 11373		•		2,500
PAR RIVER ORCHESTRA AND CHORAL SOC	NONE	NON-BROETS	DONATION	
O.O. BOX 8255	NONE	NON-PROFIT	DONATION	
OCKY MOUNT, NC 27804				5,000
Total from continuation sheets				

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient NORTH CAROLINA HOUSING COALITION NONE NON-PROFIT DONATION NORTH CAROLINA AFFORDABLE HOUSING CONFERENCE RALEIGH, NC 27603 1,000. THE GOOD SHEPHERD FOOD PANTRY OF NONE NON-PROFIT DONATION BERTIE COUNTY, INC. P.O. BOX 1394 WINDSOR, NC 27983 1,000. PITT COUNTY YOUTH LACROSSE NONE NON-PROFIT DONATION 128 STUDENT RECREATION CENTER GREENVILLE, NC 27858 1 600. ROCKY MOUNT EDGECOMBE COMM DEVELOP NONE NON-PROFIT DONATION PO BOX 1477 ROCKY MOUNT, NC 27802 2,500. SB ENDOWMENT FOR ELIZABETH CITY STATE NON-PROFIT DONATION UNIVERSITY 1704 WEEKSVILLE ROAD ELIZABETH CITY, NC 27909 4.000. THE ASPERGER CONNECTION SCHOOL NONE NON-PROFIT DONATION 503 GLENDALE DR PIKEVILLE, NC 27863 1,000. THE LEUKEMIA & LYMPHOMA SOCIETY NONE NON-PROFIT DONATION 401 HARRISON OAKS BLVD. SUITE 200 CARY NC 27513 1,500. THE LITTLE WILLIE CENTER NONE NON-PROFIT DONATION 807 WEST FIFTH STREET GREENVILLE, NC 27858 1,000. WAYNE COUNTRY DAY SCHOOL NONE NON-PROFIT DONATION 480 COUNTRY DAY ROAD GOLDSBORO NC 27530 12,000. WAYNE COUNTY ECONOMIC DEVELOPMENT CO NONE NON-PROFIT DONATION P.O. BOX 1280 GOLDSBORO, NC 27533 10,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient WAYNE COUNTY PUBLIC LIBRARY NONE NON-PROFIT DONATION 1001 E ASH STREET GOLDSBORO, NC 27530 20,000. THE OAKWOOD SCHOOL INC NONE NON-PROFIT DONATION 4000 MACGREGOR DOWNS ROAD GREENVILLE, NC 27834 12,500. THE SALVATION ARMY - GREENVILLE NONE NON-PROFIT DONATION 2337 W.DICKINSON AVE. GREENVILLE, NC 27834 5,000. THE UNC COASTAL STUDIES INSTITUTE NONE NON-PROFIT DONATION FOUNDATION INC PO BOX 699 MANTEO, NC 27954 1,000. CAROLINAS GATEWAY PARTNERSHIP NONE NON-PROFIT DONATION 427 FALLS ROAD ROCKY MOUNT, NC 27804-4808 5,000. TOWN OF SEABOARD - POLICE DEPT NONE NON-PROFIT DONATION 102 CLAY STREET SEABOARD, NC 27876 4.800. TOWN OF WARSAW NONE NON-PROFTT DONATION 121 S FRONT ST WARSAW, NC 28398 1,000. TUBEROUS SCLEROSIS ALLIANCE NONE NON-PROFIT DONATION 801 ROEDER ROAD, SUITE 750 SILVER SPRING, MD 20910 300. TYRELL-WASH PARTNERSHIPS NONE NON-PROFIT DONATION 125-B WEST WATER STREET PLYMOUTH, NC 27962 1,000. Total from continuation sheets

Part XV Supplementary Informat				
3 Grants and Contributions Approved for I	If recipient is an individual,	<u>)</u>	<del></del>	<del> </del>
Recipient  Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
CHOWAN UNIVERSITY	NONE	NON-PROFIT	DONATION	
ONE UNIVERSITY PLACE				
MURFREESBORO, NC 27855				75,000
BERTIE EDUCATIONAL FOUNDATION	NONE	NON-PROFIT	DONATION	
121 GRANVILLE ST.				
WINDSOR, NC 27983				10,000
THE OAKWOOD SCHOOL INC	NONE	NON-PROFIT	DONATION	
4000 MACGREGOR DOWNS RD.				
GREENVILLE, NC 27834				37,500.
ELIZABETH CITY STATE UNIVERSITY	NONE	NON-PROFIT	DONATION	
1704 WEEKSVILLE ROAD ELIZABETH CITY, NC 27909				16 000
EDITABLIK CITT, NC 27703				16,000.
BEAUFORT CO. COMMUNITY COL FDN	NONE	NON-PROFIT	DONATION	
P.O. BOX 1069	NONE	MON-FROFT1	DONATION	
WASHINGTON, NC 27889				8,000.
NASH COMMUNITY COLLEGE	NONE	NON-PROFIT	DONATION	
P.O. BOX 7488				
ROCKY MOUNT, NC 27804				2,500.
NASH HEALTH CARE SYSTEMS	NONE	NON-PROFIT	DONATION	
2460 CURTIS ELLIS DRIVE ROCKY MOUNT, NC 27804				30,000.
				30,000.
WAYNE COUNTY DEVELOPMENT ALLIANCE	NONE	NON-PROFIT	DONATION	
P.O. BOX 1280		NOR TROTTI	DOWNIION	
GOLDSBORO, NC 27533				40,000.
BAPTIST CHILDRENS' HOME OF NC	NONE	NON-PROFIT	DONATION	
P.O. BOX 338				
THOMASVILLE NC 27361			<del></del>	15,000.
CAROLINAS GATEWAY PARTNERSHIP 427 FALLS ROAD	NONE	NON-PROFIT	DONATION	
ROCKY MOUNT, NC 27804-4808				20,000.
Total from continuation sheets				791 000.

Part XV Supplementary Information 3 Grants and Contributions Approved for Fut		· · · · · · · · · · · · · · · · · · ·		
3 Grants and Contributions Approved for Fut Recipient	If recipient is an individual,	)		<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Tano and address (none of sections)	or substantial contributor	recipient		
CAMPBELL UNIVERSITY	NONE	NON-PROFIT	DONATION	
110 MAIN STREET		+		
BUIES CREEK, NC 27506				90,000
TAR RIVER CHORAL & ORCHESTRAL SOCIETY	NONE	NON-PROFIT	DONATION	
P.O. BOX 8255		[		
ROCKY MOUNT, NC 27804				10,000
EAST CAROLINA VOCATIONAL CENTER	NONE	NON-PROFIT	DONATION	
P.O. BOX 1686 GREENVILLE, NC 27835				12,000
MOUNT OLIVE COLLEGE	NONE	NON-PROFIT	DONATION	
634 HENDERSON STREET MOUNT OLIVE, NC 28365				380,000
· · · · · · · · · · · · · · · · · · ·				333,333.
HALIFAX COMMUNITY COLLEGE FOUNDATION, INC.	NONE	NON-PROFIT	DONATION	
P.O. DRAWER 809				
WELDON, NC 27890				5,000.
WAYNE COUNTRY DAY SCHOOL	NONE	NON-PROFIT	DONATION	
480 COUNTRY DAY ROAD	TOWE	NON TROTTI	DOWNTON	
GOLDSBORO, NC 27530				40,000.
				1
Total from continuation sheets				

Southern Bank Foundation PO Box 729 Mount Olive, NC 28365-0729

EIN # 56-2002871

Form 990 PF, Part II - Supplementary Information, Line 21

Detail of Notes Payable 12/31/2011

 Lender:
 Bank of America

 Original Amount
 \$ 1,250,000

 Date of Note.
 6/30/2010

 Maturity Date
 6/30/2012

Repayment Terms. Interest paid quarterly, principal due at maturity

\$

Security Provided: Securities

Purpose of Loan: Purchase investments, contribution and gift distribution

Description of FMV and Consideration Cash, \$1,250,000

Beginning Balance Due \$ 179,838

Ending Balance Due

FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1	
SOURCE		GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		COLUMN (A) AMOUNT		
INTEREST - CORPORATES	•		915,852.		0.	915,8	52.	
TOTAL TO FM 990-PF, PART I,	LN 4		915,852.		0.	915,8	915,852.	
FORM 990-PF		LEGAL	FEES			STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME			
LEGAL FEES		435.		0.		0.		
TO FM 990-PF, PG 1, LN 16A		435.		0.			0.	
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC					
ACCOUNTING FEES	- <u>-</u>	1,930.		0.			0.	
TO FORM 990-PF, PG 1, LN 16B		1,930.		0.			0.	
FORM 990-PF		TAX	ES			STATEMENT	4	
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI		
FEDERAL INCOME TAX EXPENSE	68	8,950.		0.			0.	
TO FORM 990-PF, PG 1, LN 18	68	8,950.		0.			0.	
=	<del></del>					<del></del>		

TOTAL TO FORM 990-PF, PART II, LINE 10B

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
DATA PROCESSING MISCELLANEOUS	1,111.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	1,181.		0.			0.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6	
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	т	
CORPORATE SECURITIES DUKE ENERGY SOUTHERN COMMUNITY SCBT BANCSHARES TPREF FUNDING NORTH STATE TELECOMMUNICATION FIRST MARINER BANCORP SPECTRA VALLEY FINANCIAL CORP VIRGINIA BANK BANCSHARES BANK OF AMERICA CORP FIFTH THIRD BANK LYDIAN			9	,036,840. 88,300. 124,643. 172,215. 800,000. 131,310. 49,016. 63,653. 303,010. 82,523. 481,371. 10,989.	9,384,5 220,0 18,7 132,7 2,0 166,0 1,2 153,7 147,0 58,4 661,8	00. 29. 50. 00. 81. 50. 87.	

11,343,870. 10,954,406.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT TRUSTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
FRANK B. HOLDING PO BOX 729 MT OLIVE, NC 28365	5	PRESIDENT 0.00	0.	0.	0.	
WILLIAM H. BRYAN PO BOX 729 MT OLIVE, NC 28365	5	VICE PRESIDENT 0.00	0.	0.	0.	
J. GREY MORGAN PO BOX 729 MT OLIVE, NC 28365	;	VICE PRESIDENT 0.00	0.	0.	0.	
LISA R. SANDERSON PO BOX 729 MT OLIVE, NC 28365	i e	ASSISTANT SECR	ETARY 0.	0.	0.	
DAVID A. BEAN PO BOX 729 MT OLIVE, NC 28365	<b>(</b>	TREASURER 0.00	0.	0.	0.	
JOHN L. HEEDEN PO BOX 729 MT OLIVE, NC 28365		SECRETARY 0.00	0.	0.	0.	
GENETTA B. GOODMAN PO BOX 729 MT OLIVE, NC 28365		ASSISTANT TREAM	SURER 0.	0.	0.	
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	0.	0.	0.	

Form **8868** 

(Rev. January 2012)

## Application for Extension of Time To File an

OMB No 1545-1709

Department of the Treasury

**Exempt Organization Return** 

Internal He	venua Service	File a sepa	arate appi	ication for each return.			
• If you	are filing for an Au	tomatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>→</b> X
If you	are filing for an Ad	ditional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	his form)		
Do not e	complete Part II ui	nless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.	
Electro	nic filing <i>(e-file)</i> , Y	ou can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	e to file (	6 months fo	r a corporation
required	to file Form 990-T)	, or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	868 to reque	est an extension
of time t	o file any of the for	ms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers	Associated '	With Certain
		, which must be sent to the IRS in pap	-				
		click on e-file for Chanties & Nonprofits		·		-	
Part I		ic 3-Month Extension of Time		submit original (no copies ne	eded).		
A corpo	ration required to fi	le Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I on	ily	•					▶ □
All other to file inc	corporations (inclu come tax returns.	iding 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	t an exter	sion of time	l
Type or print	Name of exemp	pt organization or other filer, see instru	ctions.		Employe	r identificati	on number (EIN) or
-	SOUTHER	N BANK FOUNDATION			X	56-20	02871
File by the due date fo filing your		, and room or suite no If a P O box, s	ee instruc	tions.	Social se	cunty numb	
return See instructions	City, town or p	ost office, state, and ZIP code For a fo		lress, see instructions.			<del></del>
	I MOOM I O	LIVE, NC 28365-0729	9				<del></del>
Enter the	e Return code for t	he return that this application is for (file	e a separa	te application for each return)			0 4
Applica	tion	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return
ls For			Code	Is For			Code
Form 99	0	····	01	Form 990-T (corporation)			07
Form 99			02	Form 1041-A			08
Form 99			01	Form 4720			09
Form 99			04	Form 5227	,		10
Form 99	0-T (sec. 401(a) or	408(a) trust)	05	Form 6069			11
	0-T (trust other tha		06	Form 8870			12
		DAVID BEAN		1011110070		··	- 12
• The b	ooks are in the car	e of ▶ 121 EAST MAIN S	STREET	r - MOUNT OLIVE. N	C 283	65	
		9-658-7007		FAX No ▶			
If the	organization does	not have an office or place of business	s in the Ur	nited States, check this box			<b>&gt;</b>
If this	is for a Group Reti	um, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole	group, check this
box 📂		rt of the group, check this box	1	ich a list with the names and EINs of			•
1 Ire	equest an automat	c 3-month (6 months for a corporation					
	AUGUST 15	- 0010		tion return for the organization name		The extensi	on
18	for the organization	a's return for		•			
	X calendar year	2011 or					
▶	tax year begin	nning	, an	d ending			
						<del></del>	
2 If t	he tax year entered  Change in acco	d in line 1 is for less than 12 months, c punting period	heck reas	on. Initial return	Final retu	m	
3a ift	his application is fo	or Form 990-BL, 990-PF, 990-T, 4720 o	or 6069 e	nter the tentative tax less any		J	<del>~~~~</del>
71							17,864.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							<u></u>
		nts made Include any prior year overp	•		3b	\$	24,280.
		ct line 3b from line 3a include your pa					
		tronic Federal Tax Payment System).			3с	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.