

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the **2016** calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH CAROLINA COMMUNITY FOUNDATION		D Employer identification number 58-1661700
	Doing business as		E Telephone number 919-828-4387
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 97,293,582.
	3737 GLENWOOD AVENUE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27612		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JENNIFER TOLLE WHITESIDE SAME AS C ABOVE			H(c) Group exemption number ▶ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.NCCOMMUNITYFOUNDATION.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1986 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NCCF SUSTAINS OVER 1,200 FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	800
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-23,545.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-23,545.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,644,312.	16,583,215.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	253,966.	680,465.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,648,055.	13,714,149.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-648,172.	6,004.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,898,161.	30,983,833.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14,859,362.	9,071,087.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	2,459,638.	2,643,020.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 369,112.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,862,025.	2,216,371.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,181,025.	13,930,478.
19 Revenue less expenses. Subtract line 18 from line 12	-282,864.	17,053,355.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	222,074,947.	246,772,770.
	22 Net assets or fund balances. Subtract line 21 from line 20	25,093,996.	24,590,448.
		196,980,951.	222,182,322.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	JENNIFER TOLLE WHITESIDE, PRESIDENT & CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	AMANDA ADAMS		
Preparer Use Only	Firm's name ▶ CHERRY BEKAERT LLP	Firm's EIN ▶ 56-0574444	Check if self-employed <input type="checkbox"/> PTIN P00748038
	Firm's address ▶ 1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309	Phone no. 404-209-0954	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO INSPIRE NORTH CAROLINIANS TO MAKE LASTING AND MEANINGFUL CONTRIBUTIONS TO THEIR COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,846,300. including grants of \$ 6,006,222.) (Revenue \$) HUMAN SERVICES & PUBLIC AND SOCIETAL BENEFIT: DISBURSED GRANTS TO 1,354 COMMUNITY SERVICE ORGANIZATIONS TO SUPPORT HUMAN SERVICES, HEALTH AND WELLNESS, FAITH BASED PROGRAMS, VOLUNTEERISM, COMMUNITY SERVICE AND ECONOMIC DEVELOPMENT PROGRAMS ACROSS NORTH CAROLINA WITH A FOCUS ON RURAL COMMUNITIES

4b (Code:) (Expenses \$ 3,253,962. including grants of \$ 2,490,858.) (Revenue \$) EDUCATION & SCHOLARSHIPS: DISBURSED GRANTS TO SUPPORT 834 ORGANIZATIONS, INCLUDING LIBRARIES, EDUCATIONAL INSTITUTIONS, AND SCHOLARSHIP PROGRAMS TO ASSIST NORTH CAROLINIANS IN PURSUIT OF THEIR ACADEMIC GOALS. STUDENTS STUDIED A WIDE VARIETY OF SUBJECTS. FOR MORE INFORMATION ABOUT OPPORTUNITIES, APPLICATIONS, AND OUR SELECTION PROCESS, PLEASE VISIT WWW.NCCOMMUNITYFOUNDATION.ORG.

4c (Code:) (Expenses \$ 749,861. including grants of \$ 574,007.) (Revenue \$) ARTS, CULTURE & HUMANITIES: DISBURSED GRANTS TO SUPPORT 205 ORGANIZATIONS IN THE ARTS & HUMANITIES, INCLUDING ARTS COUNCILS, HISTORIC PRESERVATION SOCIETIES, MUSEUMS, AND PERFORMING ARTS PROGRAMS ACROSS NORTH CAROLINA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 543,625. including grants of \$) (Revenue \$ 680,465.)

4e Total program service expenses 12,393,748.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and deductible contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [X] NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: [X] WILSON SIMMONS - 919-828-4387 3737 GLENWOOD AVENUE STE 460, RALEIGH, NC 27612

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BELL BLACK, III CHAIR	1.00	X		X				0.	0.	0.
(2) RODNEY E. MARTIN VICE CHAIR	1.00	X		X				0.	0.	0.
(3) W. TRENT RAGLAND, III TREASURER	1.00	X		X				0.	0.	0.
(4) DEAN E. PAINTER JR. SECRETARY TO 12/31	1.00	X		X				0.	0.	0.
(5) ALEXANDER G. FLOYD SECRETARY FROM 1/1	1.00	X		X				0.	0.	0.
(6) ROBERT L. JONES ASST SEC TO 12/31	1.00	X		X				0.	0.	0.
(7) JUAN AUSTIN DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT E. BARNHILL, JR. DIRECTOR	1.00	X						0.	0.	0.
(9) LAURA BEASLEY DIRECTOR	1.00	X						0.	0.	0.
(10) PETER M. BRISTOW DIRECTOR	1.00	X						0.	0.	0.
(11) BRIAN C. CRUTCHFIELD DIRECTOR	1.00	X						0.	0.	0.
(12) STUART B. DORSETT DIRECTOR	1.00	X						0.	0.	0.
(13) SARAH BELK GAMBRELL DIRECTOR	1.00	X						0.	0.	0.
(14) FRANK B. GIBSON, JR. DIRECTOR	1.00	X						0.	0.	0.
(15) KATHARINE HARRISON HARDIN DIRECTOR	1.00	X						0.	0.	0.
(16) H. KEL LANDIS, III DIRECTOR	1.00	X						0.	0.	0.
(17) JAMES W. NARRON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HILDA PINNIX-RAGLAND DIRECTOR	1.00	X					0.	0.	0.	
(19) KENNETH G. REECE DIRECTOR	1.00	X					0.	0.	0.	
(20) LINDA J. STAUNCH DIRECTOR	1.00	X					0.	0.	0.	
(21) KAREN STIWINTER DIRECTOR	1.00	X					0.	0.	0.	
(22) STEVEN WANGERIN DIRECTOR	1.00	X					0.	0.	0.	
(23) ELIZABETH HOBGOOD WELLONS DIRECTOR	1.00	X					0.	0.	0.	
(24) JOHN W. WILLINGHAM DIRECTOR	1.00	X					0.	0.	0.	
(25) JENNIFER TOLLE WHITESIDE PRESIDENT & CEO	40.00			X			187,647.	0.	24,768.	
(26) DAVID RYAN CFO	40.00			X			121,664.	0.	28,602.	
1b Sub-total							309,311.	0.	53,370.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							309,311.	0.	53,370.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RURAL SUPPORT PARTNERS, 1456 PATTON AVE, SUITE C, ASHEVILLE, NC 28806	CONSULTING	218,604.
MCCABE MESSAGE PTRS, 1825 CONNECTICUT AVE, NW, STE 300, WASHINGTON, DC 20009	PUBLIC RELATIONS	173,600.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	313,763.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,269,452.			
	g Noncash contributions included in lines 1a-1f: \$		4,142,324.			
	h Total. Add lines 1a-1f		16,583,215.			
Program Service Revenue	2 a ADMINISTRATIVE FEES AND OTHER REV	Business Code				
		900099	438,807.	438,807.		
	b NC NETWORK OF GRANTMAKERS	813219	241,658.	241,658.		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		680,465.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,401,896.		-23,545.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
			32,544.			
		b Less: rental expenses		26,376.		
	c Rental income or (loss)		6,168.			
	d Net rental income or (loss)		6,168.		6,168.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			74,435,437.			
		b Less: cost or other basis and sales expenses		66,123,184.		
	c Gain or (loss)		8,312,253.			
	d Net gain or (loss)		8,312,253.		8,312,253.	
8 a Gross income from fundraising events (not including \$ 313,763. of contributions reported on line 1c). See Part IV, line 18	a		160,025.			
	b Less: direct expenses		160,189.			
	c Net income or (loss) from fundraising events		-164.		-164.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		30,983,833.	680,465.	-23,545.	13,743,698.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,060,587.	9,060,587.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	10,500.	10,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	330,653.	196,707.	100,786.	33,160.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,869,660.	1,112,271.	569,887.	187,502.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	353,214.	207,076.	110,433.	35,705.
10 Payroll taxes	89,493.	43,476.	38,411.	7,606.
11 Fees for services (non-employees):				
a Management				
b Legal	22,952.		22,952.	
c Accounting	40,552.		40,552.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	456,000.	456,000.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	196,144.	185,707.	10,437.	
12 Advertising and promotion	27,364.	20,121.	3,946.	3,297.
13 Office expenses	162,666.	73,623.	53,994.	35,049.
14 Information technology	143,671.	83,483.	45,390.	14,798.
15 Royalties				
16 Occupancy	298,148.	163,650.	104,475.	30,023.
17 Travel	106,582.	78,289.	17,461.	10,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,200.	126,806.	12,961.	1,433.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,915.	27,062.	15,630.	5,223.
23 Insurance	20,113.	11,497.	6,474.	2,142.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND OPERATING EXPENSES	514,569.	514,569.		
b DUES & MEMBERSHIPS	27,835.	17,598.	7,895.	2,342.
c GIFTS & HONORARIUMS	4,609.	516.	4,093.	
d _____				
e All other expenses _____	6,051.	4,210.	1,841.	
25 Total functional expenses. Add lines 1 through 24e	13,930,478.	12,393,748.	1,167,618.	369,112.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,926,192.	1	8,237,998.
	2 Savings and temporary cash investments	2,497,500.	2	2,250,000.
	3 Pledges and grants receivable, net	1,414,593.	3	1,588,291.
	4 Accounts receivable, net	67,092.	4	118,390.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	244,248.	9	277,196.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 742,491.		
	b Less: accumulated depreciation	10b 136,919.	10c	605,572.
	11 Investments - publicly traded securities	170,391,599.	11	182,713,850.
	12 Investments - other securities. See Part IV, line 11	35,311,877.	12	46,607,504.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,202,978.	15	4,373,969.
16 Total assets. Add lines 1 through 15 (must equal line 34)	222,074,947.	16	246,772,770.	
Liabilities	17 Accounts payable and accrued expenses	254,423.	17	507,424.
	18 Grants payable	40,762.	18	43,813.
	19 Deferred revenue	723,731.	19	524,417.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	24,012,967.	21	23,455,067.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,113.	25	59,727.
	26 Total liabilities. Add lines 17 through 25	25,093,996.	26	24,590,448.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	183,048,735.	27	207,075,616.
	28 Temporarily restricted net assets	8,358,928.	28	8,171,125.
	29 Permanently restricted net assets	5,573,288.	29	6,935,581.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	196,980,951.	33	222,182,322.	
34 Total liabilities and net assets/fund balances	222,074,947.	34	246,772,770.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,983,833.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,930,478.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,053,355.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	196,980,951.
5	Net unrealized gains (losses) on investments	5	8,179,752.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31,736.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,182,322.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: **NORTH CAROLINA COMMUNITY FOUNDATION**
Employer identification number: **58-1661700**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9919407.	17539706.	44023304.	11644311.	16583215.	99709943.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9919407.	17539706.	44023304.	11644311.	16583215.	99709943.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						38213194.
6 Public support. Subtract line 5 from line 4.						61496749.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	9919407.	17539706.	44023304.	11644311.	16583215.	99709943.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3679565.	3886329.	6343860.	6688931.	5434440.	26033125.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						125743068
12 Gross receipts from related activities, etc. (see instructions)					12	1,043,685.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	48.91 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	47.76 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions		
3	Excess distributions carryover, if any, to 2016:		
a			
b			
c	From 2013		
d	From 2014		
e	From 2015		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2016 distributable amount		
i	Carryover from 2011 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2016 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2016 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		
7	Excess distributions carryover to 2017. Add lines 3j and 4c		
8	Breakdown of line 7:		
a			
b	Excess from 2013		
c	Excess from 2014		
d	Excess from 2015		
e	Excess from 2016		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,697,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,001,784.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>961,693.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>629,534.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 542,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 539,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 429,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	STOCK _____ _____ _____	\$ <u>1,397,357.</u>	<u>12/23/16</u>
6	STOCK _____ _____ _____	\$ <u>629,534.</u>	<u>01/27/17</u>
8	STOCK _____ _____ _____	\$ <u>539,875.</u>	<u>12/01/16</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from 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 ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: NORTH CAROLINA COMMUNITY FOUNDATION; Employer identification number: 58-1661700

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a-1b, 2a-2b) regarding reporting requirements for art and historical treasures, including checkboxes and dollar amount fields.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,138,781.	7,696,094.	7,394,997.	7,341,037.	7,059,846.
b Contributions	1,362,293.	62,880.	62,768.	28,679.	28,940.
c Net investment earnings, gains, and losses	904,049.	-238,062.	602,774.	971,841.	568,405.
d Grants or scholarships				600,000.	
e Other expenditures for facilities and programs	319,886.	310,210.	290,170.	274,460.	247,560.
f Administrative expenses	78,724.	71,921.	74,275.	72,100.	68,594.
g End of year balance	9,006,513.	7,138,781.	7,696,094.	7,394,997.	7,341,037.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 77.01 %
 - c Temporarily restricted endowment 22.99 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,313.	1,579.	2,734.
c Leasehold improvements		251,583.	12,620.	238,963.
d Equipment		486,595.	122,720.	363,875.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				605,572.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BANK COMMON TRUST FUNDS	28,510,911.	END-OF-YEAR MARKET VALUE
(B) INVESTMENTS IN		
(C) PARTNERSHIPS	18,096,593.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	46,607,504.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT INTEREST	
(3) AGREEMENTS	59,727.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,727.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	39,098,532.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	8,179,752.	
	b Donated services and use of facilities	2b	4,200.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-31,736.	
	e Add lines 2a through 2d	2e	8,152,216.	
3	Subtract line 2e from line 1		3	30,946,316.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	37,517.	
	c Add lines 4a and 4b	4c	37,517.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,983,833.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	13,897,161.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	4,200.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	-37,517.	
	e Add lines 2a through 2d	2e	-33,317.	
3	Subtract line 2e from line 1		3	13,930,478.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	13,930,478.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE FOUNDATION HAS ENTERED INTO AGREEMENTS WHEREBY IT ACTS AS AN AGENT, OR AN INTERMEDIARY, ON BEHALF OF A DONOR OR DONEE. THE AGENCY RELATIONSHIP IS ESTABLISHED WHEN THE FOUNDATION HAS RECEIVED ASSETS FROM THE DONOR AND AGREED TO USE OR TRANSFER THOSE ASSETS, THE RETURN ON INVESTMENT OF THOSE ASSETS, OR BOTH TO A GRANTEE BENEFICIARY SPECIFIED BY THE DONOR. THESE INCLUDE ARRANGEMENTS IN WHICH THE FOUNDATION'S BOARD DOES NOT HAVE THE UNILATERAL POWER (I.E., VARIANCE POWER) TO REDIRECT THE USE OF THE TRANSFERRED ASSETS TO ANOTHER BENEFICIARY, OR WHEN THE FOUNDATION RECEIVES ASSETS TRANSFERRED TO THE FOUNDATION BY A NOT-FOR-PROFIT ORGANIZATION THAT SPECIFIES ITSELF AS THE DESIGNATED GRANTEE OF THE FUND OR ENDOWMENT.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC").

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON CSV	17,480.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-49,216.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-31,736.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	-160,189.
RENTAL EXPENSES SHOWN AS AN EXPENSE ON THE FINANCIALS	-26,376.
AGENCY FUNDS FEES	224,082.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	37,517.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	160,189.
RENTAL EXPENSES SHOWN AS AN EXPENSE ON THE FINANCIALS	26,376.
AGENCY FUNDS FEES	-224,082.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-37,517.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC			GRANTS TO RECIPIENTS LOCATED IN REGION		8,500.
NORTH AMERICA			GRANTS TO RECIPIENTS LOCATED IN REGION		2,000.
3 a Sub-total	0	0			10,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,500.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other). Row 1 contains data for 'EAST ASIA AND THE PACIFIC' with an amount of 6,000 and manner of 'CHECK'.

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1
3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOUNDATION HAS PROCEDURES IN PLACE TO MONITOR THE USE OF GRANT FUNDS TO ENSURE GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE. GRANTEES ARE REQUIRED TO FOLLOW UP AND SUBMIT REPORTS REGARDING RECEIPT OF AND USE OF FUNDS.

PART I, LINE 3:

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO REPORT GRANT EXPENDITURES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	PUMPKIN FESTIVAL (event type)	15 (total number)		
Revenue	1	Gross receipts	95,190.	61,225.	317,373.	473,788.
	2	Less: Contributions	78,150.	55,885.	179,728.	313,763.
	3	Gross income (line 1 minus line 2)	17,040.	5,340.	137,645.	160,025.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,942.		6,343.	8,285.
	6	Rent/facility costs	22,749.		74,313.	97,062.
	7	Food and beverages	7,461.		24,373.	31,834.
	8	Entertainment	690.		2,255.	2,945.
	9	Other direct expenses	4,702.		15,361.	20,063.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				160,189.
11	Net income summary. Subtract line 10 from line 3, column (d)				-164.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:
- Name ► _____
- Gaming manager compensation ► \$ _____
- Description of services provided ► _____
- _____
- Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **NORTH CAROLINA COMMUNITY FOUNDATION** Employer identification number **58-1661700**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS DENTAL CARE 125 SOUTH PARK STREET ASHEBORO, NC 27203	56-2152124	501(C)(3)	5,000.	0.			HEALTH
AIDS LEADERSHIP FOOTHILLS-AREA ALLIANCE - 1120 FAIRGROVE CHURCH ROAD SE SUITE 28 - HICKORY, NC 28602	58-1842529	501(C)(3)	11,220.	0.			HEALTH
ALBEMARLE HOPELINE PO BOX 2064 ELIZABETH CITY, NC 27906-2064	56-1352211	501(C)(3)	5,000.	0.			HUMAN SERVICES
AMERICAN CANCER SOCIETY - GREENSBORO CHAPTER - 4A OAK BRANCH DRIVE - GREENSBORO, NC 27407	13-1788491	501(C)(3)	10,100.	0.			HEALTH
AMERICAN HEART ASSOCIATION - MIDATLANTIC - 411 BRADLEY CREEK POINT ROAD - WILMINGTON, NC 28403	13-5613797	501(C)(3)	10,000.	0.			HEALTH
AMERICAN RED CROSS - CAPE FEAR CHAPTER - 1102 S. 16TH STREET - WILMINGTON, NC 28401	53-0196605	501(C)(3)	8,000.	0.			HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 442.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - COASTAL CAROLINA CHAPTER - 233 MIDDLE STREET SUITE 109 - NEW BERN, NC 28563	53-0196605	501(C)(3)	8,330.	0.			HUMAN SERVICES
AMERICAN RED CROSS - GOLDSBORO 600 N. GEORGE STREET GOLDSBORO, NC 27530	53-0196605	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
AMERICAN UNIVERSITY FINANCIAL AID OFFICE ASBURY BUILDING ROOM 200 AMERICAN UNIVERSITY 4400 MASSA	53-0196549	501(C)(3)	6,000.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY FINANCIAL AID OFFICE PO BOX 32059 BOONE, NC 28608	56-1176030	GOVERNMENT	63,180.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32007 - BOONE, NC 28608	23-7099379	501(C)(3)	6,020.	0.			EDUCATION
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT - 306 W. HAYWOOD STREET - ASHEVILLE, NC 28801	06-1642769	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
ARENDELL PARROTT ACADEMY 1901 DOBBS FARM ROAD KINSTON, NC 28503	56-6065129	501(C)(3)	35,670.	0.			EDUCATION
ARTHRITIS FOUNDATION 1355 PEACHTREE STREET NW SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	5,988.	0.			HEALTH
ARTS COUNCIL OF MOORE COUNTY P. O. BOX 405 SOUTHERN PINES, NC 28388	56-1083785	501(C)(3)	17,653.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS COUNCIL OF WILMINGTON AND NEW HANOVER COUNTY - P. O. BOX 1973 - WILMINGTON, NC 28402	56-2277053	501(C)(3)	25,670.	0.			ARTS, CULTURE & HUMANITIES
ARTS OF THE ALBEMARLE 516 EAST MAIN STREET ELIZABETH CITY, NC 27909	58-1392884	501(C)(3)	20,500.	0.			ARTS, CULTURE & HUMANITIES
ASHE COUNTY 4-H 134 GOVERNMENT CIRCLE SUITE 202 JEFFERSON, NC 28640	56-6000274	GOVERNMENT	8,250.	0.			YOUTH DEVELOPMENT
ASHE COUNTY PUBLIC LIBRARY 148 LIBRARY ROAD WEST JEFFERSON, NC 28964-9793	56-0768739	GOVERNMENT	11,890.	0.			EDUCATION
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE ST. AUBURN, AL 36849-5170	63-6022422	501(C)(3)	25,000.	0.			EDUCATION
AUTISM SOCIETY OF NORTH CAROLINA 505 OBERLIN ROAD SUITE 230 RALEIGH, NC 27605	23-7087887	501(C)(3)	7,760.	0.			HUMAN SERVICES
AVERY COUNTY HABITAT FOR HUMANITY P.O. BOX 1016 NEWLAND, NC 28657	56-1826422	501(C)(3)	10,000.	0.			HUMAN SERVICES
BACKPACK BLESSINGS PO BOX 1675 NEW BERN, NC 28563	46-2130254	501(C)(3)	5,000.	0.			HUMAN SERVICES
BANNER ELK CHRISTIAN FELLOWSHIP 140 WOODS LANE BANNER ELK, NC 28604	56-1446243	501(C)(3)	40,000.	0.			RELIGION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTON COLLEGE FINANCIAL AID OFFICE PO BOX 5000 WILSON, NC 27893	56-0529933	501(C)(3)	9,620.	0.			EDUCATION
BEAUFORT HISTORICAL ASSOCIATION 150 TURNER STREET BEAUFORT, NC 28516	56-6075610	501(C)(3)	10,050.	0.			EDUCATION
BERLIN AIRLIFT HISTORICAL FOUNDATION - P.O. BOX 782 - FARMINGDALE, NJ 07727	22-3077587	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
BETHEL UNIVERSITY C/O ATTORNEY W. WOODS DOSTER P. O. SANFORD, NC 27331	62-0548913	501(C)(3)	184,020.	0.			EDUCATION
BHM FOUNDATION, INC. 156 IRONWOOD LANE CLAYTON, NC 27520	47-3952718	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
BIG BROTHERS BIG SISTERS OF WNC 50 SOUTH FRENCH BROAD AVENUE # 213 ASHEVILLE, NC 28801	58-1505917	501(C)(3)	9,000.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA - CAPE FEAR COUNCIL - P. O. BOX 7156 - WILMINGTON, NC 28406	56-0529941	501(C)(3)	8,350.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA, CENTRAL NC COUNCIL - P. O. BOX 250 - ALBEMARLE, NC 28002	56-0532132	501(C)(3)	39,040.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF CLEVELAND COUNTY, INC. - P. O. BOX 2001 - SHELBY, NC 28151-2001	56-0858863	501(C)(3)	9,040.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF EDEN, INC. P. O. BOX 4628 EDEN, NC 27289	56-0711026	501(C)(3)	16,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF ELIZABETH CITY - 306 NORTH ROAD ST. - ELIZABETH CITY, NC 27909	56-0660468	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE TAR RIVER REGION - P. O. BOX 1622 - ROCKY MOUNT, NC 27802	56-0934910	501(C)(3)	17,670.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAKE COUNTY 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501(C)(3)	23,020.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAYNE COUNTY PO BOX 774 GOLDSBORO, NC 27533	56-0706013	501(C)(3)	5,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF COASTAL CAROLINA - P.O. BOX 1514 3321 BRIDGES STREET - MOREHEAD CITY, NC 28557	31-1516947	501(C)(3)	12,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF SANFORD/LEE COUNTY, INC. - 1013 CARTHAGE STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	9,025.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS HOMES OF NC P. O. BOX 127 400 FLEMINGTON DRIVE LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	46,280.	0.			HUMAN SERVICES
BRIGADE BOYS & GIRLS CLUB OF WILMINGTON - 2759 VANCE STREET - WILMINGTON, NC 28412	56-0529939	501(C)(3)	64,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRYSON CITY FOOD PANTRY, INC. P. O. BOX 1661 BRYSON CITY, NC 28713	58-1744280	501(C)(3)	12,713.	0.			HUMAN SERVICES
BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVENUE CODY, WY 82414	83-0180403	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
BUXTON UNITED METHODIST CHURC - CAPE HATTERAS UNITED METHODIST MEN - P.O. BOX 1591 - BUXTON, NC 27920	56-1215425	501(C)(3)	10,920.	0.			PUBLIC & SOCIETAL BENEFIT
CALDWELL ARTS COUNCIL PO BOX 1613 601 SW COLLEGE AVENUE LENOIR, NC 28645	56-1192344	501(C)(3)	6,500.	0.			ARTS, CULTURE & HUMANITIES
CALDWELL COUNTY YOKEFELLOW, INC. P. O. BOX 2422 1602 HARPER AVENUE LENOIR, NC 28645	23-7031955	501(C)(3)	6,500.	0.			HUMAN SERVICES
CALDWELL MEMORIAL HOSPITAL FOUNDATION - PO BOX 1890 321 MULBERRY STREET, SW - LENOIR, NC 28645	58-1935514	501(C)(3)	25,000.	0.			HEALTH
CAMBRIDGE PUBLIC SCHOOLS 159 THORNDIKE STREET CAMBRIDGE, MA 02141	04-6001383	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
CAMERON ART MUSEUM, INC. 3201 SOUTH 17TH STREET WILMINGTON, NC 28412	56-0812213	501(C)(3)	31,000.	0.			ARTS, CULTURE & HUMANITIES
CAMP SEA GULL AND SEAFARER 801 CORPORATE CENTER DRIVE SUITE 20 RALEIGH, NC 27607	56-0591307	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL UNIVERSITY P. O. BOX 97 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	215,530.	0.			EDUCATION
CANN MEMORIAL PRESBYTERIAN CHURCH 311 W. MAIN STREET ELIZABETH CITY, NC 27909	56-1073822	501(C)(3)	20,000.	0.			RELIGION
CAPE FEAR COMMUNITY COLLEGE 411 NORTH FRONT STREET WILMINGTON, NC 28401-3993	56-0792881	GOVERNMENT	7,000.	0.			EDUCATION
CAPE FEAR COMMUNITY COLLEGE FOUNDATION - 411 NORTH FRONT STREET - WILMINGTON, NC 28401	58-1308578	501(C)(3)	60,000.	0.			EDUCATION
CAPE FEAR HABITAT FOR HUMANITY 20 N. 4TH STREET SUITE 200 WILMINGTON, NC 28401	56-1555858	501(C)(3)	40,250.	0.			HUMAN SERVICES
CAROLINA CHRISTIAN RADIO, INC. PO BOX 957 WILMINGTON, NC 28402	56-1785718	501(C)(3)	60,000.	0.			RELIGION
CAROLINA PHILHARMONIC 5 MARKET SQUARE PINEHURST, NC 28374	27-0741753	501(C)(3)	13,190.	0.			ARTS, CULTURE & HUMANITIES
CAROLINA PUBLIC PRESS PO BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
CAROLINA UPLIFT FOUNDATION P. O. BOX 16712 CHARLOTTE, NC 28297	51-0607629	501(C)(3)	5,280.	0.			EDUCATION

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CARR ELEMENTARY SCHOOL 307 S. PINE STREET DALLAS, NC 28034	56-6001032	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
CARTERET COMMUNITY COLLEGE 3505 ARENDELL STREET MOREHEAD CITY, NC 28557	56-0894932	501(C)(3)	11,932.	0.			EDUCATION
CATAWBA COLLEGE OFFICE OF FINANCIAL AID 2300 WEST INNES STREET - SALISBURY, NC 28144	56-0530251	501(C)(3)	5,110.	0.			EDUCATION
CATAWBA COUNTY LIBRARY 115 WEST C STREET NEWTON, NC 28658	56-6001814	GOVERNMENT	7,000.	0.			EDUCATION
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN - PO BOX 3123 - HICKORY, NC 28603	58-2139195	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CATAWBA SCIENCE CENTER 243 3RD AVENUE NE PO BOX 2431 HICKORY, NC 28603	56-1073440	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
CATAWBA VALLEY BEHAVIORAL HEALTHCARE - 327 1ST AVENUE NW - HICKORY, NC 28601	56-2151678	501(C)(3)	9,637.	0.			HEALTH
CATAWBA VALLEY COMMUNITY COLLEGE FINANCIAL AID OFFICE 2550 HIGHWAY 7 HICKORY, NC 28602	56-0792028	GOVERNMENT	51,240.	0.			EDUCATION
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DRIVE - RALEIGH, NC 27613	56-0529943	501(C)(3)	10,920.	0.			HUMAN SERVICES

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CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC., NEW BERN REGIONAL OFFICE - PO BOX 826 502 MIDDLE STREET - NEW BERN, NC	56-0529943	501(C)(3)	5,300.	0.			HEALTH
CENTENARY UNITED METHODIST CHURCH P. O. BOX 1388 NEW BERN, NC 28563	56-0611571	501(C)(3)	8,330.	0.			RELIGION
CENTRAL PARK SCHOOL FOR CHILDREN 724 FOSTER STREET DURHAM, NC 27701	04-3636336	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
CHARLES GEORGE VA MEDICAL CENTER 1100 TUNNEL ROAD ASHEVILLE, NC 28805	56-1853237	GOVERNMENT ENTIT	5,000.	0.			HUMAN SERVICES
CHILDREN FIRST/COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY, INC. - 50 S. FRENCH BROAD AVENUE, SUITE 246 - ASHEVILLE, NC 28801	59-1721943	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CHILDREN'S ADVOCACY CENTER OF CATAWBA COUNTY - 4360 COUNTY HOME ROAD - CONOVER, NC 28613	58-2671252	501(C)(3)	6,000.	0.			HUMAN SERVICES
CHILDREN'S HOPE ALLIANCE P.O. BOX 1 BARIUM SPRINGS, NC 28010	38-3672492	501(C)(3)	8,500.	0.			HUMAN SERVICES
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	56-0554199	501(C)(3)	32,540.	0.			EDUCATION
CITY OF ASHEBORO - FINANCE DEPARTMENT - P. O. BOX 1106 - ASHEBORO, NC 27204	56-6001167	GOVERNMENT	42,527.	0.			ARTS, CULTURE & HUMANITIES

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CITY OF DUNN PARKS & RECREATION P.O. BOX 1065 DUNN, NC 28335		GOVERNMENT	45,000.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF EDEN P.O. BOX 70 EDEN, NC 27289	56-0896097	GOVERNMENT	16,931.	0.			PUBLIC & SOCIETAL BENEFIT
CLAY COUNTY COMMUNITY FOR STUDENTS, INC. - P. O. BOX 642 - HAYESVILLE, NC 28904	56-2087839	501(C)(3)	13,841.	0.			EDUCATION
CLEMSON UNIVERSITY STUDENT FINANCIAL SERVICES, OUTSIDE SCHOLARSHIPS G-08 SIKES HALL, BOX 345307	57-6000254	GOVERNMENT	5,000.	0.			EDUCATION
CLINIC NEPAL, INC. 1837 CHASEWOOD PARK DRIVE MARIETTA, GA 30066	86-1078311	501(C)(3)	6,500.	0.			HEALTH
COASTAL FAMILY CHURCH 106 E. FINCH STREET NAGS HEAD, NC 27959	20-5478855	501(C)(3)	5,000.	0.			RELIGION
COASTAL THERAPEUTIC RIDING PROGRAM 8120 SIDBURY ROAD WILMINGTON, NC 28411	56-2149290	501(C)(3)	5,000.	0.			HUMAN SERVICES
COASTAL WOMEN'S SHELTER, INC. 1333 SOUTH GLENBURNIE ROAD PO BOX 1 NEW BERN, NC 28561	58-1665785	501(C)(3)	5,000.	0.			HUMAN SERVICES
COLLEGE OF CHARLESTON OFFICE OF FINANCIAL ASSISTANCE & VETERANS AFFAIRS 66 GEORGE STREET - CHARLE		GOVERNMENT	5,000.	0.			EDUCATION

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COLLEGE OF THE ALBEMARLE FOUNDATION - PO BOX 2327 - ELIZABETH CITY, NC 27906-2327	58-1399254	501(C)(3)	35,000.	0.			EDUCATION
COLUMBUS BAPTIST ASSOCIATION 208 SOUTH THOMPSON STREET WHITEVILLE, NC 28472	56-0556746	501(C)(3)	11,770.	0.			RELIGION
COMMUNITIES IN SCHOOLS OF CAPE FEAR, INC. - 20 NORTH 4TH STREET SUITE 213 - WILMINGTON, NC 28401	20-3385755	501(C)(3)	42,500.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY - P.O. BOX 624 - BISCOE, NC 27209	56-2617697	501(C)(3)	9,180.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF ROBESON COUNTY - P.O. BOX 706 2006 NORTH PINE STREET - LUMBERTON, NC 28358	56-1792183	501(C)(3)	6,000.	0.			EDUCATION
COMMUNITY & SENIOR SERVICES OF JOHNSTON COUNTY, INC. - 1363 WEST MARKET STREET - SMITHFIELD, NC 27577	56-1034246	501(C)(3)	8,000.	0.			HUMAN SERVICES
COMMUNITY BOYS & GIRLS CLUB PO BOX 1612 901 NIXON STREET WILMINGTON, NC 28402	56-0636247	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
COMMUNITY COALITION AGAINST FAMILY VIOLENCE - DBA PROMISE PLACE 1401 PARK AVENUE - NEW BERN, NC 28560	56-1247967	501(C)(3)	5,988.	0.			HUMAN SERVICES
COMMUNITY COUNCIL FOR THE ARTS 400 NORTH QUEEN STREET PO BOX 3554 KINSTON, NC 28502	56-0842535	501(C)(3)	8,500.	0.			ARTS, CULTURE & HUMANITIES

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COMMUNITY DEVELOPMENT FOUNDATION OF ROCKY MOUNT - 100 COASTLINE STREET SECOND FLOOR - ROCKY MOUNT, NC 27804	58-1427520	501(C)(3)	5,000.	0.			HUMAN SERVICES
COMMUNITY PARTNERS OF HOPE, INC. PO BOX 1791 HENDERSON, NC 27536	27-5202157	501(C)(3)	9,000.	0.			HUMAN SERVICES
CONETOE FAMILY LIFE CENTER P. O. BOX 203 CONETOE, NC 27819	56-2373189	501(C)(3)	18,000.	0.			YOUTH DEVELOPMENT
CONSERVATORY LAB CHARTER SCHOOL 2120 DORCHESTER AVENUE DORCHESTER, MA 02124	04-3443578	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
CONVERTING HEARTS MINISTRIES P. O. BOX 524 CREEDMOOR, NC 27522	26-0546732	501(C)(3)	6,940.	0.			HEALTH
CRAVEN ARTS COUNCIL AND GALLERY P. O. BOX 596 NEW BERN, NC 28563	58-1404792	501(C)(3)	7,988.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN COMMUNITY COLLEGE FOUNDATION - 800 COLLEGE COURT - NEW BERN, NC 28562	59-1718436	501(C)(3)	17,490.	0.			EDUCATION
CRAVEN COUNTY ARTS COUNCIL P. O. BOX 596 NEW BERN, NC 28563	58-1404792	501(C)(3)	10,230.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN COUNTY PARTNERS IN EDUCATION - 3600 TRENT ROAD - NEW BERN, NC 28562	56-1335975	501(C)(3)	37,950.	0.			EDUCATION

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CRAVEN LITERACY COUNCIL 2507-F NEUSE BOULEVARD NEW BERN, NC 28562	58-1728807	501(C)(3)	7,000.	0.			EDUCATION
CROSS TRAIL OUTFITTERS P.O. BOX 9 WANCHESE, NC 27981	45-3812144	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
CUMBERLAND COMMUNITY FOUNDATION P. O. BOX 2345 308 GREEN STREET FAYETTEVILLE, NC 28302	58-1406831	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
CYSTIC FIBROSIS FOUNDATION - NC CHAPTER - 7101 CREEDMOOR ROAD, SUITE 130 - RALEIGH, NC 27613	13-1930701	501(C)(3)	18,000.	0.			HEALTH
DARE COALITION AGAINST SUBSTANCE ABUSE - P.O. BOX 3604 - KILL DEVIL HILLS, NC 27948	52-2459490	501(C)(3)	10,000.	0.			EDUCATION
DARE COUNTY HOSPICE P.O. BOX 669 MANTEO, NC 27954	58-5269034	GOVERNMENT	5,000.	0.			HUMAN SERVICES
DARE COUNTY PARKS AND RECREATION P. O. BOX 1000 MANTEO, NC 27954	56-6000293	GOVERNMENT	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
DIVERSITY NURTURES ACHIEVEMENT COMMUNITY YOUTH CENTER - 104 REVELLE ROAD - WARSAW, NC 28398	47-2573321	501(C)(3)	6,000.	0.			YOUTH DEVELOPMENT
DOMESTIC VIOLENCE SHELTER & SERVICES - P. O. BOX 1555 - WILMINGTON, NC 28402-1555	56-1497076	501(C)(3)	12,000.	0.			HUMAN SERVICES

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DOWN EAST PARTNERSHIP FOR CHILDREN P. O. BOX 1245 215 LEXINGTON STREET ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	6,500.	0.			EDUCATION
DR. JOHN C. PAGE SCHOOL 694 MAIN STREET WEST NEWBURY, MA 01985	04-6006588	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
DREAM HUNT & FISHING PROGRAM 809 WESTWOOD DRIVE ELIZABETH CITY, NC 27909	45-1157607	501(C)(3)	5,000.	0.			HUMAN SERVICES
DREAMS OF WILMINGTON, INC. PO BOX 363 WILMINGTON, NC 28402	56-2001053	501(C)(3)	17,300.	0.			ARTS, CULTURE & HUMANITIES
DUCKS UNLIMITED 2617 FARLOW GAP LANE RALEIGH, NC 27603	13-5643799	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS
DUKE UNIVERSITY CASHIER'S OFFICE PO BOX 90759 DURHAM, NC 27708	56-0532129	501(C)(3)	11,000.	0.			EDUCATION
DUKE UNIVERSITY, ALUMNI AND DEVELOPMENT RECORDS - DUKE UNIVERSITY BOX 90581 - DURHAM, NC 27708-0581	56-0532129	501(C)(3)	8,710.	0.			EDUCATION
DUPLIN CHRISTIAN OUTREACH MINISTRIES - 514 SOUTH NORWOOD STREET PO BOX 1252 - WALLACE, NC 28466	20-1801886	501(C)(3)	7,500.	0.			HUMAN SERVICES
EAST CAROLINA UNIVERSITY OFFICE OF STUDENT FINANCIAL AID - MS 510 2103 OLD CAFETERIA COMPLEX - GREEN	56-6000403	GOVERNMENT	69,110.	0.			EDUCATION

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EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES FOUNDATION INC - 525 MOYE BLVD, MAIL STOP 659 - GREENVILLE, NC 27834	23-7138921	501(C)(3)	25,000.	0.			HEALTH
EAST DUPLIN YOUTH SOCCER PO BOX 806 2992 EAST NC 24 HWY BEULAVILLE, NC 28518	04-3738397	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
EAST SURRY HIGH SCHOOL 801 W. MAIN STREET PILOT MOUNTAIN, NC 27041	56-6001117	GOVERNMENT ENTIT	7,950.	0.			EDUCATION
EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRY, INC. - PO BOX 31 245 EAST N STREET - NEWTON, NC 28658	56-0946753	501(C)(3)	10,000.	0.			HUMAN SERVICES
EASTERN NC SCHOOL FOR THE DEAF 1311 HWY 301 SOUTH WILSON, NC 27893	56-1492826	GOVERNMENT	8,250.	0.			EDUCATION
EDEN DOWNTOWN DEVELOPMENT, INC. 308 EAST STADIUM DRIVE EDEN, NC 27289-0070	26-0635995	501(C)(3)	15,500.	0.			PUBLIC & SOCIETAL BENEFIT
EDEN FAMILY YMCA 301 SOUTH KENNEDY AVENUE EDEN, NC 27288	56-0547468	501(C)(3)	24,500.	0.			RELIGION
EDENTON STREET UNITED METHODIST CHURCH - 228 WEST EDENTON STREET - RALEIGH, NC 27603	56-0547492	501(C)(3)	15,000.	0.			RELIGION
EDGEcombe COUNTY MEMORIAL LIBRARY 909 NORTH MAIN STREET TARBORO, NC 27886	56-6000412	GOVERNMENT	20,510.	0.			EDUCATION

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EDGECOMBE COUNTY PUBLIC SCHOOLS 2311 NORTH MAIN STREET TARBORO, NC 27886	56-6001023	GOVERNMENT	12,460.	0.			EDUCATION
EDUCATION FOUNDATION - ELIZABETH CITY PUBLIC SCHOOLS - PO BOX 2453 - ELIZABETH CITY, NC 27909	56-1715284	501(C)(3)	10,000.	0.			EDUCATION
ELDERHAUS, INC. 2222 SOUTH 17TH STREET WILMINGTON, NC 28401	58-1449301	501(C)(3)	50,000.	0.			HEALTH
ELON UNIVERSITY PO BOX 398 ATTN: BURSAR'S OFFICE ELON, NC 27244	56-0532303	501(C)(3)	5,000.	0.			EDUCATION
ELON UNIVERSITY ATHLETICS - PHOENIX CLUB - 100 CAMPUS DRIVE 2500 CAMPUS BOX - ELON, NC 27244	56-0532303	501(C)(3)	50,000.	0.			EDUCATION
EMMANUEL CONGREGATIONAL CHRISTIAN CHURCH - 1089 WILKINS DRIVE - SANFORD, NC 27330	56-1186936	501(C)(3)	20,700.	0.			RELIGION
EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302	54-0506326	501(C)(3)	17,500.	0.			EDUCATION
EXPLORING JOARA FOUNDATION PO BOX 296 MORGANTON, NC 28680	26-1074825	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
FAMILY CARE CENTER OF CATAWBA VALLEY, INC. - 2875 HIGHLAND AVENUE NE - HICKORY, NC 28601	56-1857334	501(C)(3)	6,848.	0.			HUMAN SERVICES

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FAMILY PROMISE OF MOORE COUNTY PO BOX 1173 ABERDEEN, NC 28315	58-2480637	501(C)(3)	12,500.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 4600 MARRIOTT DR SUITE 120 RALEIGH, NC 27612	44-0610626	501(C)(3)	12,660.	0.			RELIGION
FIRST BAPTIST CHURCH OF SOUTHERN PINES - 200 EAST NEW YORK AVENUE - SOUTHERN PINES, NC 28387	56-0694334	501(C)(3)	5,000.	0.			RELIGION
FIRST PRESBYTERIAN CHURCH 620 WEST AVENUE, NW LENOIR, NC 28645		501(C)(3)	10,000.	0.			RELIGION
FIRST UNITED METHODIST CHURCH OF WILSON - 100 GREEN STREET P. O. BOX 1423 - WILSON, NC 27893	56-0649256	501(C)(3)	13,000.	0.			RELIGION
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT SUITE 206 CHARLOTTESVILLE, VA 22903	20-5744808	501(C)(3)	25,000.	0.			HEALTH
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA, INC. - 1924 CAPITAL BLVD. - RALEIGH, NC 27604	56-1283426	501(C)(3)	25,000.	0.			HUMAN SERVICES
FOOTHILLS CONSERVANCY OF NC PO BOX 3023 MORGANTON, NC 28680	56-1947390	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
FORWARD MOVEMENT 412 SYCAMORE STREET CINCINNATI, OH 45202	13-5562208	501(C)(3)	70,000.	0.			RELIGION

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FOUNDATION OF CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE - PO BOX 600 - LENOIR, NC 28645	23-7212721	501(C)(3)	17,342.	0.			EDUCATION
FRANKIE LEMMON FOUNDATION 3101 POPLARWOOD CR SUITE 100 RALEIGH, NC 27604	56-1572087	501(C)(3)	5,865.	0.			EDUCATION
FRANKIE LEMMON SCHOOL AND DEVELOPMENTAL CENTER - 3311 CARL SANDBURG COURT - RALEIGH, NC 27610	56-0931467	501(C)(3)	12,600.	0.			EDUCATION
FRIEND TO FRIEND 103 MONROE STREET, SUITE 102/105 PO CARTHAGE, NC 28327	58-1779218	501(C)(3)	5,000.	0.			HUMAN SERVICES
FRIENDS OF MADISON COUNTY ANIMALS PO BOX 191 MARSHALL, NC 28753	56-1865702	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF N.C. MARITIME MUSEUMS BEAUFORT - 315 FRONT STREET - BEAUFORT, NC 28516	56-1278009	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
FRIENDS OF THE NEW BERN FIREMEN'S MUSEUM - 420 BROAD STREET - NEW BERN, NC 28560	75-3117297	501(C)(3)	7,000.	0.			ARTS, CULTURE & HUMANITIES
GARDNER WEBB UNIVERSITY P.O. BOX 997 ATTN: BUSINESS OFFICE BOILING SPRINGS, NC 28017	56-0529972	501(C)(3)	5,115.	0.			EDUCATION
GIRL SCOUTS - NORTH CAROLINA COASTAL PINES - 6901 PINECREST ROAD - RALEIGH, NC 27613	56-0791500	501(C)(3)	14,785.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL RIVER CHURCH 4702 SOUTH COLLEGE ROAD WILMINGTON, NC 28412	56-1746056	501(C)(3)	273,000.	0.			RELIGION
GOOD SAMARITAN CLINIC OF JACKSON COUNTY - 293 HOSPITAL ROAD, SUITE B HARRIS MEDICAL PARK - SYLVA, NC 28779	56-2266536	501(C)(3)	5,970.	0.			HEALTH
GOOD SAMARITAN CLINIC OF MORGANTON 305 WEST UNION STREET MORGANTON, NC 28655	56-1939030	501(C)(3)	8,000.	0.			HEALTH
GOOD SHEPHERD MINISTRIES OF WILMINGTON, INC. - 811 MARTIN STREET - WILMINGTON, NC 28401	56-1566178	501(C)(3)	21,000.	0.			HUMAN SERVICES
GRACE CHRISTIAN SCHOOL 520 ROBERTS ROAD NEWPORT, NC 28570	56-0951183	501(C)(3)	5,976.	0.			EDUCATION
GRANDVIEW MIDDLE SCHOOL 451 CATAWBA VALLEY BLVD. SE HICKORY, NC 28602	56-6001049	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
GREATER WILMINGTON YOUTH INITIATIVE - 7040 WRIGHTSVILLE AVENUE SUITE 210 - WILMINGTON, NC 28403	81-1220120	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
GREEN OPPORTUNITIES P.O. BOX 7235 ASHEVILLE, NC 28802	26-4230288	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
GREENE COUNTY INTERFAITH VOLUNTEERS, INC. - P.O. BOX 1041 - SNOW HILL, NC 28580	56-2167138	501(C)(3)	10,920.	0.			HUMAN SERVICES

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GRIFTON SCHOOL 513 EAST MCCRAE STREET GRIFTON, NC 28530	51-1839919	GOVERNMENT ENTIT	7,314.	0.			EDUCATION
GUIDING LIGHTS CAREGIVER SUPPORT CENTER - 3724 NATIONAL DRIVE, SUITE 140 - RALEIGH, NC 27612	80-0555761	501(C)(3)	25,000.	0.			HEALTH
HABITAT FOR HUMANITY - CATAWBA VALLEY, INC. - 772 4TH STREET SW PO BOX 9475 - HICKORY, NC 28603	58-1652358	501(C)(3)	8,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF GOLDSBORO-WAYNE - 131 EAST WALNUT STREET - GOLDSBORO, NC 27530	56-2273434	501(C)(3)	8,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY PITT COUNTY 210 E. 14TH STREET SUITE D GREENVILLE, NC 27858	56-0702710	501(C)(3)	11,583.	0.			HUMAN SERVICES
HARGRAVE MILITARY ACADEMY 200 MILITARY DRIVE CHATHAM, VA 24531	54-0584800	501(C)(3)	20,000.	0.			EDUCATION
HELPING HANDS CLINIC OF CALDWELL COUNTY, INC. - 810 HARPER AVENUE, NW - LENOIR, NC 28645	56-2076541	501(C)(3)	39,350.	0.			HEALTH
HELPMATE INC. P.O. BOX 2263 ASHEVILLE, NC 28802	56-1276293	501(C)(3)	5,000.	0.			HUMAN SERVICES
HENDERSON-VANCE DOWNTOWN DEVELOPMENT COMMISSION, INC. - 217 S. GARNETT STREET PO BOX 1434 - HENDERSON, NC 27536	58-1727589	501(C)(3)	6,680.	0.			PUBLIC & SOCIETAL BENEFIT

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HERITAGE BIBLE COLLEGE P. O. BOX 1628 DUNN, NC 28335	56-1212691	501(C)(3)	13,520.	0.			EDUCATION
HICKORY COMMUNITY THEATRE 30 THIRD STREET NW HICKORY, NC 28601	56-0819493	501(C)(3)	16,010.	0.			ARTS, CULTURE & HUMANITIES
HICKORY MUSEUM OF ART 243 3RD AVENUE NE PO BOX 2572 HICKORY, NC 28601	56-1144769	501(C)(3)	11,500.	0.			ARTS, CULTURE & HUMANITIES
HICKORY SOUP KITCHEN PO BOX 1431 HICKORY, NC 28603	56-1385956	501(C)(3)	10,000.	0.			HUMAN SERVICES
HOMES OF HOPE INDIA - U.S. 1413 HAWTHORNE ROAD WILMINGTON, NC 28403	42-1731241	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT
HOMEWARD BOUND OF WESTERN NORTH CAROLINA - PO BOX 1166 - ASHEVILLE, NC 28802	56-1568917	501(C)(3)	5,000.	0.			HUMAN SERVICES
HOPE MISSION OF CARTERET COUNTY, INC. - 1410 BRIDGES STREET PO BOX 1438 - MOREHEAD CITY, NC 28557	56-1757998	501(C)(3)	5,550.	0.			HUMAN SERVICES
HOSPICE OF ROCKINGHAM COUNTY PO BOX 281 WENTWORTH, NC 27375	58-1737646	501(C)(3)	10,000.	0.			HUMAN SERVICES
IMAGINE NORTH CAROLINA FIRST P.O. BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT

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INDO JAX SURF CHARITIES 8935 TILBURY DRIVE WILMINGTON, NC 28411	45-1600562	501(C)(3)	5,000.	0.			HUMAN SERVICES
INTER-FAITH COUNCIL FOR SOCIAL SERVICES - 110 WEST MAIN STREET - CARRBORO, NC 27510	59-1224041	501(C)(3)	30,000.	0.			HUMAN SERVICES
INTERNATIONAL GAME FISH ASSOCIATION (I.G.F.A) - 300 GULFSTREAM WAY - DANIA BEACH, FL 33004	23-7231048	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
INTERNATIONAL SEAMEN'S SERVICE INC. OF WILMINGTON NC - P. O. BOX 486 - WILMINGTON, NC 28402	56-1038993	501(C)(3)	6,540.	0.			RELIGION
IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501(C)(3)	11,000.	0.			HEALTH
JAMES SPRUNT COMMUNITY COLLEGE PO BOX 398 KENANSVILLE, NC 28349	56-0892755	GOVERNMENT	10,000.	0.			EDUCATION
JAMIE KIRK HAHN FOUNDATION 1053 E. WHITAKER MILL RD. SUITE 115 RALEIGH, NC 27604	46-3306563	501(C)(3)	22,500.	0.			PUBLIC & SOCIETAL BENEFIT
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY 17TH FLOOR - NEW YORK, NY 10004	13-1624240	501(C)(3)	25,000.	0.			HUMAN SERVICES
JOHNSTON COMMUNITY COLLEGE FOUNDATION - P. O. BOX 2350 - SMITHFIELD, NC 27577	58-1663605	501(C)(3)	13,900.	0.			EDUCATION

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JOHNSTON COUNTY HERITAGE CENTER 241 E. MARKET STREET PO BOX 2709 SMITHFIELD, NC 27577	56-6000311	GOVERNMENT	19,500.	0.			ARTS, CULTURE & HUMANITIES
JUVENILE DIABETES RESEARCH FOUNDATION OF THE TRIANGLE - 5510 SIX FORKS ROAD SUITE 107 - RALEIGH, NC 27609	23-1907729	501(C)(3)	25,000.	0.			HEALTH
KENANSVILLE EASTERN MISSIONARY BAPTIST ASSOCIATION (KEMBA) - P.O. BOX 591 - WARSAW, NC 28398	20-1208415	501(C)(3)	5,000.	0.			RELIGION
KIDS MAKING IT 617 CASTLE STREET WILMINGTON, NC 28401	26-1606084	501(C)(3)	12,000.	0.			PUBLIC & SOCIETAL BENEFIT
KIMBALL UNION ACADEMY 64 MAIN STREET MERIDEN, NH 03770	02-0222147	501(C)(3)	10,000.	0.			EDUCATION
LAURINBURG INSTITUTE 125 MCGIRTS BRIDGE ROAD LAURINBURG, NC 28352	56-6010464	501(C)(3)	8,780.	0.			EDUCATION
LEE COUNTY ENRICHMENT CENTER 1615 SOUTH THIRD STREET SANFORD, NC 27330	58-1863088	501(C)(3)	7,860.	0.			HUMAN SERVICES
LEE UNIVERSITY FINANCIAL AID OFFICE P. O. BOX 3450 CLEVELAND, TN 37320	62-0502739	501(C)(3)	6,000.	0.			EDUCATION
LEESVILLE ROAD HIGH SCHOOL PTSA 8410 PRIDE WAY RALEIGH, NC 27613	56-1828273	501(C)(3)	5,170.	0.			EDUCATION

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LENOIR COUNTY UNITED WAY 327 NORTH QUEEN STREET SUITE 112 KINSTON, NC 28501	23-7098805	501(C)(3)	37,500.	0.			PUBLIC & SOCIETAL BENEFIT
LENOIR-RHYNE UNIVERSITY DEVELOPMENT OPERATIONS P. O. BOX 72 HICKORY, NC 28603	56-0556753	501(C)(3)	25,680.	0.			EDUCATION
LIFE LINE PREGNANCY CENTER 4524 FOUNTAIN DRIVE WILMINGTON, NC 28403	58-1634141	501(C)(3)	26,000.	0.			HEALTH
LOWER CAPE FEAR HOSPICE, INC. 1414 PHYSICIAN'S DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	25,000.	0.			HUMAN SERVICES
LUMBERTON CHRISTIAN CARE CENTER P.O. BOX 1712 LUMBERTON, NC 28359	56-1492672	501(C)(3)	5,000.	0.			HUMAN SERVICES
MANNA FOODBANK 627 SWANNANOA RIVER ROAD ASHEVILLE, NC 28805	58-1514800	501(C)(3)	15,000.	0.			HUMAN SERVICES
MARS HILL UNIVERSITY P. O. BOX 370 100 ATHLETIC STREET MARS HILL, NC 28754	56-0554207	501(C)(3)	36,260.	0.			EDUCATION
MD ANDERSON CANCER CENTER 6900 FANNIN STREET 6TH FLOOR HOUSTON, TX 77030		GOVERNMENT ENTIT	10,000.	0.			HEALTH
MEADOWVIEW MAGNET MIDDLE SCHOOL 1282 MCKINNEY ROAD MOUNT AIRY, NC 27030	56-6001117	GOVERNMENT	5,000.	0.			EDUCATION

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MEALS ON WHEELS - WILMINGTON PO BOX 3593 WILMINGTON, NC 28406	58-1973171	501(C)(3)	5,000.	0.			HUMAN SERVICES
MEALS ON WHEELS OF ROCKY MOUNT P.O. BOX 7611 ROCKY MOUNT, NC 27804	56-1214229	501(C)(3)	5,500.	0.			HUMAN SERVICES
MEDIA MATTERS FOR AMERICA 455 MASSACHUSETTS AVENUE, NW SUITE WASHINGTON, DC 20001	47-0928008	501(C)(3)	25,000.	0.			EDUCATION
MEDIATION CENTER OF EASTERN CAROLINA - DUPLIN - 105 EAST HILL STREET PO BOX 981 - KENANSVILLE, NC 28349	56-1669121	501(C)(3)	6,750.	0.			HUMAN SERVICES
MEDICAL FOUNDATION OF NORTH CAROLINA, INC. - 880 MLK JR. BLVD - CHAPEL HILL, NC 27514-2600	56-6057494	501(C)(3)	5,500.	0.			HEALTH
MEMORYCARE 100 FAR HORIZONS LANE ASHEVILLE, NC 28803	56-2178294	501(C)(3)	6,000.	0.			HEALTH
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	18,660.	0.			HEALTH
MERCY SHIPS 15862 STATE HIGHWAY 110 NORTH LINDALE, TX 75771	26-2414132	501(C)(3)	10,000.	0.			HEALTH
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	43,160.	0.			EDUCATION

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METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET RALEIGH, NC 27605	56-0547482	501(C)(3)	20,000.	0.			HUMAN SERVICES
METHODIST UNIVERSITY BUSINESS OFFICE 5400 RAMSEY STREET FAYETTEVILLE, NC 28311-1420	56-0657294	501(C)(3)	21,000.	0.			EDUCATION
MIDDLE COLLEGE HIGH SCHOOL AT DURHAM TECHNICAL COMMUNITY COLLEGE - 1616 COOPER STREET NEWTON BUILDING - DURHAM, NC 27703	56-6001021	GOVERNMENT	5,000.	0.			EDUCATION
MIDDLEBURY COLLEGE STUDENT FINANCIAL SERVICES - SERVICE BUILDING 84 SOUTH SERVICE ROAD - MIDDL	03-0179298	501(C)(3)	8,100.	0.			EDUCATION
MONTGOMERY COMMUNITY COLLEGE FOUNDATION - 1011 PAGE STREET - TROY, NC 27371	56-1834221	501(C)(3)	6,170.	0.			EDUCATION
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, INC. - 404-A NORTH MAIN STREET - TROY, NC 27371	58-2185898	501(C)(3)	16,500.	0.			HUMAN SERVICES
MONTGOMERY COUNTY SCHOOLS - CENTRAL OFFICE - PO BOX 427 441 PAGE STREET - TROY, NC 27371	56-6001076	GOVERNMENT	11,200.	0.			EDUCATION
MOORE COUNTY COMMUNITY BAND DBA MOORE COUNTY CONCERT BAND PO BO PINEHURST, NC 28374	58-1563642	501(C)(3)	8,133.	0.			ARTS, CULTURE & HUMANITIES
MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD, SUITE C SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)	23,240.	0.			HEALTH

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MOUNT OLIVET UNITED METHODIST CHURCH - P. O. BOX 787 300 ANANIAS DARE STREET - MANTEO, NC 27954	56-0567025	501(C)(3)	8,000.	0.			RELIGION
MOUNTAIN MEDIATION SERVICES P.O. BOX 1802 SYLVA, NC 28779	56-1865642	501(C)(3)	7,500.	0.			HUMAN SERVICES
MOUNTAIN VALLEY HOSPICE AND PALLIATIVE CARE - 401 TECHNOLOGY LANE, SUITE 200 - MOUNT AIRY, NC 27030	56-1346589	501(C)(3)	6,700.	0.			HUMAN SERVICES
MURPHEY TRADITIONAL ACADEMY 2306 ONTARIO STREET GREENSBORO, NC 27403	56-6000522	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
MUSCULAR DYSTROPHY ASSOCIATION 110 CINEMA DRIVE SUITE A WILMINGTON, NC 28403	13-1665552	501(C)(3)	5,600.	0.			HEALTH
MUSEUM OF AMERICAN CUT & ENGRAVED GLASS - 218 WHITESIDE MOUNTAIN ROAD - HIGHLANDS, NC 28741-7357	59-3397291	501(C)(3)	18,310.	0.			ARTS, CULTURE & HUMANITIES
NC BAPTIST MEN P.O. BOX 1107 CARY, NC 27512	20-3648746	501(C)(3)	12,960.	0.			HUMAN SERVICES
NC CENTRAL UNIVERSITY FOUNDATION 1801 FAYETTEVILLE STREET DURHAM, NC 27707	23-7410301	501(C)(3)	50,100.	0.			EDUCATION
NC CONFERENCE - UNITED METHODIST CHURCH - 120 SATCHWELL ROAD - GRIMESLAND, NC 27837	56-0727845	501(C)(3)	7,960.	0.			HUMAN SERVICES

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NC UNITED METHODIST CAMPS, INC. - CAMP DON LEE - 700 WATERFIELD RIDGE PLACE - GARNER, NC 27529	56-2138935	501(C)(3)	7,446.	0.			RELIGION
NC VICTIM ASSISTANCE NETWORK 5700 SIX FORKS ROAD, SUITE 101 RALEIGH, NC 27609	56-1525424	501(C)(3)	5,000.	0.			HUMAN SERVICES
NCSU COLLEGE OF AGRICULTURE & LIFE SCIENCES - NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7645 - RALEIGH, NC 27695	56-6049304	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
NEW BERN - CRAVEN COUNTY PUBLIC LIBRARY - 400 JOHNSON STREET - NEW BERN, NC 28560	56-6003019	GOVERNMENT	5,988.	0.			EDUCATION
NEW BERN HISTORICAL SOCIETY FOUNDATION, INC. - 511 BROAD STREET - NEW BERN, NC 28560	56-0897292	501(C)(3)	5,240.	0.			ARTS, CULTURE & HUMANITIES
NEW HANOVER HUMANE SOCIETY INC. 2405 NORTH 23RD STREET WILMINGTON, NC 28401	56-0939608	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION - 2259 SOUTH 17TH STREET - WILMINGTON, NC 28401	56-1752396	501(C)(3)	35,000.	0.			HEALTH
NEW LIFE OF NEW YORK CITY 66 CLINTON STREET NEW YORK, NY 10002	23-7344354	501(C)(3)	5,000.	0.			HUMAN SERVICES
NEWTON CONOVER AUDITORIUM AUTHORITY - PO BOX 1354 - NEWTON, NC 28658	56-1729341	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES

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NORTH CAROLINA A&T STATE UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID 1601 EAST MARKET STREET - GREENSBORO, NC 27411	56-6000007	GOVERNMENT	7,100.	0.			EDUCATION
NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD COURT SUITE 160 RALEIGH, NC 27604	56-1512990	501(C)(3)	20,880.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA BEACH INLET & WATERWAY ASSOCIATION, INC. - P.O. BOX 440 - WRIGHTSVILLE BEACH, NC 28480	56-2110266	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA BEAUTIFUL, INC. 6700 OLD WAKE FOREST ROAD RALEIGH, NC 27616	56-0932528	501(C)(3)	6,560.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 (OCEAN) NEWPORT, NC 28570	58-1494098	501(C)(3)	23,780.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA COASTAL LAND TRUST 131 RACINE DRIVE SUITE 202 WILMINGTON, NC 28403	56-1791849	501(C)(3)	75,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA MUSEUM OF ART FOUNDATION - 4630 MAIL SERVICE CENTER - RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	15,500.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION - 222 NORTH PERSON STREET SUITE 208 - RALEIGH, NC 27601	56-0786947	501(C)(3)	33,020.	0.			HEALTH
NORTH CAROLINA STATE UNIVERSITY FINANCIAL AID OFFICE 2016 HARRIS HALL, BOX 7302 - RALEIGH, NC 27695-7302	56-6000756	GOVERNMENT	102,840.	0.			EDUCATION

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NORTH CAROLINA SYMPHONY 3700 GLENWOOD AVE SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA VETERINARY MEDICAL FOUNDATION INC. - 1060 WILLIAM MOORE DRIVE - RALEIGH, NC 27607	58-1344473	501(C)(3)	25,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA WATERMEN FOUNDATION PO BOX 205 HATTERAS, NC 27943	45-4707385	501(C)(3)	10,000.	0.			HUMAN SERVICES
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BOULEVARD ROCKY MOUNT, NC 27804	56-0686603	501(C)(3)	8,270.	0.			EDUCATION
NORTHERN MOORE FAMILY RESOURCE CENTER - PO BOX 190 - ROBBINS, NC 27325	74-2745041	501(C)(3)	16,000.	0.			HUMAN SERVICES
OASIS, INC. 225 BIRCH STREET BOONE, NC 28607	58-1354169	501(C)(3)	100,000.	0.			HUMAN SERVICES
OCRACOKE UNITED METHODIST CHURCH 71 SCHOOL ROAD OCRACOKE, NC 27960		501(C)(3)	10,920.	0.			RELIGION
OUR VOICE INC. 44 MERRIMON AVENUE SUITE 1 ASHEVILLE, NC 28801	58-1491531	501(C)(3)	5,000.	0.			HUMAN SERVICES
OUTER BANKS PRESERVATION ASSOCIATION - PO BOX 1355 - BUXTON, NC 27920	56-2212562	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS

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PATTERSON SCHOOL FOUNDATION, INC. P. O. BOX 500 PATTERSON, NC 28661-0500	56-1938833	501(C)(3)	10,000.	0.			EDUCATION
PAWS PLACE INC. PO BOX 67 WINNABOW, NC 28479	56-2146059	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
PAWS: PLACING ANIMALS WITHIN SOCIETY - P. O. BOX 1814 - BRYSON CITY, NC 28713	56-1687336	501(C)(3)	8,190.	0.			ENVIRONMENT & ANIMALS
PEACEMAKERS OF ROCKY MOUNT, INC. 1725 DAVIS STREET ROCKY MOUNT, NC 27803	47-2453596	501(C)(3)	14,250.	0.			HUMAN SERVICES
PEMBROKE PUBLIC SCHOOLS 80 LEARNING LANE PEMBROKE, MA 02359	04-6001264	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
PENDER COUNTY HUMANE SOCIETY P.O. BOX 626 BURGAW, NC 28425	56-2023827	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
PENICK VILLAGE FOUNDATION 500 E. RHODE ISLAND AVENUE SOUTHERN PINES, NC 28387	20-1055492	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
PERQUIMANS COUNTY EDUCATION FOUNDATION - 411 EDENTON STREET PO BOX 337 - HERTFORD, NC 27944	55-0788873	501(C)(3)	20,000.	0.			EDUCATION
PHOENIX HOMETOWN HIRES 20 N. FOURTH STREET SUITE 430 WILMINGTON, NC 28401	54-2074778	501(C)(3)	6,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PILOT CLUB OF SOUTH BRUNSWICK ISLANDS, INC. - P.O. BOX 3304 - SHALLOTTE, NC 28459	56-1484188	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
POLK COUNTY HIGH SCHOOL 1681 E. NC 108 HWY COLUMBUS, NC 28722	56-6001098	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
PORT CITY COMMUNITY CHURCH 250 VISION DRIVE WILMINGTON, NC 28412		501(C)(3)	10,000.	0.			RELIGION
POSSUMWOOD ACRES WILDLIFE SANCTUARY - 119 DOE DRIVE - HUBERT, NC 28539	20-0992910	501(C)(3)	13,000.	0.			EDUCATION
PRANCING HORSE, INC. P. O. BOX 327 2 LAKE VISTA LANE SOUTHERN PINES, NC 28388	56-1479794	501(C)(3)	7,650.	0.			HUMAN SERVICES
PRESERVATION NC P. O. BOX 27644 RALEIGH, NC 27611	56-1145386	501(C)(3)	8,890.	0.			ARTS, CULTURE & HUMANITIES
PRETTY IN PINK FOUNDATION 6500 CREEDMOOR ROAD SUITE 106 RALEIGH, NC 27613	20-1162702	501(C)(3)	5,000.	0.			HEALTH
PREVENT BLINDNESS NORTH CAROLINA 4011 WESTCHASE BLVD. SUITE 225 RALEIGH, NC 27607	56-6088141	501(C)(3)	27,540.	0.			HEALTH
PROSPECT HILL ACADEMY PUBLIC CHARTER SCHOOL - 50 ESSEX STREET 3RD FLOOR ADMIN SUITE - CAMBRIDGE, MA 02139	04-3316026	GOVERNMENT ENTIT	5,000.	0.			EDUCATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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PUBLIC RADIO EAST FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562	56-1802728	501(C)(3)	30,038.	0.			ARTS, CULTURE & HUMANITIES
RAEFORD PRESBYTERIAN CHURCH 128 WEST EDINBOROUGH AVENUE P. O. B RAEFORD, NC 28376	56-0562299	501(C)(3)	11,600.	0.			RELIGION
RAFI - USA (RURAL ADVANCEMENT FOUNDATION INTERNATIONAL) - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	5,000.	0.			HUMAN SERVICES
RALEIGH LITTLE THEATRE 301 POGUE STREET RALEIGH, NC 27607	56-0662726	501(C)(3)	18,960.	0.			ARTS, CULTURE & HUMANITIES
RALEIGH WAKE COUNTY DENTAL SOCIETY COMMUNITY DENTAL HEALTH PROGRAM, INC. - 1863 CAPITAL BOULEVARD - RALEIGH, NC 27604	56-2258278	501(C)(3)	5,000.	0.			HEALTH
RAVENS CROFT SCHOOL 7409 FALLS OF NEUSE ROAD RALEIGH, NC 27615-5316	56-6001583	501(C)(3)	117,325.	0.			EDUCATION
REACH OUT AND READ 18 PLOTT DRIVE SYLVA, NC 28779	04-3481253	501(C)(3)	5,690.	0.			EDUCATION
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA, NC 28779	56-1869575	501(C)(3)	321,339.	0.			HUMAN SERVICES
RELIGIOUS COMMUNITY SERVICES 919 GEORGE STREET NEW BERN, NC 28563	58-1553367	501(C)(3)	20,920.	0.			HUMAN SERVICES

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RESCUE MISSION BAPTIST CHURCH 848 BEAVERDAM STREET CANTON, NC 28716	56-2278968	501(C)(3)	12,810.	0.			RELIGION
REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD SUITE 325 RALEIGH, NC 27607	56-6052117	501(C)(3)	15,000.	0.			HEALTH
RIDGECROFT SCHOOL 420 NC HIGHWAY 11 P. O. BOX 1008 AHO SKIE, NC 27910	56-0953943	501(C)(3)	5,220.	0.			EDUCATION
ROBESON COUNTY CHURCH AND COMMUNITY CENTER - 600 W. 5TH STREET - LUMBERTON, NC 28358	56-0943895	501(C)(3)	5,000.	0.			HUMAN SERVICES
ROCKINGHAM COUNTY EDUCATION FOUNDATION - 124 S. SCALES STREET - REIDSVILLE, NC 27320	26-3081973	501(C)(3)	10,000.	0.			EDUCATION
ROCKINGHAM COUNTY HISTORICAL SOCIETY MUSEUM AND ARCHIVES - P.O. BOX 84 - WENTWORTH, NC 27375	23-7057021	501(C)(3)	22,000.	0.			ARTS, CULTURE & HUMANITIES
ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN, INC. - P.O. BOX 325 - WENTWORTH, NC 27375	56-1974269	501(C)(3)	22,500.	0.			EDUCATION
ROCKINGHAM COUNTY TOURISM DEVELOPMENT AUTHORITY - P.O. BOX 66 - WENTWORTH, NC 27375	56-1890225	GOVERNMENT	15,500.	0.			PUBLIC & SOCIETAL BENEFIT
RONES CHAPEL AREA COMMUNITY CENTER (RCACC) - 599 GARNER CHAPEL ROAD - MOUNT OLIVE, NC 28365	81-0686959	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT

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ROWAN-CABARRUS COMMUNITY COLLEGE PO BOX 1595 SALISBURY, NC 28145	56-1731864	501(C)(3)	5,000.	0.			EDUCATION
SAFE HARBOR RESCUE MISSION 210 SECOND STREET, SE HICKORY, NC 28602	57-1215608	501(C)(3)	17,210.	0.			HUMAN SERVICES
SALEM PRESBYTERIAN CHURCH 3554 AVENTS FERRY ROAD SANDFORD, NC 27330		501(C)(3)	5,840.	0.			RELIGION
SALVATION ARMY OF CARTERET COUNTY 1700 ARENDELL STREET MOREHEAD CITY, NC 28557	58-0660607	501(C)(3)	20,250.	0.			HUMAN SERVICES
SALVATION ARMY OF GOLDSBORO 610 NORTH WILLIAM STREET GOLDSBORO, NC 27530	58-0660607	501(C)(3)	7,500.	0.			HUMAN SERVICES
SALVATION ARMY OF RALEIGH 215 S. PERSON STREET PO BOX 27584 RALEIGH, NC 27611-7584	58-0660607	501(C)(3)	5,250.	0.			HUMAN SERVICES
SALVATION ARMY OF THE ELIZABETH CITY - P. O. BOX 1967 602 N. HUGHES BLVD. - ELIZABETH CITY, NC 27909	58-0660607	501(C)(3)	14,119.	0.			HUMAN SERVICES
SALVATION ARMY OF WILMINGTON P. O. BOX 90 820 N. SECOND STREET WILMINGTON, NC 28402	58-0660607	501(C)(3)	6,000.	0.			HUMAN SERVICES
SALVATION ARMY OF WILSON 316 TARBORO STREET WEST WILSON, NC 27893	58-0660607	501(C)(3)	5,920.	0.			HUMAN SERVICES

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SAMPSON COMMUNITY COLLEGE FOUNDATION - P. O. BOX 318 - CLINTON, NC 28329	57-0834646	501(C)(3)	5,320.	0.			EDUCATION
SANDHILLS COMMUNITY COLLEGE FOUNDATION - 3395 AIRPORT ROAD - PINEHURST, NC 28374	56-0946799	501(C)(3)	7,952.	0.			EDUCATION
SANDHILLS-MOORE COALITION FOR HUMAN CARE, INC. - 1500 WEST INDIANA AVENUE - SOUTHERN PINES, NC 28387	56-1522956	501(C)(3)	5,500.	0.			HUMAN SERVICES
SANDWICH STEM ACADEMY SANDWICH HIGH SCHOOL - 365 QUAKER MEETING HOUSE ROAD - EAST SANDWICH, MA 02537	04-6001290	GOVERNMENT	5,000.	0.			EDUCATION
SAVE THE CHILDREN FEDERATION, INC., APPALACHIAN FIELD OFFICE - 126 MAIN STREET - BEREAS, KY 40403	06-0726487	501(C)(3)	275,274.	0.			HUMAN SERVICES
SCIENCE MUSEUMS OF WILSON, INC. 224 NASH STREET E WILSON, NC 27893	56-1638334	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA - 3655 REED STREET - WINSTON-SALEM, NC 27107-5428	58-1457912	501(C)(3)	12,510.	0.			HUMAN SERVICES
SEWANEE, THE UNIVERSITY OF THE SOUTH - OFFICE OF FINANCIAL AID 735 UNIVERSITY AVENUE - SEWANEE, TN 37383	62-0475697	501(C)(3)	5,000.	0.			EDUCATION
SHE ROCKS INC. P.O. BOX 215 WILMINGTON, NC 28402	47-0975678	501(C)(3)	10,000.	0.			HEALTH

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SHORE EDUCATIONAL COLLABORATIVE 100 REVERE BEACH PARKWAY CHELSEA, MA 02150	04-2576002	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
SHRINER'S HOSPITALS FOR CHILDREN P. O. BOX 31356 TAMPA, FL 33631-3356	36-2193608	501(C)(3)	7,478.	0.			HEALTH
SIPE'S ORCHARD HOME 4431 COUNTY HOME ROAD CONOVER, NC 28613	56-0547524	501(C)(3)	23,300.	0.			HUMAN SERVICES
SKYWATCH BIRD RESCUE AND SANCTUARY 3600 LYNN AVENUE CASTLE HAYNE, NC 28429	27-2818014	501(C)(3)	35,000.	0.			ENVIRONMENT & ANIMALS
SMOKY MOUNTAIN COMMUNITY THEATRE PO BOX 1366 BRYSON CITY, NC 28713	56-1548418	501(C)(3)	6,310.	0.			ARTS, CULTURE & HUMANITIES
SOUTHEAST PAMLICO VOLUNTEER FIRE DEPARTMENT - PO BOX 429 - ORIENTAL, NC 28571	56-1922188	501(C)(3)	45,400.	0.			HUMAN SERVICES
SOUTHEASTERN COMMUNITY COLLEGE P.O. BOX 151 WHITEVILLE, NC 28472	56-0815200	GOVERNMENT	8,030.	0.			EDUCATION
SOUTHEASTERN REGIONAL MEDICAL CENTER FOUNDATION - PO BOX 1408 - LUMBERTON, NC 28359	56-1348528	501(C)(3)	5,400.	0.			HEALTH
SOUTHPORT OAK ISLAND ANIMAL RESCUE (S.O.A.R.) - 3376 ST. CHARLES PLACE SE - SOUTHPORT, NC 28461	56-2107507	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS

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ST. EGBERT CATHOLIC SCHOOL 1705 EVANS STREET MOREHEAD CITY, NC 28557	56-0644353	501(C)(3)	12,099.	0.			EDUCATION
ST. JAMES EPISCOPAL CHURCH 806 COLLEGE AVE, SW LENOIR, NC 28645		501(C)(3)	25,000.	0.			RELIGION
ST. JAMES PARISH EPISCOPAL CHURCH 25 SOUTH THIRD STREET WILMINGTON, NC 28401	56-0529986	501(C)(3)	91,500.	0.			RELIGION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38111	62-0646012	501(C)(3)	16,966.	0.			HEALTH
ST. MICHAEL'S EPISCOPAL CHURCH 1520 CANTERBURY ROAD RALEIGH, NC 27608	58-1488885	501(C)(3)	15,228.	0.			HUMAN SERVICES
ST. PAUL'S EPISCOPAL CHURCH OF BEAUFORT - 215 ANN STREET - BEAUFORT, NC 28516-2103	56-0940449	501(C)(3)	60,500.	0.			RELIGION
STAFF HOUSE, INC. P.O. BOX 12661 NEW BERN, NC 28561	56-2555119	501(C)(3)	6,000.	0.			HUMAN SERVICES
STAR PRESBYTERIAN CHURCH PO BOX 697 101 OKEEWEMEE STAR ROAD STAR, NC 27356	56-1389350	501(C)(3)	35,500.	0.			RELIGION
STRENGTHENING THE BLACK FAMILY P. O. BOX 28716 RALEIGH, NC 27611	56-1595345	501(C)(3)	6,500.	0.			HUMAN SERVICES

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SUNSET AVENUE BAPTIST CHURCH 3732 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-1084553	501(C)(3)	5,000.	0.			RELIGION
SURRY ARTS COUNCIL P. O. BOX 141 218 ROCKFORD STREET MOUNT AIRY, NC 27030	56-0932530	501(C)(3)	20,450.	0.			ARTS, CULTURE & HUMANITIES
SWAIN COUNTY CARING CORNER PO BOX 1998 BRYSON CITY, NC 28713	47-2593010	501(C)(3)	8,950.	0.			PUBLIC & SOCIETAL BENEFIT
SWAIN/QUALLA SAFE, INC. PO BOX 1416 BRYSON CITY, NC 28713	56-1454335	501(C)(3)	11,000.	0.			HUMAN SERVICES
SWEET THOUGHTS ALZHEIMERS SUPPORT GROUP - 67 BRYSON AVENUE - BRYSON CITY, NC 28713	86-1083994	501(C)(3)	6,223.	0.			HUMAN SERVICES
SWISS BEAR, INC. PO BOX 597 NEW BERN, NC 28562	56-1255578	501(C)(3)	13,466.	0.			PUBLIC & SOCIETAL BENEFIT
TABOR CITY ELEMENTARY SCHOOL 203 STAKE ROAD TABOR CITY, NC 28463	56-6001012	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
TAMMY LYNN CENTER FOR DEVELOPMENTAL DISABILITIES - 739 CHAPPELL DRIVE - RALEIGH, NC 27606	56-0999619	501(C)(3)	5,000.	0.			HUMAN SERVICES
TARBORO COMMUNITY OUTREACH 701 CEDAR LANE PO BOX 445 TARBORO, NC 27886	56-1557200	501(C)(3)	21,500.	0.			HUMAN SERVICES

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TEACH FOR AMERICA - EASTERN NC 324 BLACKWELL STREET BAY 11, SUITE DURHAM, NC 27701	13-3541913	501(C)(3)	20,000.	0.			EDUCATION
TEMPLE THEATRE 120 CARTHAGE STREET P. O. BOX 1391 SANFORD, NC 27330	58-1468163	501(C)(3)	11,203.	0.			ARTS, CULTURE & HUMANITIES
THE ANGLO-AMERICAN CHARITABLE FOUNDATION - 199 NORTH WOODBURY ROAD SUITE 103 - PITMAN, NJ 08071	43-2031982	501(C)(3)	28,150.	0.			PUBLIC & SOCIETAL BENEFIT
THE ARC OF MOORE COUNTY P. O. BOX 773 673 S. BENNETT STREET SOUTHERN PINES, NC 28388	56-0960343	501(C)(3)	5,000.	0.			HUMAN SERVICES
THE ARC OF WILSON COUNTY 509 NASH STREET WILSON, NC 27893	56-1258325	501(C)(3)	40,230.	0.			HUMAN SERVICES
THE BILLFISH FOUNDATION 5100 N. FEDERAL HWY, SUITE 200 FORT LAUDERDALE, FL 33310	59-2694327	501(C)(3)	20,000.	0.			ENVIRONMENT & ANIMALS
THE CAROUSEL CENTER 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)(3)	5,000.	0.			HUMAN SERVICES
THE CORNER TABLE 122 N MAIN STREET PO BOX 1051 NEWTON, NC 28658	94-3418768	501(C)(3)	6,000.	0.			HUMAN SERVICES
THE EDUCATIONAL FOUNDATION OF CHAPEL HILL - P. O. BOX 2446 - CHAPEL HILL, NC 27515	56-6058412	501(C)(3)	21,500.	0.			EDUCATION

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THE ELIZABETHAN GARDENS, INC. OF THE GARDEN CLUB OF NC - 1411 NATIONAL PARK DRIVE - MANTEO, NC 27954	56-6061040	501(C)(3)	14,200.	0.			ENVIRONMENT & ANIMALS
THE ENRICHMENT CENTER OF LEE COUNTY - 1615 SOUTH 34RD STREET - SANFORD, NC 27330	58-1863088	501(C)(3)	9,953.	0.			HUMAN SERVICES
THE FINE ARTS FESTIVAL ASSOCIATION OF ROCKINGHAM COUNTY - P.O. BOX 1741 - REIDSVILLE, NC 27323	52-1537318	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
THE FOUNDATION OF HOPE FOR RESEARCH & TREATMENT OF MENTAL ILLNESS - 9401 GLENWOOD AVENUE - RALEIGH, NC 27617	56-6246626	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE GENERAL WILLIAM C. LEE MEMORIAL COMMISSION, INC. - P. O. BOX 1111 - DUNN, NC 28335	58-1497383	501(C)(3)	25,750.	0.			ARTS, CULTURE & HUMANITIES
THE HARRELSON CENTER 20 NORTH 4TH STREET SUITE 214 WILMINGTON, NC 28401	20-3598248	501(C)(3)	16,500.	0.			PUBLIC & SOCIETAL BENEFIT
THE HILL CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	15,000.	0.			EDUCATION
THE JESSE HELMS CENTER FOUNDATION, INC. - P. O. BOX 247 - WINGATE, NC 28174-0247	56-1613516	501(C)(3)	49,300.	0.			EDUCATION
THE JOHNSTON MEMORIAL HOSPITAL FOUNDATION - P. O. BOX 1376 509 N. BRIGHT LEAF BOULEVARD - SMITHFIELD, NC 27577	56-1831806	501(C)(3)	13,230.	0.			HEALTH

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THE NATURE CONSERVANCY OF NORTH CAROLINA - 334 BLACKWELL STREET SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	15,119.	0.			ENVIRONMENT & ANIMALS
THE O'NEAL SCHOOL P.O. BOX 290 3300 AIRPORT ROAD SOUTHERN PINES, NC 28388	23-7125932	501(C)(3)	16,430.	0.			EDUCATION
THE RALEIGH SCHOOL 1141 RALEIGH SCHOOL DRIVE RALEIGH, NC 27607	56-0729351	501(C)(3)	10,920.	0.			EDUCATION
THE RURAL ECONOMIC DEVELOPMENT CENTER, INC. - 4021 CARYA DRIVE - RALEIGH, NC 27610	56-1552375	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE SALVATION ARMY BOYS & GIRLS CLUB - P. O. BOX 1167 750 3RD AVENUE PLACE SE - HICKORY, NC 28603	58-0660607	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
THE SALVATION ARMY DIVISION HEADQUARTERS - P. O. BOX 241808 - CHARLOTTE, NC 28224	58-0660607	501(C)(3)	8,330.	0.			HUMAN SERVICES
THE SALVATION ARMY OF LEE COUNTY 507 NORTH STEELE STREET SANFORD, NC 27330	58-0660607	501(C)(3)	11,938.	0.			HUMAN SERVICES
THE SALVATION ARMY SERVING NASH & EDGEcombe COUNTIES - 420 PAUL STREET - ROCKY MOUNT, NC 27803	58-0660607	501(C)(3)	9,270.	0.			HUMAN SERVICES
THE UNIVERSITY OF MOUNT OLIVE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	7,478.	0.			EDUCATION

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THEATRE GUILD OF ROCKINGHAM COUNTY P.O. BOX 2766 REIDSVILLE, NC 27323	56-1856048	501(C)(3)	11,310.	0.			ARTS, CULTURE & HUMANITIES
TOBACCO FARM LIFE MUSEUM 709 NORTH CHURCH STREET P. O. BOX 8 KENLY, NC 27542	58-1544798	501(C)(3)	9,140.	0.			ARTS, CULTURE & HUMANITIES
TOWN OF MAYODAN 210 WEST MAIN STREET MAYODAN, NC 27027	56-6001285	GOVERNMENT ENTIT	25,000.	0.			ENVIRONMENT & ANIMALS
TOWN OF STONEVILLE P.O. BOX 71 101 SMITH STREET STONEVILLE, NC 27048	56-6001346	GOVERNMENT	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	5,000.	0.			HUMAN SERVICES
TRIANGLE COMMUNITY FOUNDATION P. O. BOX 12729 DURHAM, NC 27709	56-1380796	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
TRI-COUNTY INDUSTRIES 1250 ATLANTIC AVENUE ROCKY MOUNT, NC 27801	56-0859662	501(C)(3)	12,700.	0.			HUMAN SERVICES
TRINITY MUSIC ACADEMY 239 NORTH RUSSELL STREET TROY, NC 27371	56-0773370	501(C)(3)	5,900.	0.			EDUCATION
TRINITY UNITED METHODIST CHURCH OF JACKSONVILLE - 301 MARINE BOULEVARD - JACKSONVILLE, NC 28540	56-0660475	501(C)(3)	10,220.	0.			RELIGION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNITED METHODIST CHURCH OF TROY - 239 N. RUSSELL STREET - TROY, NC 27371	56-0773370	501(C)(3)	41,680.	0.			RELIGION
TRINITY UNITED METHODIST CHURCH OF WILMINGTON - 1403 MARKET STREET - WILMINGTON, NC 28401	56-0547467	501(C)(3)	25,000.	0.			RELIGION
TROSA - TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS - 1820 JAMES STREET - DURHAM, NC 27707	56-1861158	501(C)(3)	7,860.	0.			HUMAN SERVICES
TRUE JUSTICE INTERNATIONAL 3113 TRENT ROAD P.O. BOX 14534 NEW BERN, NC 28562	45-5161236	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
TRYON PALACE FOUNDATION, INC. TRYON PALACE HISTORIC SITES 529 S. NEW BERN, NC 28562	56-1795949	501(C)(3)	10,500.	0.			ARTS, CULTURE & HUMANITIES
UNC CHAPEL HILL ARTS & SCIENCES FOUNDATION - 134 EAST FRANKLIN STREET - CHAPEL HILL, NC 27514	56-1150509	501(C)(3)	10,000.	0.			EDUCATION
UNC CHILDREN'S HOSPITAL - PEDIATRIC ONCOLOGY - 88 VILCOM CIRCLE, MACLAMROCH HALL LL100 CAMPUS BOX 7237 - CHAPEL HILL, NC	56-6057494	501(C)(3)	10,000.	0.			HEALTH
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - CAMPUS BOX 7295 - CHAPEL HILL, NC 27599	56-6057494	501(C)(3)	13,000.	0.			HEALTH
UNC-TV 10 TW ALEXANDER DRIVE P. O. BOX 14900 - RESEARCH TRIANGLE PA, NC 27709	56-6172047	GOVERNMENT	30,006.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED ARTS COUNCIL OF CATAWBA COUNTY - 243 THIRD AVENUE, NE BOX 5 - HICKORY, NC 28601	56-6065114	501(C)(3)	6,100.	0.			ARTS, CULTURE & HUMANITIES
UNITED COMMUNITY MINISTRIES P.O. BOX 2624 ROCKY MOUNT, NC 27802	56-1559128	501(C)(3)	7,000.	0.			HUMAN SERVICES
UNITED WAY OF CALDWELL COUNTY PO BOX 1316 304 MAIN STREET, SUITE LENOIR, NC 28645	56-6067038	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY OF ONSLOW COUNTY 403 NORTH BAYSHORE BOULEVARD JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	32,500.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY OF ROBESON COUNTY 2512-A FAYETTEVILLE ROAD P. O. BOX LUMBERTON, NC 28359	58-1636285	501(C)(3)	20,000.	0.			HUMAN SERVICES
UNITED WAY OF WAYNE COUNTY PO BOX 73 301 EAST ASH STREET, SUIT GOLDSBORO, NC 27533	56-0611553	501(C)(3)	15,476.	0.			PUBLIC & SOCIETAL BENEFIT
UNIVERSITY OF ALABAMA SCHOOL OF OPTOMETRY - OFFICE OF STUDENT AFFAIRS 1716 UNIVERSITY BOULEVARD - BIRMINGHAM, AL 35294		GOVERNMENT	6,000.	0.			EDUCATION
UNIVERSITY OF MOUNT OLIVE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	5,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 450 RIDGE ROAD, CB 1400 SUITE 2215, SASB NORTH - CHAPEL HILL, NC 27599-1400	56-6001393	501(C)(3)	59,465.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - CASHIER'S OFFICE 9201 UNIVERSITY CITY BOULEVARD - CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	103,065.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - FINANCIAL AID OFFICE PO BOX 26170 - GREENSBORO, NC 27402	56-6001468	GOVERNMENT	18,320.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT PEMBROKE - 1 UNIVERSITY DRIVE - PEMBROKE, NC 28372	56-6000805	GOVERNMENT	8,010.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 S. COLLEGE ROAD - WILMINGTON, NC 28403-5951	56-1258660	GOVERNMENT	77,310.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS - 1533 SOUTH MAIN STREET - WINSTON-SALEM, NC 27127-2188	56-6064850	501(C)(3)	7,500.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA - COLUMBIA - FINANCIAL AID OFFICE 1714 COLLEGE STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	9,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - P.O. BOX 7726 - CHARLOTTESVILLE, VA 22906	54-6046419	501(C)(3)	10,100.	0.			EDUCATION
UPTOWN BUSINESS AND PROFESSIONAL ASSOCIATION - PO BOX 14182 1230 BROAD STREET - NEW BERN, NC 28561-4182	56-2035673	501(C)(3)	6,000.	0.			EDUCATION
VALLE CRUCIS COMMUNITY PARK, INC. P. O. BOX 581 2892 BROADSTONE ROAD VALLE CRUCIS, NC 28691	56-1503371	501(C)(3)	5,500.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANCE COUNTY SCHOOLS 1724 GRAHAM AVENUE BOX 7001 OXFORD, NC 27565	56-6001124	GOVERNMENT ENTIT	5,000.	0.			EDUCATION
VANCEBORO FARM LIFE ELEMENTARY 2000 FARM LIFE AVENUE VANCEBORO, NC 28586	56-1286861	GOVERNMENT	7,000.	0.			EDUCATION
VIDANT BEAUFORT HOSPITAL 628 EAST 12TH STREET WASHINGTON, NC 27889	56-0675676	501(C)(3)	21,834.	0.			HEALTH
VIDANT WELLNESS CENTER OF WASHINGTON - 1375 COWELL FARM ROAD - WASHINGTON, NC 27889	56-0675676	501(C)(3)	6,970.	0.			HEALTH
VIRGINIA EPISCOPAL SCHOOL 400 V.E.S. ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	5,000.	0.			EDUCATION
VOCATIONAL OPPORTUNITIES OF CHEROKEE, INC. - P. O. BOX 653 - CHEROKEE, NC 28719	56-1059214	501(C)(3)	8,820.	0.			EDUCATION
WAKE FOREST UNIVERSITY, STUDENT FINANCIAL AID - P. O. BOX 7246 - WINSTON-SALEM, NC 27109-7246	56-0532138	501(C)(3)	23,750.	0.			EDUCATION
WAKE TECHNICAL COMMUNITY COLLEGE FOUNDATION - 9101 FAYETTEVILLE ROAD - RALEIGH, NC 27603	23-7017752	501(C)(3)	6,110.	0.			EDUCATION
WAKEMED FOUNDATION 3000 NEW BERN AVENUE RALEIGH, NC 27610	56-1916549	501(C)(3)	27,500.	0.			HEALTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASH AWAY UNEMPLOYMENT, INC. P.O. BOX 12274 NEW BERN, NC 28561	27-2192978	501(C)(3)	5,000.	0.			EDUCATION
WATAUGA HUMANE SOCIETY P. O. BOX 1835 BOONE, NC 28607	23-7128331	501(C)(3)	22,720.	0.			ENVIRONMENT & ANIMALS
WAYNE HEALTH FOUNDATION DBA WATCH 2700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	58-1881912	501(C)(3)	10,000.	0.			HEALTH
WESLEY UNITED METHODIST CHURCH PO BOX 116 RIEGELWOOD, NC 28465		501(C)(3)	30,619.	0.			RELIGION
WEST ROWAN VOLUNTEER FIRE DEPARTMENT - 2840 GRAHAM ROAD - MOUNT ULLA, NC 28125	56-2268561	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
WESTERN CAROLINA UNIVERSITY FINANCIAL AID OFFICE 118 KILLIAN AN CULLOWHEE, NC 28723	56-6001440	GOVERNMENT	45,595.	0.			EDUCATION
WESTERN PIEDMONT SYMPHONY, INC. 243 THIRD AVENUE, NE SUITE 1-N HICKORY, NC 28601	56-1023290	501(C)(3)	8,400.	0.			ARTS, CULTURE & HUMANITIES
WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608	56-0538014	501(C)(3)	9,393.	0.			RELIGION
WHQR - FRIENDS OF PUBLIC RADIO 254 NORTH FRONT STREET THIRD FLOOR WILMINGTON, NC 28401	58-1399301	501(C)(3)	6,100.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILKES EDUCATION FOUNDATION BENSON, BELVINS & ASSOCIATES PLLC PO BOX 1026 - NORTH WILKESBORO, NC 28659	58-1652979	501(C)(3)	10,180.	0.			EDUCATION
WILLIAM PEACE UNIVERSITY 15 EAST PEACE STREET RALEIGH, NC 27604-1194	56-0529988	501(C)(3)	15,000.	0.			EDUCATION
WILMINGTON AREA REBUILDING MINISTRY - 5058 WRIGHTSVILLE AVENUE - WILMINGTON, NC 28403	56-2076795	501(C)(3)	5,000.	0.			HUMAN SERVICES
WILSON COUNTY INTERFAITH SERVICES DBA HOPE STATION 309 GOLDSBORO STRE WILSON, NC 27893	56-1542631	501(C)(3)	6,000.	0.			HUMAN SERVICES
WINGATE UNIVERSITY CAMPUS BOX 3059 WINGATE, NC 28174-0157	56-6049935	501(C)(3)	5,600.	0.			EDUCATION
YADKIN COUNTY 217 E. WILLOW STREET YADKINVILLE, NC 27055	56-6000352	GOVERNMENT ENTIT	8,000.	0.			PUBLIC & SOCIETAL BENEFIT
YMCA OF ALBEMARLE 1240 NORTH ROAD STREET ELIZABETH CITY, NC 27909	54-0445205	501(C)(3)	20,000.	0.			HUMAN SERVICES
YMCA OF NEW BERN-CRAVEN COUNTY 100 YMCA LANE NEW BERN, NC 28560	58-1402035	501(C)(3)	5,000.	0.			HUMAN SERVICES
YMCA OF THE TRIANGLE 801 CORPORATE CENTER DRIVE SUITE 20 RALEIGH, NC 27607	56-0591307	501(C)(3)	68,280.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF WILMINGTON 3825 MARKET STREET UNIT 4 WILMINGTON, NC 28403	56-0532317	501(C)(3)	20,000.	0.			HUMAN SERVICES
YOUNG LIFE - RALEIGH P.O. BOX 6643 RALEIGH, NC 27628	84-0385934	501(C)(3)	5,000.	0.			RELIGION
YWCA OF ASHEVILLE 185 S. FRENCH BROAD AVENUE ASHEVILLE, NC 28801	56-0547476	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
YWCA OF THE LOWER CAPE FEAR INC. 2815 SOUTH COLLEGE ROAD WILMINGTON, NC 28412	56-0556766	501(C)(3)	12,000.	0.			HUMAN SERVICES

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION HAS PROCEDURES IN PLACE TO MONITOR THE USE OF GRANT FUNDS TO ENSURE GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT OTHERWISE DIVERTED FROM THE INTENDED USE. GRANTEES ARE REQUIRED TO FOLLOW UP AND SUBMIT REPORTS REGARDING RECEIPT OF AND USE OF FUNDS. IN THE CASE OF SCHOLARSHIP AWARDS, MONITORING THE USE OF FUNDS INCLUDES VERIFYING ENROLLMENT AND REQUIRING THE SCHOOL TO RETURN A REPORT ACKNOWLEDGING APPROPRIATE DISTRIBUTION OF FUNDS. IN THE CASE OF SCHOLARSHIP RENEWALS, STUDENTS ARE REQUIRED TO SUBMIT TRANSCRIPTS TO DEMONSTRATE SATISFACTORY PERFORMANCE.

Part IV Supplemental Information

RECORDS ARE KEPT TO SUBSTANTIATE GRANTS AND SCHOLARSHIPS, INCLUDING DETAILS OF THE AMOUNTS AWARDED, ELIGIBILITY OF RECIPIENTS, AND SELECTION CRITERIA.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2016

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER TOLLE WHITESIDE PRESIDENT & CEO	(i)	186,567.	0.	1,080.	11,499.	13,269.	212,415.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID RYAN CFO	(i)	121,664.	0.	0.	7,977.	20,625.	150,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NORTH CAROLINA COMMUNITY FOUNDATION** Employer identification number **58-1661700**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,833.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	163	4,134,491.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

IN ACCORDANCE WITH THE FOUNDATION'S GIFT ACCEPTANCE POLICY,
PROFESSIONAL APPRAISERS ARE HIRED TO ASSESS REAL ESTATE VALUES AND
CONTRACTS WITH REAL ESTATE AGENTS FOR MARKETING AND SALE OF ANY DONATED
PROPERTIES. THERE WERE NO DONATED PROPERTIES DURING FISCAL YEAR ENDED
2017.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY NEEDS, NON-PROFIT ORGANIZATIONS, AND SCHOLARSHIPS. THE NCCF
PARTNERS WITH 60 AFFILIATE FOUNDATIONS TO PROVIDE LOCAL RESOURCE
ALLOCATIONS ACROSS NORTH CAROLINA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE NORTH CAROLINA COMMUNITY FOUNDATION SERVES AS FISCAL SPONSOR FOR
THE NORTH CAROLINA NETWORK OF GRANTMAKERS. THE NETWORK IS SUSTAINED BY
GRANTS FROM OTHER FOUNDATIONS, AS WELL AS SERVICE REVENUE. FOR THE
YEAR ENDED MARCH 31, 2017, THE NETWORK GENERATED SERVICE REVENUE OF
\$241,658 FROM MEMBERSHIP INCOME, CONFERENCE/SEMINAR REGISTRATION
PAYMENTS, AND FEE-FOR-SERVICE REVENUE. SEE ATTACHMENT A FOR MORE
INFORMATION ABOUT THE NETWORK.

EXPENSES \$ 543,625. INCLUDING GRANTS OF \$ 0. REVENUE \$ 241,658.

THE NCCF IS PROUD TO PARTNER WITH NONPROFIT ORGANIZATIONS AND
CORPORATIONS THAT SERVE AND SUPPORT COMMUNITIES THROUGHOUT NORTH
CAROLINA. WE HOLD FUNDS AND ADMINISTER GRANTS FOR NONPROFIT
ORGANIZATIONS AND CORPORATE GRANT PROGRAMS THAT SUPPORT NONPROFIT
ORGANIZATIONS IN 67 COUNTIES ACROSS THE STATE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 438,807.

PART III

THE NCCF IS THE SINGLE STATEWIDE COMMUNITY FOUNDATION SERVING NORTH
CAROLINA AND WAS CREATED IN 1988 TO BUILD CAPACITY THROUGH
PHILANTHROPY. THE NCCF ADMINISTERS MORE THAN 1,200 FUNDS ESTABLISHED TO

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PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF OUR DONORS' PHILANTHROPIC GOALS, INCLUDING COMMUNITY NEEDS, NONPROFIT ORGANIZATIONS AND SCHOLARSHIPS. THE NCCF PARTNERS WITH A NETWORK OF AFFILIATE FOUNDATIONS TO PROVIDE LOCAL RESOURCE ALLOCATION AND COMMUNITY ASSISTANCE ACROSS THE STATE, WITH AN EMPHASIS ON RURAL AREAS. AN IMPORTANT COMPONENT OF THE NCCF'S MISSION IS TO ENSURE THAT RURAL PHILANTHROPY HAS A VOICE AT LOCAL, REGIONAL AND NATIONAL LEVELS. FOR MORE INFORMATION, VISIT NCCOMMUNITYFOUNDATION.ORG.

OUR MISSION IS TO: INSPIRE NORTH CAROLINIANS TO MAKE LASTING AND MEANINGFUL CONTRIBUTIONS TO THEIR COMMUNITIES.

WE SUCCEED THROUGH A UNIQUE STATEWIDE NETWORK OF AFFILIATES THAT LEVERAGES THE COLLECTIVE POWER OF LOCAL LEADERSHIP TO EFFECT MEANINGFUL CHANGE THROUGHOUT NORTH CAROLINA.

WE BUILD PARTNERSHIPS TO STRENGTHEN OUR STATE THROUGH MEASURABLE, SUSTAINABLE STRATEGIES THAT BENEFIT ALL CITIZENS.

OUR COMMITMENT TO EXCELLENCE SUPPORTS STEWARDSHIP THROUGH OUR TRANSPARENCY, INTEGRITY AND ACCOUNTABILITY.

FOR DONORS

DURING OUR FISCAL YEAR ENDING MARCH 31, 2017, DONORS GAVE OVER \$20 MILLION TO THE NCCF TO HELP CARRY OUT THEIR CHARITABLE GOALS AND INTENTIONS.

THE NCCF OFFERS ITS DONORS MANY VEHICLES TO HELP THEM ACHIEVE THEIR

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CHARITABLE OBJECTIVES, INCLUDING:

UNRESTRICTED FUNDS

SCHOLARSHIP FUNDS

FIELD OF INTEREST FUNDS

DESIGNATED FUNDS

DONOR-ADVISED FUNDS

NAMED FUNDS

ORGANIZATIONAL ENDOWMENT FUNDS

CORPORATE FUNDS

NCCF OPERATING FUNDS

METHODS OF GIVING CAN INCLUDE CASH GIFTS, SECURITIES, REAL ESTATE, TESTAMENTARY GIFTS, LIFE INSURANCE AND CHARITABLE REMAINDER OR LEAD TRUSTS.

BY POOLING FUNDS AND LEVERAGING THE POWER OF AGGREGATE FUND ADMINISTRATION, THE NCCF ENABLES DONORS TO MAXIMIZE THE IMPACT OF THEIR GIFTS AND ENSURES PERMANENT RESOURCES FOR SPECIFIC CHARITIES AND CAUSES. THE NCCF ALSO HELPS TO ENSURE THAT LOCAL DOLLARS STAY LOCAL.

ADDITIONAL BENEFITS TO NCCF DONORS INCLUDE:

CHOICE

PERMANENCE

TAX DEDUCTIONS

SECURITY

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PUBLIC ACCOUNTABILITYCOMMEMORATIONSIMPLICITY AND CONVENIENCEVALUEFOR COMMUNITIES

AS OF MARCH 31, 2017, THE NCCF PARTNERED WITH A NETWORK OF AFFILIATE FOUNDATIONS TO PROVIDE RESOURCES FOR LOCAL NEEDS ACROSS THE STATE. THESE COMMUNITY AFFILIATES ARE ABLE TO UTILIZE THE LEGAL ENTITY AND ADMINISTRATIVE INFRASTRUCTURE OF THE STATEWIDE NCCF.

COMMUNITY AFFILIATES ARE COMPRISED OF LOCAL ADVISORY BOARD MEMBERS WHOSE PRIMARY ROLES ARE TO INSPIRE LOCAL PHILANTHROPY, CONDUCT GRANTMAKING, AND SERVE AS CATALYSTS AND CONVENERS FOR PRESSING COMMUNITY NEEDS. THE NCCF PROVIDES STAFF SUPPORT, TECHNICAL ASSISTANCE, RECORD-KEEPING AND DATABASE MANAGEMENT AS WELL AS EXPERTISE IN THE AREAS OF INVESTMENTS, LEGAL MATTERS, BOARDSMANSHIP, COMMUNITY LEADERSHIP, MARKETING AND PUBLIC RELATIONS.

WOMEN IN PHILANTHROPY

THROUGH THE ESTABLISHMENT OF GIVING GROUPS AND NETWORKS, WOMEN IN COMMUNITIES ACROSS THE STATE CAN DIRECT THEIR CHARITABLE INTERESTS IN FOCUSED, PURPOSEFUL AND STRATEGIC WAYS. LIKE VOLUNTEERISM, PHILANTHROPY IS A COLLECTIVE ENDEAVOR. HOWEVER, BECAUSE THESE FUNDS ARE MORE STRATEGIC IN APPROACH, THEY ALLOW MEMBERS TO ADDRESS ISSUES AND PROBLEMS AT THE SOURCE.

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THE NCCF CONTINUES ITS LONG HISTORY OF SUPPORTING WOMEN AS
PHILANTHROPISTS AND HAS WORKED TO ESTABLISH WOMEN'S GIVING GROUPS TO
SERVE COMMUNITIES THROUGHOUT THE STATE WHILE CONTINUING TO THE BUILD
THE STATEWIDE WOMEN'S FUND OF NORTH CAROLINA.

NORTH CAROLINA NETWORK OF GRANTMAKERS

THE NORTH CAROLINA NETWORK OF GRANTMAKERS IS A MEMBERSHIP ORGANIZATION
OF FOUNDATIONS, CORPORATE-GIVING PROGRAMS AND DONOR-ADVISED FUNDS THAT
GRANT TO NORTH CAROLINA CHARITABLE CAUSES.

THE NETWORK'S PRIMARY PURPOSES ARE TO SERVE AS A FORUM FOR SHARING
INFORMATION, LESSONS LEARNED AND EXPERIENCES; AND TO FACILITATE
COOPERATION AND COLLABORATION AMONG NORTH CAROLINA GRANTMAKERS. THE
NETWORK HELPS NORTH CAROLINA GRANTMAKERS BUILD CLOSER PEER
RELATIONSHIPS, GAIN A DEEPER UNDERSTANDING OF ISSUES OF IMPORTANCE TO
NORTH CAROLINA, CREATE A BODY OF KNOWLEDGE REGARDING PHILANTHROPIC
ACTIVITY IN THE STATE AND COORDINATE GRANTMAKING EFFORTS. CURRENTLY THE
NETWORK MANAGES PEER GROUPS AROUND EQUITY AND INCLUSION, EDUCATION,
ENVIRONMENT, HEALTH, CORPORATE PHILANTHROPY, COMMUNITY FOUNDATION
PHILANTHROPY AND LEADERSHIP DEVELOPMENT IN COMMUNICATIONS, EMERGING
LEADERS, AND FINANCIAL MANAGEMENT.

FOR MORE INFORMATION

HIGHLIGHTS OF SPECIFIC AFFILIATE PROGRAMS FOR THE YEAR ENDED MARCH 31,
2017, ARE OUTLINED ON OUR WEBSITE AND IN THE NCCF ANNUAL REPORT,
AVAILABLE ONLINE AT WWW.NCCOMMUNITYFOUNDATION.ORG

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FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS MR. H. KEL LANDIS, III AND MR. DEAN E. PAINTER JR. HAVE A BUSINESS RELATIONSHIP UNRELATED TO THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING. A COMPLETE COPY IS MADE AVAILABLE TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED AT LEAST ANNUALLY TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. INDIVIDUALS COVERED UNDER THE CONFLICT OF INTEREST POLICY ARE REQUIRED TO SIGN AN ANNUAL DISCLOSURE STATEMENT. THE FOUNDATION ALSO PROVIDES A CHECKLIST TO HELP IDENTIFY REAL OR POTENTIAL CONFLICTS. DOCUMENTATION IS MAINTAINED OF ACTUAL AND POTENTIAL CONFLICTS. IN THE EVENT A CONFLICT ARISES DURING THE YEAR, THE FOUNDATION'S CONFLICT OF INTEREST POLICY REQUIRES THAT THE INDIVIDUAL NOT PARTICIPATE IN DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION AND ABSTAIN FROM VOTING. IN SOME CIRCUMSTANCES, THE INDIVIDUAL MAY BE ASKED TO LEAVE THE ROOM WHEN THE MATTER IS BEING DISCUSSED. THE CONFLICT IS DOCUMENTED IN THE MINUTES OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE FOUNDATION'S INDEPENDENT EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FOR THE CEO ANNUALLY. THE DECISION ON THE AMOUNT OF COMPENSATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES OF THE FOUNDATION. THE COMPARABILITY DATA IS OBTAINED FROM EXECUTIVE COMPENSATION AMOUNTS REPORTED ON THE IRS 990'S AND NONPROFIT SECTOR COMPENSATION SURVEYS OF SIMILAR SIZED

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FOUNDATIONS. IN ADDITION THE COMPENSATION FOR ALL EMPLOYEES ARE ANNUALLY REVIEWED BASED ON THOSE COMPENSATION SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC IMMEDIATELY UPON REQUEST THROUGH THE FOUNDATION'S OFFICE. SUMMARIZED FINANCIAL STATEMENTS ARE IN THE ANNUAL REPORT WHICH IS WIDELY DISTRIBUTED TO THE PUBLIC VIA MAILINGS AND IS AVAILABLE ON THE FOUNDATION'S WEBSITE AT WWW.NCCOMMUNITYFOUNDATION.ORG.

PART X, COLUMN A

THE PRIOR YEAR COLUMN HAS BEEN REVISED TO REFLECT THE FOUNDATION'S NET ASSETS IN ACCORDANCE WITH ITS AUDITED FINANCIAL STATEMENTS TO EXCLUDE AGENCY FUNDS HELD ON BEHALF OF OTHER NONPROFIT ORGANIZATIONS

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED LOSS ON CSV	17,480.
CHANGE IN VALUE OF SPLIT INTEREST	-49,216.
TOTAL TO FORM 990, PART XI, LINE 9	-31,736.