

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)

2017
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning **APR 1, 2017** and ending **MAR 31, 2018**

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 \$ 167,052,981.	
	3737 GLENWOOD AVENUE	460	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		If "No," attach a list. (see instructions)		
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: NCCF IS THE SINGLE STATEWIDE COMMUNITY FD SERVING NC MAKING MORE THAN \$145 MILLION IN GRANTS		
	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 2017 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	810
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-129,901.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-130,901.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,583,215.	16,433,683.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	680,465.	688,958.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,714,149.	11,453,888.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,004.	-16,815.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,983,833.	28,559,714.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,071,087.	11,820,174.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,643,020.	2,816,972.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	363,600.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,216,371.	2,215,644.
19 Revenue less expenses. Subtract line 18 from line 12	13,930,478.	16,852,790.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,053,355.	11,706,924.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	246,772,770.	270,477,243.
		24,590,448.	28,460,351.
		222,182,322.	242,016,892.

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	Check if self-employed <input type="checkbox"/>	PTIN
	AMANDA ADAMS				P00748038
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CHERRY BEKAERT LLP	56-0574444		404-209-0954	
	Firm's address 1075 PEACHTREE STREET NE, SUITE 2200 ATLANTA, GA 30309				

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 \$ 9,788,694. including grants of \$ 8,019,461.) (Revenue \$) HUMAN SERVICES & PUBLIC AND SOCIETAL BENEFIT: DISBURSED 1,205 GRANTS TO COMMUNITY SERVICE ORGANIZATIONS TO SUPPORT HUMAN SERVICES, HEALTH AND WELLNESS, FAITH BASED PROGRAMS, VOLUNTEERISM, COMMUNITY SERVICE AND ECONOMIC DEVELOPMENT PROGRAMS WITH A FOCUS ON RURAL COMMUNITIES.

4b (Code:) (Expenses \$ 3,435,476. including grants of \$ 2,814,539.) (Revenue \$) EDUCATION & SCHOLARSHIPS: DISBURSED 792 GRANTS TO ASSIST NORTH CAROLINIANS IN PURSUIT OF THEIR ACADEMIC GOALS AT VARIOUS ORGANIZATIONS INCLUDING LIBRARIES AND EDUCATIONAL INSTITUTIONS. 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 \$ 1,203,741. including grants of \$ 986,174.) (Revenue \$) ARTS, CULTURE & HUMANITIES: DISBURSED 212 GRANTS TO SUPPORT ORGANIZATIONS IN THE ARTS AND HUMANITIES, INCLUDING ARTS COUNCILS, HISTORIC PRESERVATION SOCIETIES, MUSEUMS, AND PERFORMING ARTS PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 655,153. including grants of \$) (Revenue \$ 688,958.)

4e Total program service expenses 15,083,064.

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 line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	20	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			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	
8a		X	
8b		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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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	
10b		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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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	
15a		X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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
b	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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ 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.
 Own website Another's website 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: **▶**
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) ALEXANDER G. FLOYD SECRETARY	1.00	X		X			0.	0.	0.	
(5) JUAN AUSTIN DIRECTOR	1.00	X					0.	0.	0.	
(6) ROBERT E. BARNHILL, JR. DIRECTOR	1.00	X					0.	0.	0.	
(7) LAURA BEASLEY DIRECTOR	1.00	X					0.	0.	0.	
(8) PETER M. BRISTOW DIRECTOR	1.00	X					0.	0.	0.	
(9) STUART B. DORSETT DIRECTOR	1.00	X					0.	0.	0.	
(10) FRANK B. GIBSON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(11) KATHERINE H. HARDIN DIRECTOR	1.00	X					0.	0.	0.	
(12) H. KEL LANDIS, III DIRECTOR	1.00	X					0.	0.	0.	
(13) JAMES W. NARRON DIRECTOR	1.00	X					0.	0.	0.	
(14) HILDA PINNIX-RAGLAND DIRECTOR	1.00	X					0.	0.	0.	
(15) KENNETH G. REECE DIRECTOR	1.00	X					0.	0.	0.	
(16) LINDA J. STAUNCH DIRECTOR	1.00	X					0.	0.	0.	
(17) KAREN STIWINTER 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) STEVEN WANGERIN DIRECTOR	1.00	X					0.	0.	0.	
(19) ELIZABETH HOBGOOD WELLONS DIRECTOR	1.00	X					0.	0.	0.	
(20) JOHN W. WILLINGHAM DIRECTOR	1.00	X					0.	0.	0.	
(21) JENNIFER TOLLE WHITESIDE PRESIDENT & CEO	40.00			X			187,597.	0.	25,255.	
(22) WILSON SIMMONS CFO	40.00			X			73,545.	0.	8,773.	
(23) ELIZABETH JENKINS VP FOR DEVELOPMENT	40.00				X		102,377.	0.	17,902.	
1b Sub-total							363,519.	0.	51,930.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							363,519.	0.	51,930.	

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	220,920.
MCCABE MESSAGE PTRS, 1825 CONNECTICUT AVE, NW, STE 300, WASHINGTON, DC 20009	PUBLIC RELATIONS	183,548.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	271,551.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,162,132.				
	g Noncash contributions included in lines 1a-1f: \$		4,297,318.				
	h Total. Add lines 1a-1f		16,433,683.				
Program Service Revenue	2 a ADMINISTRATIVE FEES AND OTHER REV	Business Code	900099	399,169.	399,169.		
	b NC NETWORK OF GRANTMAKERS		900099	289,789.	289,789.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		688,958.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,293,826.		-130,970.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real		5,000.			
		(ii) Personal					
		b Less: rental expenses		2,863.			
		c Rental income or (loss)		2,137.			
	d Net rental income or (loss)			2,137.		2,137.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities		144,452,101.			
		(ii) Other					
		b Less: cost or other basis and sales expenses		138,292,039.			
		c Gain or (loss)		6,160,062.			
	d Net gain or (loss)			6,160,062.		1,069.	
	8 a Gross income from fundraising events (not including \$ 271,551. of contributions reported on line 1c). See Part IV, line 18	a		179,413.			
		b Less: direct expenses		198,365.			
c Net income or (loss) from fundraising events				-18,952.		-18,952.	
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.			28,559,714.	688,958.	-129,901.	11,566,974.	

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	11,796,174.	11,796,174.		
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	24,000.	24,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	307,059.	176,805.	101,698.	28,556.
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	1,973,155.	1,136,141.	653,512.	183,502.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	131,049.	75,458.	43,403.	12,188.
9 Other employee benefits	240,095.	138,247.	79,519.	22,329.
10 Payroll taxes	165,614.	95,361.	54,851.	15,402.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,421.		43,421.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	555,985.	555,985.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	236,797.	127,502.	109,295.	
12 Advertising and promotion	72,052.	27,312.	26,464.	18,276.
13 Office expenses	97,800.	51,957.	37,452.	8,391.
14 Information technology	163,519.	94,155.	54,157.	15,207.
15 Royalties				
16 Occupancy	392,856.	227,855.	128,199.	36,802.
17 Travel	93,451.	69,278.	15,396.	8,777.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	155,751.	143,486.	10,001.	2,264.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,437.	49,194.	28,297.	7,946.
23 Insurance	19,448.	11,198.	6,441.	1,809.
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	269,641.	269,641.		
b DUES & MEMBERSHIPS	23,125.	13,315.	7,659.	2,151.
c GIFTS & HONORARIUMS	6,361.		6,361.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	16,852,790.	15,083,064.	1,406,126.	363,600.
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	8,237,998.	1	10,323,866.
	2 Savings and temporary cash investments	2,250,000.	2	2,000,000.
	3 Pledges and grants receivable, net	1,588,291.	3	1,366,914.
	4 Accounts receivable, net	118,390.	4	87,590.
	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	277,196.	9	309,266.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 748,184.		
	b Less: accumulated depreciation	10b 221,284.	10c	526,900.
	11 Investments - publicly traded securities	182,713,850.	11	231,921,341.
	12 Investments - other securities. See Part IV, line 11	46,607,504.	12	20,631,844.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,373,969.	15	3,309,522.
16 Total assets. Add lines 1 through 15 (must equal line 34)	246,772,770.	16	270,477,243.	
Liabilities	17 Accounts payable and accrued expenses	507,424.	17	380,773.
	18 Grants payable	43,813.	18	38,500.
	19 Deferred revenue	524,417.	19	488,050.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	23,455,067.	21	27,495,732.
	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	59,727.	25	57,296.
	26 Total liabilities. Add lines 17 through 25	24,590,448.	26	28,460,351.
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	207,075,616.	27	227,343,766.
	28 Temporarily restricted net assets	8,171,125.	28	7,490,110.
	29 Permanently restricted net assets	6,935,581.	29	7,183,016.
	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	222,182,322.	33	242,016,892.	
34 Total liabilities and net assets/fund balances	246,772,770.	34	270,477,243.	

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	28,559,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,852,790.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,706,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,182,322.
5	Net unrealized gains (losses) on investments	5	7,956,748.
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	170,898.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	242,016,892.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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?
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?
- b** 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
NORTH CAROLINA COMMUNITY FOUNDATION	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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17539706.	44023304.	11644311.	16583215.	16433683.	106224219
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	17539706.	44023304.	11644311.	16583215.	16433683.	106224219
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)						19269664.
6 Public support. Subtract line 5 from line 4.						86954555.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	17539706.	44023304.	11644311.	16583215.	16433683.	106224219
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3886329.	6343860.	6688931.	5434440.	5298826.	27652386.
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						133876605
12 Gross receipts from related activities, etc. (see instructions)					12	2,395,328.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	64.95 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	48.91 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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) (2017)

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	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>706,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" 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 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	_____ _____ _____	\$ 482,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 376,578.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 2,009,599.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
8	STOCK _____ _____ _____	\$ <u>112,480.</u>	<u>05/02/17</u>
8	STOCK _____ _____ _____	\$ <u>26,194.</u>	<u>02/20/18</u>
8	STOCK _____ _____ _____	\$ <u>116,620.</u>	<u>09/19/17</u>
8	STOCK _____ _____ _____	\$ <u>40,271.</u>	<u>12/04/17</u>
8	STOCK _____ _____ _____	\$ <u>81,013.</u>	<u>02/21/18</u>
9	STOCK _____ _____ _____	\$ <u>2,009,599.</u>	<u>06/19/17</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)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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 held at the end of the tax year, 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, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

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	9,006,513.	7,138,781.	7,696,094.	7,394,997.	7,341,037.
b Contributions	247,011.	1,362,293.	62,880.	62,768.	28,679.
c Net investment earnings, gains, and losses	888,560.	904,049.	-238,062.	602,774.	971,841.
d Grants or scholarships					600,000.
e Other expenditures for facilities and programs	332,306.	319,886.	310,210.	290,170.	274,460.
f Administrative expenses	98,641.	78,724.	71,921.	74,275.	72,100.
g End of year balance	9,711,137.	9,006,513.	7,138,781.	7,696,094.	7,394,997.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 73.97 %
- c Temporarily restricted endowment 26.03 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.	1,712.	2,601.
c Leasehold improvements		257,773.	36,890.	220,883.
d Equipment		486,098.	182,682.	303,416.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 526,900.

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) INVESTMENTS IN LIMITED		
(B) LIABILITY ENTITIES	20,631,844.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	20,631,844.	

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	57,296.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	57,296.

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	36,643,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,956,749.	
b	Donated services and use of facilities	2b	4,200.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	170,897.	
e	Add lines 2a through 2d	2e		8,131,846.
3	Subtract line 2e from line 1	3		28,511,431.
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	48,283.	
c	Add lines 4a and 4b	4c		48,283.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		28,559,714.

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	16,808,707.
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	-48,283.	
e	Add lines 2a through 2d	2e		-44,083.
3	Subtract line 2e from line 1	3		16,852,790.
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		16,852,790.

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 RECOGNIZES A LIABILITY FOR FUNDS CONTRIBUTED BY AND HELD FOR THE SOLE BENEFIT OF A NON-PROFIT ORGANIZATION, OR WHEN THE FOUNDATION ENTERS INTO AN ARRANGEMENT TO SERVE AS AN AGENT OR INTERMEDIARY OF THE CONTRIBUTOR.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS CONSIST OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF CHARITABLE PURPOSES. THE ENDOWMENT FUNDS CONSIST SOLELY OF DONOR-RESTRICTED ENDOWMENT FUNDS AS THERE ARE NO FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS AS OF THE END OF THE YEAR.

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/(LOSS) ON CSV	-3,670.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	176,609.
PLEDGE VALUE ADJUSTMENTS	-2,042.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	170,897.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS FEES	249,511.
DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	-198,365.
RENTAL EXPENSES SHOWN AS AN EXPENSE ON THE FINANCIALS	-2,863.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	48,283.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	198,365.
AGENCY FUNDS FEES	-249,511.
RENTAL EXPENSES SHOWN AS AN EXPENSE ON THE FINANCIALS	2,863.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-48,283.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		22,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,000.
3 a Sub-total	0	0			24,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			24,000.

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.

1 (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)
		EAST ASIA AND THE PACIFIC	ORGANIZATIONAL ACTIVITIES	17,000.	CHECK	0.		

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 **1**

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; don't 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; don't 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.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

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)	CHARITY BALL (event type)	21 (total number)		
Revenue	1	Gross receipts	85,679.	76,006.	289,279.	450,964.
	2	Less: Contributions	67,618.	44,471.	159,462.	271,551.
	3	Gross income (line 1 minus line 2)	18,061.	31,535.	129,817.	179,413.
Direct Expenses	4	Cash prizes			960.	960.
	5	Noncash prizes	3,959.		2,695.	6,654.
	6	Rent/facility costs	13,376.	36,310.	37,545.	87,231.
	7	Food and beverages	10,476.		44,977.	55,453.
	8	Entertainment		7,220.	2,468.	9,688.
	9	Other direct expenses	3,298.	6,041.	29,040.	38,379.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				198,365.
11	Net income summary. Subtract line 10 from line 3, column (d)				-18,952.	

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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
957 MOBILE CAFE PO BOX 95 TAYLORSVILLE, NC 28681	47-4706580	501(C)(3)	7,500.	0.			HUMAN SERVICES
ACTS OF VANCE COUNTY, INC. 305 SOUTH CHESTNUT STREET HENDERSON, NC 27536	58-1846297	501(C)(3)	5,000.	0.			HUMAN SERVICES
AGING DISABILITY AND TRANSIT SERVICES OF ROCKINGHAM COUNTY - PO BOX 1915 - REIDSVILLE, NC 27323	56-1480312	501(C)(3)	5,000.	0.			HUMAN SERVICES
AIDS LEADERSHIP FOOTHILLS-AREA ALLIANCE - 1120 FAIRGROVE CHURCH ROAD SE, SUITE 28 - HICKORY, NC 28602	58-1842529	501(C)(3)	12,200.	0.			HEALTH
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - 512 SOUTH CHURCH STREET, PO BOX 646 - HERTFORD, NC 27944	26-2495965	501(C)(3)	7,940.	0.			HUMAN SERVICES
ALBEMARLE HOPELINE PO BOX 2064 ELIZABETH CITY, NC 27906-2064	56-1352211	501(C)(3)	10,000.	0.			HUMAN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **408.**

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

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

Schedule I (Form 990) (2017)

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
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN - PO BOX 1661, 1565 NC HWY 90 W - TAYLORSVILLE, NC 28681	56-1995412	501(C)(3)	9,725.	0.			HUMAN SERVICES
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION - 224 SUNNYBROOK ROAD - RALEIGH, NC 27610	56-1500678	501(C)(3)	17,470.	0.			HEALTH
AMERICAN CANCER SOCIETY - GREENSBORO CHAPTER - 4A OAK BRANCH DRIVE - GREENSBORO, NC 27407	13-1788491	501(C)(3)	10,000.	0.			HEALTH
AMERICAN CANCER SOCIETY - SOUTH ATLANTIC DIVISION - 2202 WRIGHTSVILLE AVENUE, SUITE 111 - WILMINGTON, NC 28403	13-1788491	501(C)(3)	17,470.	0.			HEALTH
AMERICAN HEART ASSOCIATION - MIDATLANTIC - 411 BRADLEY CREEK POINT ROAD - WILMINGTON, NC 28403	13-5613797	501(C)(3)	10,000.	0.			HEALTH
AMERICAN UNIVERSITY- FINANCIAL AID OFFICE - ASBURY BUILDING, ROOM 200, 4400 MASSACHUSETTS AVENUE, NW - WASHINGTON, DC 20016	53-0196549	501(C)(3)	6,000.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY FINANCIAL AID OFFICE, PO BOX 32059 BOONE, NC 28608	56-1176030	GOVERNMENT	59,943.	0.			EDUCATION
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT - 306 W. HAYWOOD STREET - ASHEVILLE, NC 28801	06-1642769	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
AREA CONGREGATIONS IN MINISTRY PO BOX 398 OXFORD, NC 27565	56-1558737	501(C)(3)	6,000.	0.			HUMAN SERVICES

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
ARTHRITIS FOUNDATION 1355 PEACHTREE STREET NW, SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	15,892.	0.			HEALTH
ARTS COUNCIL OF MOORE COUNTY PO BOX 405 SOUTHERN PINES, NC 28388	56-1083785	501(C)(3)	9,849.	0.			ARTS, CULTURE & HUMANITIES
ARTS COUNCIL OF WILMINGTON AND NEW HANOVER COUNTY - PO BOX 1973 - WILMINGTON, NC 28402	56-2277053	501(C)(3)	22,480.	0.			ARTS, CULTURE & HUMANITIES
ARTS OF THE ALBEMARLE 516 EAST MAIN STREET ELIZABETH CITY, NC 27909	58-1392884	501(C)(3)	18,000.	0.			ARTS, CULTURE & HUMANITIES
ASSISTANCE LEAGUE OF GREATER WILMINGTON - 420 EASTWOOD ROAD, UNIT 107 - WILMINGTON, NC 28403	26-2239537	501(C)(3)	7,900.	0.			HUMAN SERVICES
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 5121 KINGDOM WAY, SUITE 100 RALEIGH, NC 27607	23-7087887	501(C)(3)	6,073.	0.			HUMAN SERVICES
AVERY COUNTY HABITAT FOR HUMANITY PO BOX 1016 NEWLAND, NC 28657	56-1826422	501(C)(3)	10,500.	0.			HUMAN SERVICES
BACKPACK BLESSINGS PO BOX 1675 NEW BERN, NC 28563	46-2130254	501(C)(3)	5,000.	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
BANNER ELK CHRISTIAN FELLOWSHIP 140 WOODS LANE BANNER ELK, NC 28604	56-1446243	501(C)(3)	10,000.	0.			RELIGION
BARTON COLLEGE FINANCIAL AID OFFICE, PO BOX 5000 WILSON, NC 27893	56-0529933	501(C)(3)	11,580.	0.			EDUCATION
BEANSTALK COMMUNITY THEATRE PO BOX 1068 BOONE, NC 28607	46-1242133	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
BEAUFORT HISTORICAL ASSOCIATION 150 TURNER STREET BEAUFORT, NC 28516	56-6075610	501(C)(3)	9,060.	0.			ARTS, CULTURE & HUMANITIES
BERLIN AIRLIFT HISTORICAL FOUNDATION - PO BOX 782 - FARMINGDALE, NJ 07727	22-3077587	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
BETHEL UNIVERSITY, C/O ATTORNEY NORMAN C. POST, JR. - P O BOX 1320 - SANFORD, NC 27331	62-0548913	501(C)(3)	91,270.	0.			EDUCATION
BLUE STAR MOTHERS OF AMERICA PO BOX 1550 MANTEO, NC 27954	26-2402870	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
BOY SCOUTS OF AMERICA - CAPE FEAR COUNCIL - PO BOX 7156 - WILMINGTON, NC 28406	56-0529941	501(C)(3)	7,500.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA, CENTRAL NC COUNCIL - PO BOX 250 - ALBEMARLE, NC 28002	56-0532132	501(C)(3)	28,210.	0.			YOUTH DEVELOPMENT

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 ELIZABETH CITY - 306 NORTH ROAD ST. - ELIZABETH CITY, NC 27909	56-0660468	501(C)(3)	11,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF LUMBERTON, NC 1310 N. SENECA ST LUMBERTON, NC 28358	56-1943784	501(C)(3)	7,120.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE TAR RIVER REGION - PO BOX 1622 - ROCKY MOUNT, NC 27802	56-0934910	501(C)(3)	10,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAKE COUNTY 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501(C)(3)	25,040.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF CENTRAL CAROLINA - 1013 CARTHAGE STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	6,155.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF COASTAL CAROLINA - PO BOX 1514 3321 BRIDGES STREET - MOREHEAD CITY, NC 28557	31-1516947	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS HOMES OF NC PO BOX 127 400 FLEMINGTON DRIVE LA WACCAMAW, NC 28450	58-1387871	501(C)(3)	35,200.	0.			HUMAN SERVICES
BRIGADE BOYS & GIRLS CLUB OF WILMINGTON - 2759 VANCE STREET - WILMINGTON, NC 28412	56-0529939	501(C)(3)	101,500.	0.			YOUTH DEVELOPMENT
CALDWELL ARTS COUNCIL PO BOX 1613 601 SW COLLEGE AVENUE LENOIR, NC 28645	56-1192344	501(C)(3)	5,500.	0.			ARTS, CULTURE & HUMANITIES

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
CALDWELL COUNTY AMERICAN LEGION POST 29 - PO BOX 752 - LENOIR, NC 28645	56-6088303	501(C)19	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
CALDWELL COUNTY YOKEFELLOW, INC. PO BOX 2422 1602 HARPER AVENUE LENOIR, NC 28645	23-7031955	501(C)(3)	22,000.	0.			HUMAN SERVICES
CALDWELL HOUSE 951 KENHAM PLACE, SW LENOIR, NC 28645	58-1535259	501(C)(3)	5,000.	0.			HEALTH
CALVARY EPISCOPAL CHURCH PO BOX 1245 411 EAST CHURCH STREET TARBORO, NC 27886	56-0547496	501(C)(3)	5,000.	0.			RELIGION
CAMP SEA GULL AND SEAFARER 801 CORPORATE CENTER DRIVE SUITE 2 RALEIGH, NC 27607	56-0591307	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT
CAMPBELL UNIVERSITY PO BOX 97 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	201,870.	0.			EDUCATION
CANN MEMORIAL PRESBYTERIAN CHURCH 311 W. MAIN STREET ELIZABETH CITY, NC 27909	56-1073822	501(C)(3)	21,000.	0.			RELIGION
CAPE FEAR COMMUNITY COLLEGE FOUNDATION - 411 NORTH FRONT STREET - WILMINGTON, NC 28401	58-1308578	501(C)(3)	63,500.	0.			EDUCATION
CAPE FEAR HABITAT FOR HUMANITY 20 N. 4TH STREET SUITE 200 WILMINGTON, NC 28401	56-1555858	501(C)(3)	17,550.	0.			HUMAN SERVICES

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
CAPE FEAR LITERACY COUNCIL 1012 SOUTH 17TH STREET WILMINGTON, NC 28401	58-1613254	501(C)(3)	15,000.	0.			EDUCATION
CAPE FEAR SHAKESPEARE, LTD 208 NORTH 17TH STREET WILMINGTON, NC 28401	56-1826040	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
CAROLINA CAY MARITIME FOUNDATION 723 COMET DRIVE BEAUFORT, NC 28516	26-0375472	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
CAROLINA CHRISTIAN RADIO, INC. PO BOX 957 WILMINGTON, NC 28402	56-1785718	501(C)(3)	45,000.	0.			RELIGION
CAROLINA PHILHARMONIC 5 MARKET SQUARE PINEHURST, NC 28374	27-0741753	501(C)(3)	11,300.	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 PO BOX 16712 CHARLOTTE, NC 28297	51-0607629	501(C)(3)	10,530.	0.			EDUCATION
CAROLINAEAST FOUNDATION 2007-B NEUSE BLVD NEW BERN, NC 28560	56-1991164	501(C)(3)	33,712.	0.			HEALTH
CARTERET CRAVEN ELECTRIC FOUNDATION, INC. - PO BOX 1490 - NEWPORT, NC 28570	56-2144684	501(C)(3)	12,000.	0.			PUBLIC & SOCIETAL BENEFIT

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CATAWBA COUNTY COUNCIL ON AGING 400 17TH STREET SW, PO BOX 835 HICKORY, NC 28603	51-0193746	501(C)(3)	7,000.	0.			HUMAN SERVICES
CATAWBA SCIENCE CENTER 243 3RD AVENUE NE, PO BOX 2431 HICKORY, NC 28603	56-1073440	501(C)(3)	13,500.	0.			ARTS, CULTURE & HUMANITIES
CATCH THE FIRE WORSHIP CENTER 2304 PAGE ROAD DURHAM, NC 27703	47-0863999	501(C)(3)	30,000.	0.			RELIGION
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC., NEW BERN REGI - PO BOX 826, 502 MIDDLE STREET - NEW BERN, NC 28563	56-0529943	501(C)(3)	7,000.	0.			HEALTH
CENTENARY UNITED METHODIST CHURCH PO BOX 1388 NEW BERN, NC 28563	56-0611571	501(C)(3)	17,470.	0.			RELIGION
CENTER FOR VOLUNTEER CAREGIVING 1150 SE MAYNARD STREET, SUITE 210 CARY, NC 27511	58-2067482	501(C)(3)	5,000.	0.			HUMAN SERVICES
CHICAMACOMICO HISTORICAL ASSOCIATION - 23645 NC HWY 12, PO BOX 5 - RODANTHE, NC 27968	23-7441279	501(C)(3)	20,000.	0.			ARTS, CULTURE & HUMANITIES
CHILDREN FIRST/COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY - 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 CALDWELL COUNTY - DBA ROBIN'S NEST P. O. BOX 646 - LENOIR, NC 28645	27-2336081	501(C)(3)	5,500.	0.			HUMAN SERVICES

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CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - PO BOX 14608 - GREENSBORO, NC 27415	56-0529946	501(C)(3)	16,850.	0.			HUMAN SERVICES
CHINQUAPIN RECREATION ASSOCIATION PO BOX 2 CHINQUAPIN, NC 28521	56-1860640	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	56-0554199	501(C)(3)	34,070.	0.			EDUCATION
CHRISTOPHER NEWPORT UNIVERSITY 1 UNIVERSITY PLACE NEWPORT NEWS, VA 23606	54-1156248	GOVERNMENT	5,000.	0.			EDUCATION
CITY OF EDEN PO BOX 70 EDEN, NC 27289	56-0896097	GOVERNMENT	24,975.	0.			ENVIRONMENT & ANIMALS
CITY OF RALEIGH 222 W. HARGETT STREET RALEIGH, NC 27601-1316	56-6000236	GOVERNMENT	1,759,205.	0.			ENVIRONMENT & ANIMALS
CITY OF RALEIGH 222 WEST HARGETT STREET RALEIGH, NC 27601	56-6000236	GOVERNMENT	200,000.	0.			ENVIRONMENT & ANIMALS
CITY OF REIDSVILLE 230 WEST MOREHEAD STREET REIDSVILLE, NC 27320	56-6001316	GOVERNMENT	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
CLEMSON UNIVERSITY G-08 SIKES HALL, BOX 345307 CLEMSON, SC 29634-5307	57-6000254	GOVERNMENT	6,030.	0.			EDUCATION

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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 NEW BERN, NC 28561	58-1665785	501(C)(3)	10,000.	0.			HUMAN SERVICES
COLLEGE OF THE ALBEMARLE FOUNDATION - PO BOX 2327 - ELIZABETH CITY, NC 27906-2327	58-1399254	501(C)(3)	30,000.	0.			EDUCATION
COLONIAL CAPITAL HUMANE SOCIETY PO BOX 326 NEW BERN, NC 28563	58-1314712	501(C)(3)	17,840.	0.			ENVIRONMENT & ANIMALS
COMMUNITIES IN SCHOOLS OF CALDWELL COUNTY - PO BOX 959 - LENOIR, NC 28645	56-1642377	501(C)(3)	5,000.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF CAPE FEAR, INC. - 20 NORTH 4TH STREET, SUITE 213 - WILMINGTON, NC 28401	20-3385755	501(C)(3)	27,500.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY - PO BOX 624 - BISCOE, NC 27209	56-2617697	501(C)(3)	6,500.	0.			EDUCATION
COMMUNITY BOYS & GIRLS CLUB PO BOX 1612, 901 NIXON STREET WILMINGTON, NC 28402	56-0636247	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

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COMMUNITY COALITION AGAINST FAMILY VIOLENCE/PROMISE PLACE - 1401 PARK AVENUE - NEW BERN, NC 28560	56-1247967	501(C)(3)	8,414.	0.			HUMAN SERVICES
COMMUNITY COUNSELING CENTER 4810 WRIGHTSVILLE AVENUE WILMINGTON, NC 28403	56-1540018	501(C)(3)	15,000.	0.			HEALTH
COMMUNITY EMPOWERMENT FUND 208 N. COLUMBIA STREET, SUITE 100 CHAPEL HILL, NC 27514	27-0428981	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
CONTEMPORARY ART MUSEUM FOUNDATION 409 WEST MARTIN STREET RALEIGH, NC 27602	56-1376155	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN ARTS COUNCIL AND GALLERY PO BOX 596 NEW BERN, NC 28563	58-1404792	501(C)(3)	9,978.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN COUNTY PARTNERS IN EDUCATION - 3600 TRENT ROAD - NEW BERN, NC 28562	56-1335975	501(C)(3)	39,480.	0.			EDUCATION
CRAVEN LITERACY COUNCIL 2507 NEUSE BOULEVARD, SUITE F NEW BERN, NC 28562	58-1728807	501(C)(3)	10,000.	0.			EDUCATION
CROSS TRAIL OUTFITTERS PO BOX 9 WANCHESE, NC 27981	45-3812144	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
CULTURAL LANDSCAPE FOUNDATION 1711 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20009	52-2092229	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES

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CYSTIC FIBROSIS FOUNDATION - NC CHAPTER - 7101 CREEDMOOR ROAD, STE. 130 - RALEIGH, NC 27613	13-1930701	501(C)(3)	15,000.	0.			HEALTH
DARE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - PO BOX 669 - MANTEO, NC 27954	56-6000293	GOVERNMENT	15,000.	0.			HEALTH
DARE COUNTY SHRINETTES 120 MARGARET COURT MANTEO, NC 27954	56-1564758	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
DAVIDSON COLLEGE PO BOX 7070 DAVIDSON, NC 28035	56-0529961	501(C)(3)	26,610.	0.			EDUCATION
DENTAL LIFELINE NETWORK NORTH CAROLINA - 1800 15TH STREET SUITE 100 - DENVER, CO 80202	27-1755412	501(C)(3)	5,000.	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
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245, 215 LEXINGTON STREET ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	10,500.	0.			EDUCATION
DREAMS OF WILMINGTON, INC. 901 FANNING STREET WILMINGTON, NC 28401	56-2001053	501(C)(3)	22,310.	0.			ARTS, CULTURE & HUMANITIES

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DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120	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)	13,870.	0.			EDUCATION
DUPLIN CHRISTIAN OUTREACH MINISTRIES - 514 SOUTH NORWOOD STREET, PO BOX 1252 - WALLACE, NC 28466	20-1801886	501(C)(3)	6,250.	0.			HUMAN SERVICES
EAST CAROLINA UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID - MS 510, 2103 OLD CAFETERIA COMPLEX - GREENVILLE, NC 27858-4353	56-6000403	GOVERNMENT	58,198.	0.			EDUCATION
EAST CAROLINA UNIVERSITY COLLEGE OF FINE ARTS AND COMMUNICATION - 107 ERWIN BUILDING - GREENVILLE, NC 27858-4353	56-6093187	GOVERNMENT	7,000.	0.			EDUCATION
EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES - 525 MOYE BLVD, MAIL STOP 659 - GREENVILLE, NC 27834	23-7138921	501(C)(3)	47,000.	0.			HEALTH
EAST SURRY HIGH SCHOOL 801 W. MAIN STREET PILOT MOUNTAIN, NC 27041	56-6001117	GOVERNMENT	15,130.	0.			EDUCATION
EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION - 100 YMCA LANE - NEW BERN, NC 28560	58-1402035	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRY, INC. - PO BOX 31, 245 EAST N STREET - NEWTON, NC 28658	56-0946753	501(C)(3)	17,500.	0.			HUMAN SERVICES

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EASTERN NC SCHOOL FOR THE DEAF 1311 HWY 301 SOUTH WILSON, NC 27893	56-1492826	GOVERNMENT	16,190.	0.			EDUCATION
EDEN PRESERVATION SOCIETY PO BOX 2201 EDEN, NC 27289	56-1390750	501(C)(3)	12,714.	0.			ARTS, CULTURE & HUMANITIES
EDEN RESCUE SQUAD, INC. 106 MABEL STREET EDEN, NC 27288	56-1395112	501(C)(3)	24,950.	0.			HEALTH
EDENTON STREET UNITED METHODIST CHURCH - 228 WEST EDENTON STREET - RALEIGH, NC 27603	56-0547492	501(C)(3)	5,682.	0.			RELIGION
EDGEcombe COUNTY MEMORIAL LIBRARY 909 NORTH MAIN STREET TARBORO, NC 27886	56-6000412	GOVERNMENT	21,420.	0.			EDUCATION
EDUCATION FOUNDATION - ELIZABETH CITY PUBLIC SCHOOLS - PO BOX 2453 - ELIZABETH CITY, NC 27909	56-1715284	501(C)(3)	28,000.	0.			HUMAN SERVICES
ELIZABETH CITY STATE UNIVERSITY CAMPUS BOX 914, 1704 WEEKSVILLE ROA ELIZABETH CITY, NC 27909	56-1047680	GOVERNMENT	5,000.	0.			EDUCATION
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)	10,000.	0.			EDUCATION

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EMMANUEL CONGREGATIONAL CHRISTIAN CHURCH - 1089 WILKINS DRIVE - SANFORD, NC 27330	56-1186936	501(C)(3)	19,530.	0.			RELIGION
ENGINEERING WORLD HEALTH 151 EAST ROSEMARY STREET SUITE 201 CHAPEL HILL, NC 27514	62-1868670	501(C)(3)	10,000.	0.			HEALTH
EPILEPSY FOUNDATION OF NORTH CAROLINA - 1920 W. FIRST STREET, SUITE 5541-A - WINSTON-SALEM, NC 27104	56-1011151	501(C)(3)	44,350.	0.			HEALTH
EPISCOPAL HIGH SCHOOL 1200 NORTH QUAKER LANE ALEXANDRIA, VA 22302	54-0506326	501(C)(3)	6,500.	0.			EDUCATION
F. A. R. M. CAFE, INC. 617 WEST KING STREET BOONE, NC 28607	45-1272884	501(C)(3)	10,000.	0.			HUMAN SERVICES
FAMILY CARE CENTER OF CATAWBA VALLEY, INC. - 2875 HIGHLAND AVENUE NE - HICKORY, NC 28601	56-1857334	501(C)(3)	8,250.	0.			HUMAN SERVICES
FIRST BAPTIST CHURCH OF LENOIR 304 MAIN STREET NW LENOIR, NC 28645	56-0748123	501(C)(3)	6,000.	0.			RELIGION
FIRST BAPTIST CHURCH OF WILMINGTON 411 MARKET STREET WILMINGTON, NC 28401	56-0566086	501(C)(3)	5,000.	0.			RELIGION
FIRST UNITED METHODIST CHURCH OF WILSON - 100 GREEN STREET P. O. BOX 1423 - WILSON, NC 27893	56-0649256	501(C)(3)	63,000.	0.			RELIGION

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FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA, INC. - 1924 CAPITAL BLVD - RALEIGH, NC 27604	56-1283426	501(C)(3)	31,425.	0.			HUMAN SERVICES
FORWARD MOVEMENT 412 SYCAMORE STREET CINCINNATI, OH 45202	13-5562208	501(C)(3)	40,000.	0.			RELIGION
FOUNDATION FOR HEALTH LEADERSHIP & INNOVATION, INC. - 2401 WESTON PARKWAY SUITE 203 - CARY, NC 27513	58-1461316	501(C)(3)	94,996.	0.			HUMAN SERVICES
FOUNDATION FOR THE CAROLINAS 220 NORTH TRYON STREET CHARLOTTE, NC 28202	56-6047886	501(C)(3)	553,351.	0.			PUBLIC & SOCIETAL BENEFIT
FOUNDATION OF CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE - PO BOX 600 - LENOIR, NC 28645	23-7212721	501(C)(3)	14,015.	0.			EDUCATION
FOUNDATION OF WAYNE COMMUNITY COLLEGE - PO BOX 8002 - GOLDSBORO, NC 27533	56-1556512	501(C)(3)	18,120.	0.			EDUCATION
FRIEND TO FRIEND 103 MONROE STREET, SUITE 102/105 P. O. BOX 1508 - CARTHAGE, NC 28327	58-1779218	501(C)(3)	7,500.	0.			HUMAN SERVICES
FRIENDS OF EDEN ANIMAL SHELTER 1027 RHODES ROAD EDEN, NC 27288	47-1576335	501(C)(3)	26,100.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF MADISON COUNTY ANIMALS PO BOX 191 MARSHALL, NC 28753	56-1865702	501(C)(3)	10,500.	0.			ENVIRONMENT & ANIMALS

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FRIENDS OF N.C. MARITIME MUSEUMS BEAUFORT - 315 FRONT STREET - BEAUFORT, NC 28516	56-1278009	501(C)(3)	27,310.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF OAKDALE CEMETERY 520 NORTH 15TH STREET WILMINGTON, NC 28401	30-0283587	501(C)(3)	13,500.	0.			HUMAN SERVICES
FRIENDS OF THE NC MUSEUM OF NATURAL SCIENCES - 11 WEST JONES ST. - RALEIGH, NC 27601	56-1240806	501(C)(3)	14,000.	0.			ARTS, CULTURE & HUMANITIES
GIRL SCOUTS - NORTH CAROLINA COASTAL PINES - 6901 PINECREST RD. - RALEIGH, NC 27613	56-0791500	501(C)(3)	31,495.	0.			YOUTH DEVELOPMENT
GLENAIRE, INC. 4000 GLENAIRE CIRCLE CARY, NC 27511	56-1739542	501(C)(3)	10,430.	0.			HUMAN SERVICES
GLOBAL RIVER CHURCH 4702 SOUTH COLLEGE ROAD WILMINGTON, NC 28412	56-1746056	501(C)(3)	160,000.	0.			RELIGION
GLOW NC INC. PO BOX 7621 WILMINGTON, NC 28406	47-3629354	501(C)(3)	7,680.	0.			EDUCATION
GOOD SHEPHERD MINISTRIES OF WILMINGTON, INC. - 811 MARTIN STREET - WILMINGTON, NC 28401	56-1566178	501(C)(3)	46,550.	0.			HUMAN SERVICES
GREEN OPPORTUNITIES PO BOX 7235 ASHEVILLE, NC 28802	26-4230288	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT

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GREENE COUNTY INTERFAITH VOLUNTEERS, INC. - PO BOX 1041 - SNOW HILL, NC 28580	56-2167138	501(C)(3)	10,000.	0.			HUMAN SERVICES
GREENFIELD LAKE COLLABORATIVE 5732 OAK BLUFF DRIVE WILMINGTON, NC 28412	46-3444375	501(C)(3)	5,760.	0.			PUBLIC & SOCIETAL BENEFIT
GUILD FOR SPIRITUAL GUIDANCE 3 NORTH CROSS RD. STAATSBURG, NY 12580-5301	13-3876502	501(C)(3)	5,000.	0.			RELIGION
HABITAT FOR HUMANITY - CATAWBA VALLEY, INC. - PO BOX 9475 - HICKORY, NC 28603	58-1652358	501(C)(3)	7,305.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY PITT COUNTY 210 E. 14TH STREET SUITE D GREENVILLE, NC 27858	56-0702710	501(C)(3)	10,680.	0.			HUMAN SERVICES
HARBOR, INC. PO BOX 1903, 1149 BUFFALO ROAD SMITHFIELD, NC 27577	56-1505174	501(C)(3)	7,700.	0.			HUMAN SERVICES
HATTERAS VILLAGE MEDICAL CENTER PO BOX 400 HATTERAS, NC 27943	45-1561544	501(C)(3)	5,000.	0.			HEALTH
HEALING TRANSITIONS, INC. 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501(C)(3)	6,590.	0.			HEALTH
HELPING HANDS CLINIC OF CALDWELL COUNTY, INC. - 810 HARPER AVENUE, NW - LENOIR, NC 28645	56-2076541	501(C)(3)	24,500.	0.			HEALTH

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HELPMATE INC. PO BOX 2263 ASHEVILLE, NC 28802	56-1276293	501(C)(3)	5,000.	0.			HUMAN SERVICES
HERTFORD COUNTY EDUCATIONAL FOUNDATION, INC. - PO BOX 1008 - AHOSKIE, NC 27910	56-0953943	501(C)(3)	102,670.	0.			EDUCATION
HICKORY CHORAL SOCIETY 243 3RD AVE. NE HICKORY, NC 28601	56-1297229	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
HICKORY COMMUNITY THEATRE 30 THIRD STREET NW HICKORY, NC 28601	56-0819493	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
HICKORY MUSEUM OF ART 243 3RD AVE NE HICKORY, NC 28601	56-1144769	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
HICKORY SOUP KITCHEN PO BOX 1431 HICKORY, NC 28603	56-1385956	501(C)(3)	20,000.	0.			HUMAN SERVICES
HIDDENITE CENTER PO BOX 311 HIDDENITE, NC 28636	56-1317481	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
HIGH POINT REGIONAL HEALTH FOUNDATION - 601 N. ELM STREET, P.O. BOX HP-5 - HIGH POINT, NC 27261	27-2854711	501(C)(3)	5,000.	0.			HEALTH
HIGHLAND COMMUNITY CENTER PO BOX 627, 131 HOFFMAN DRIVE MOUNT GILEAD, NC 27306	56-2240559	501(C)(3)	6,200.	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
HIS HIGH PLACES 206 ALDERLEY CIRCLE BLOWING ROCK, NC 28605	58-1406640	501(C)(3)	5,000.	0.			RELIGION
HISTORIC HOPE FOUNDATION, INC. 132 HOPE HOUSE ROAD WINDSOR, NC 27983	56-0959945	501(C)(3)	6,840.	0.			ARTS, CULTURE & HUMANITIES
HOMES OF HOPE INDIA - U.S. 1413 HAWTHORNE RD. 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
HOSPICE & PALLIATIVE CARE CHARLOTTE REGION - PO BOX 470408 - CHARLOTTE, NC 28247	56-1219017	501(C)(3)	5,000.	0.			HUMAN SERVICES
HOSPITALITY HOUSE OF THE BOONE AREA - PO BOX 309, 338 BROOK HOLLOW ROAD - BOONE, NC 28607	56-1442966	501(C)(3)	5,460.	0.			HUMAN SERVICES
INDO JAX SURF CHARITIES 8935 TILBURY DRIVE WILMINGTON, NC 28411	45-1600562	501(C)(3)	5,000.	0.			HUMAN SERVICES
INTERFAITH COMMUNITY OUTREACH, INC. - 115 MUSTIAN STREET, P.O. BOX 1663 - KILL DEVIL HILLS, NC 27948	22-3902355	501(C)(3)	20,000.	0.			HUMAN SERVICES
INTERFAITH PRISON MINISTRY FOR WOMEN - 112 S. SALISBURY STREET - RALEIGH, NC 27601	27-0088330	501(C)(3)	15,000.	0.			HUMAN SERVICES

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IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501(C)(3)	10,000.	0.			HEALTH
JAMES C. HARPER SCHOOL OF PERFORMING ARTS - PO BOX 390 - LENOIR, NC 28645	56-1661394	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, 17TH FLOOR - NEW YORK, NY 10004	13-1624240	501(C)(3)	30,000.	0.			HUMAN SERVICES
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	13,570.	0.			ARTS, CULTURE & HUMANITIES
JOHNSTON COMMUNITY COLLEGE FINANCIAL AID OFFICE, PO BOX 2350 SMITHFIELD, NC 27577	56-0937578	501(C)(3)	6,520.	0.			EDUCATION
JOHNSTON COMMUNITY COLLEGE FOUNDATION - PO BOX 2350 - SMITHFIELD, NC 27577	58-1663605	501(C)(3)	21,700.	0.			EDUCATION
JOHNSTON COUNTY ARTS COUNCIL PO BOX 2019 SMITHFIELD, NC 27577	56-1089213	501(C)(3)	7,080.	0.			ARTS, CULTURE & HUMANITIES
JOHNSTON COUNTY HERITAGE CENTER 241 E. MARKET STREET, PO BOX 2709 SMITHFIELD, NC 27577	56-6000311	GOVERNMENT	20,590.	0.			ARTS, CULTURE & HUMANITIES
JOHNSTON COUNTY INDUSTRIES, INC. 1100 EAST PRESTON STREET SELMA, NC 27576	56-1101999	501(C)(3)	5,500.	0.			HUMAN SERVICES

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JONESBORO UNITED METHODIST CHURCH PO BOX 2576 SANFORD, NC 27331	56-0727845	501(C)(3)	5,128.	0.			RELIGION
JUSTICEMATTERS, INC. PO BOX 199 DURHAM, NC 27702	27-1378558	501(C)(3)	56,800.	0.			HUMAN SERVICES
JUVENILE DIABETES RESEARCH FOUNDATION OF NEW YORK - 26 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	23-1907729	501(C)(3)	5,000.	0.			HEALTH
JUVENILE DIABETES RESEARCH FOUNDATION OF THE TRIANGLE - 5510 SIX FORKS ROAD, SUITE 107 - RALEIGH, NC 27609	23-1907729	501(C)(3)	10,000.	0.			HEALTH
KENANSVILLE EASTERN MISSIONARY BAPTIST ASSOCIATION (KEMBA) - PO BOX 591 - WARSAW, NC 28398	20-1208415	501(C)(3)	5,000.	0.			RELIGION
KIDS FIRST, INC. 1825 WEST CITY DRIVE, SUITE A&B ELIZABETH CITY, NC 27909	58-1919028	501(C)(3)	5,500.	0.			HUMAN SERVICES
KIDS MAKING IT 617 CASTLE STREET WILMINGTON, NC 28401	26-1606084	501(C)(3)	10,500.	0.			PUBLIC & SOCIETAL BENEFIT
LAKEWOOD HIGH SCHOOL 245 LAKEWOOD SCHOOL ROAD SALEMBURG, NC 28385	56-1401159	GOVERNMENT	5,000.	0.			EDUCATION
LAURINBURG INSTITUTE 125 MCGIRTS BRIDGE ROAD LAURINBURG, NC 28352	56-6010464	501(C)(3)	9,120.	0.			EDUCATION

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LEE COUNTY ENRICHMENT CENTER 1615 SOUTH THIRD STREET SANFORD, NC 27330	58-1863088	501(C)(3)	7,700.	0.			HUMAN SERVICES
LEES-MCRAE COLLEGE PO BOX 128 BANNER ELK, NC 28604	56-0529953	501(C)(3)	10,833.	0.			EDUCATION
LEGAL AID OF NORTH CAROLINA, INC. PO BOX 26087 RALEIGH, NC 27611-6087	31-1784161	501(C)(3)	25,000.	0.			HUMAN SERVICES
LENOIR COUNTY SPCA PO BOX 1481 KINSTON, NC 28503	51-0185521	501(C)(3)	13,044.	0.			ENVIRONMENT & ANIMALS
LENOIR COUNTY UNITED WAY 327 NORTH QUEEN STREET, SUITE 112 KINSTON, NC 28501	23-7098805	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
LENOIR SOUP KITCHEN PO BOX 1054 LENOIR, NC 28645	56-1743480	501(C)(3)	5,000.	0.			HUMAN SERVICES
LIFE LINE PREGNANCY CENTER 4524 FOUNTAIN DRIVE WILMINGTON, NC 28403	58-1634141	501(C)(3)	6,000.	0.			HEALTH
LONG TERM DISASTER RECOVERY - WAYNE COUNTY - PO BOX 1107 - GOLDSBORO, NC 27533	58-1484616	501(C)(3)	75,000.	0.			PUBLIC & SOCIETAL BENEFIT
LONGLAUF PRODUCTIONS 1117 WESTRIDGE ROAD GREENSBORO, NC 27410	61-1751155	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES

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LOUISBURG COLLEGE 501 NORTH MAIN STREET LOUISBURG, NC 27549	56-0547511	501(C)(3)	30,940.	0.			EDUCATION
LOUISE WELLS CAMERON ART MUSEUM 3201 S. 17TH ST WILMINGTON, NC 28412	56-0812213	501(C)(3)	49,500.	0.			ARTS, CULTURE & HUMANITIES
LOWER CAPE FEAR HOSPICE, INC. 1414 PHYSICIAN'S DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	12,530.	0.			HUMAN SERVICES
MANNA FOODBANK 627 SWANNANOA RIVER ROAD ROAD ASHEVILLE, NC 28805	58-1514800	501(C)(3)	10,000.	0.			HUMAN SERVICES
MARINE CORPS ASSOCIATION FOUNDATION - PO BOX 1775 - QUANTICO, VA 22134	80-0340923	501(C)(3)	5,800.	0.			PUBLIC & SOCIETAL BENEFIT
MARS HILL UNIVERSITY PO BOX 370, 100 ATHLETIC STREET MARS HILL, NC 28754	56-0554207	501(C)(3)	28,470.	0.			EDUCATION
MAYLAND COMMUNITY COLLEGE 200 MAYLAND DRIVE, GWALTNEY HALL SP SPRUCE PINE, NC 28777	56-0990134	GOVERNMENT	6,565.	0.			EDUCATION
MD ANDERSON CANCER CENTER 6900 FANNIN STREET, 6TH FLOOR HOUSTON, TX 77030	74-6001118	GOVERNMENT	10,000.	0.			HEALTH
MEALS ON WHEELS - WILMINGTON PO BOX 3593 WILMINGTON, NC 28406	58-1973171	501(C)(3)	5,000.	0.			HUMAN SERVICES

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MEALS ON WHEELS OF ROCKY MOUNT PO BOX 7611 ROCKY MOUNT, NC 27804	56-1214229	501(C)(3)	6,000.	0.			HUMAN SERVICES
MEDIATION CENTER OF EASTERN CAROLINA - DUPLIN - 105 EAST HILL STREET, PO BOX 981 - KENANSVILLE, NC 28349	56-1669121	501(C)(3)	5,350.	0.			HUMAN SERVICES
MEMORIAL SLOAN-KETTERING CANCER CENTER - 885 SECOND AVENUE, 8TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	7,478.	0.			HEALTH
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	48,810.	0.			HEALTH
MEREDITH COLLEGE 3800 HILLSBOROUGH ST. RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	12,750.	0.			EDUCATION
METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET RALEIGH, NC 27605	56-0547482	501(C)(3)	20,000.	0.			HUMAN SERVICES
METHODIST UNIVERSITY OFFICE OF STUDENT ACCOUNTS, 5400 RAMSEY ST. - FAYETTEVILLE, NC 28311-1420	56-0657294	501(C)(3)	10,000.	0.			EDUCATION
MIDDLEBURY COLLEGE 84 SOUTH SERVICE ROAD MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	6,000.	0.			EDUCATION
MISSION WILMINGTON 516 MARKET STREET WILMINGTON, NC 28401	81-2679246	501(C)(3)	5,000.	0.			RELIGION

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MONTGOMERY COMMUNITY COLLEGE 1011 PAGE STREET TROY, NC 27371	56-1834221	GOVERNMENT	6,940.	0.			EDUCATION
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN, I - 404-A NORTH MAIN STREET - TROY, NC 27371	58-2185898	501(C)(3)	14,000.	0.			HUMAN SERVICES
MOORE BUDDIES MENTORING PO BOX 223, 300 KELLY ROAD, SUITE D PINEHURST, NC 28370	42-1576564	501(C)(3)	5,000.	0.			EDUCATION
MOORE COUNTY COMMUNITY BAND, DBA MOORE COUNTY CONCERT BAND - PO BOX 4662 - PINEHURST, NC 28374	58-1563642	501(C)(3)	8,349.	0.			ARTS, CULTURE & HUMANITIES
MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD, SUITE C SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)	26,080.	0.			HEALTH
MOUNTAIN ALLIANCE PO BOX 2854 BOONE, NC 28607	58-1894620	501(C)(3)	52,000.	0.			EDUCATION
MOUNTAIN PROJECTS, INC. 2251 OLD BALSAM ROAD WAYNESVILLE, NC 28786	56-0849092	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
MOUNTAIN RETREAT ASSOCIATION PO BOX 969 MONTREAT, NC 28757	56-0532142	501(C)(3)	50,000.	0.			RELIGION
MOUNTAIN VALLEY HOSPICE AND PALLIATIVE CARE - 401 TECHNOLOGY LANE, SUITE 200 - MOUNT AIRY, NC 27030	56-1346589	501(C)(3)	11,350.	0.			HUMAN SERVICES

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MY SISTER'S HOUSE PO BOX 7665 ROCKY MOUNT, NC 27804	56-1402172	501(C)(3)	8,000.	0.			HUMAN SERVICES
NC AGRICULTURAL FOUNDATION, INC. CAMPUS BOX 7645, NC STATE UNIVERSIT RALEIGH, NC 27695	56-6049304	501(C)(3)	25,000.	0.			HUMAN SERVICES
NC BAPTIST MEN PO BOX 1107 CARY, NC 27512	20-3648746	501(C)(3)	5,000.	0.			HUMAN SERVICES
NC CONFERENCE - UNITED METHODIST CHURCH - 120 SATCHWELL RD. - GRIMESLAND, NC 27837	56-0727845	501(C)(3)	5,000.	0.			HUMAN SERVICES
NEW BERN - CRAVEN COUNTY PUBLIC LIBRARY - 400 JOHNSON STREET - NEW BERN, NC 28560	56-6003019	GOVERNMENT	7,478.	0.			EDUCATION
NEW BERN CIVIC THEATRE, INC. PO BOX 1531 NEW BERN, NC 28563	58-1409097	501(C)(3)	5,000.	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 - 2001 SOUTH 17TH STREET - WILMINGTON, NC 28401	56-1752396	501(C)(3)	25,000.	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

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NEWTON-CONOVER CITY SCHOOLS 605 N. ASH AVE. NEWTON, NC 28658	56-6001086	GOVERNMENT	37,500.	0.			EDUCATION
NORTH CAROLINA A&T STATE UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID - 1601 EAST MARKET STREET - GREENSBORO, NC 27411	56-6000007	GOVERNMENT	15,500.	0.			EDUCATION
NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD COURT SUITE 160 RALEIGH, NC 27604	56-1512990	501(C)(3)	63,020.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA BAPTIST MEN PO BOX 1107 CARY, NC 27512	20-3648746	501(C)(3)	10,000.	0.			RELIGION
NORTH CAROLINA BEACH INLET & WATERWAY ASSOCIATION, INC. - PO BOX 440 - WRIGHTSVILLE BEACH, NC 28480	56-2110266	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 (OCEAN) NEWPORT, NC 28570	58-1494098	501(C)(3)	27,938.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA COASTAL LAND TRUST 131 RACINE DRIVE SUITE 202 WILMINGTON, NC 28403	56-1791849	501(C)(3)	155,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA LIONS FOUNDATION, INC. - PO BOX 39 - SHERRILLS FORD, NC 28673	56-0890554	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION - 222 NORTH PERSON STREET, SUITE 208 - RALEIGH, NC 27601	56-0786947	501(C)(3)	32,000.	0.			HEALTH

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NORTH CAROLINA STATE UNIVERSITY FINANCIAL AID OFFICE, 2016 HARRIS HALL, BOX 7302 - RALEIGH, NC 27695-7302	56-6000756	GOVERNMENT	105,146.	0.			EDUCATION
NORTH CAROLINA SYMPHONY SOCIETY 3700 GLENWOOD AVENUE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA VETERINARY MEDICAL FOUNDATION - 1060 WILLIAM MOORE DRIVE - RALEIGH, NC 27607	58-1344473	501(C)(3)	26,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BOULEVARD ROCKY MOUNT, NC 27804	56-0686603	501(C)(3)	16,870.	0.			EDUCATION
NORTHERN MOORE FAMILY RESOURCE CENTER - PO BOX 190 - ROBBINS, NC 27325	74-2745041	501(C)(3)	11,500.	0.			HUMAN SERVICES
OLIVET UNITED METHODIST CHURCH PO BOX 1254 CHEROKEE, NC 28719	56-1297938	501(C)(3)	5,510.	0.			RELIGION
OUR VOICE INC. PO BOX 1114 ASHEVILLE, NC 28802	58-1491531	501(C)(3)	5,000.	0.			HUMAN SERVICES
OUTRIGHT YOUTH OF CATAWBA VALLEY PO BOX 2222 HICKORY, NC 28603	27-2995670	501(C)(3)	6,500.	0.			YOUTH DEVELOPMENT
PAMLICO COUNTY HISTORICAL ASSOCIATION, INC. - PO BOX 33 - GRANTSBORO, NC 28529	56-1224656	501(C)(3)	10,150.	0.			ARTS, CULTURE & HUMANITIES

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PARTNERS FOR YOUTH OPPORTUNITY 1309 HALEY STREET DURHAM, NC 27707	35-2206640	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
PATTERSON SCHOOL FOUNDATION, INC. PO BOX 500 PATTERSON, NC 28661-0500	56-1938833	501(C)(3)	5,000.	0.			EDUCATION
PAWS PLACE INC. PO BOX 67 WINNABOW, NC 28479	56-2146059	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
PEACEMAKERS OF ROCKY MOUNT, INC. 1725 DAVIS STREET ROCKY MOUNT, NC 27803	47-2453596	501(C)(3)	17,000.	0.			HUMAN SERVICES
PENDER COUNTY HUMANE SOCIETY PO 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 SCHOOLS EDUCATION FOUNDATION - PO BOX 337 - HERTFORD, NC 27944	55-0788873	501(C)(3)	43,000.	0.			EDUCATION
PERSONS UNITED METHODIST CHURCH PO BOX 246 BOYKINS, VA 23827	54-1637618	501(C)(3)	8,000.	0.			RELIGION
PILOT CLUB OF SOUTH BRUNSWICK ISLANDS, INC. - PO BOX 3304 - SHALLOTTE, NC 28459	56-1484188	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT

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PLAYMAKERS REPERTORY COMPANY CENTER FOR DRAMATIC ART, CB 3235 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
POPLAR SPRINGS UNITED METHODIST CHURCH - 1809 POPLAR SPRINGS CHURCH ROAD - SANFORD, NC 27330	56-6173567	501(C)(3)	8,815.	0.			RELIGION
POSSUMWOOD ACRES WILDLIFE SANCTUARY - 119 DOE DRIVE - HUBERT, NC 28539	20-0992910	501(C)(3)	15,000.	0.			EDUCATION
PREVENT BLINDNESS NORTH CAROLINA 4011 WEST CHASE BLVD. SUITE 225 RALEIGH, NC 27607	56-6088141	501(C)(3)	30,590.	0.			HEALTH
PROJECT ALS - NORTH CAROLINA CHAPTER - PO BOX 6586 - RALEIGH, NC 27628	13-4019464	501(C)(3)	5,000.	0.			HEALTH
PROVIDENCE BAPTIST CHURCH 6339 GLENWOOD AVENUE RALEIGH, NC 27612	46-3009052	501(C)(3)	5,000.	0.			RELIGION
PUBLIC RADIO EAST FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562	56-1802728	501(C)(3)	31,814.	0.			ARTS, CULTURE & HUMANITIES
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)	11,000.	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
RAVENS CROFT SCHOOL 7409 FALLS OF NEUSE RD. RALEIGH, NC 27615-5316	56-6001583	501(C)(3)	59,490.	0.			EDUCATION
REACH OUT AND READ 18 PLOTT DRIVE SYLVA, NC 28779	04-3481253	501(C)(3)	11,400.	0.			EDUCATION
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA, NC 28779	56-1869575	501(C)(3)	149,515.	0.			HUMAN SERVICES
RELIGIOUS COMMUNITY SERVICES 919 GEORGE STREET NEW BERN, NC 28563	58-1553367	501(C)(3)	35,000.	0.			HUMAN SERVICES
REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD, SUITE 325 RALEIGH, NC 27607	56-6052117	501(C)(3)	24,500.	0.			HEALTH
ROBESON COUNTY DISASTER RECOVERY COMMITTEE - 2512-A FAYETTEVILLE RD. - LUMBERTON, NC 28359	58-1636285	501(C)(3)	70,000.	0.			PUBLIC & SOCIETAL BENEFIT
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501(C)(3)	8,190.	0.			HEALTH
RONES CHAPEL AREA COMMUNITY CENTER (RCACC) - 599 GARNER CHAPEL ROAD - MOUNT OLIVE, NC 28365	81-0686959	501(C)(3)	5,000.	0.			EDUCATION
ROSEBORO ELEMENTARY SCHOOL 180 BUTLER ISLAND ROAD ROSEBORO, NC 28382	56-6001109	GOVERNMENT	7,250.	0.			EDUCATION

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ROSEBORO-SALEMBURG MIDDLE SCHOOL PO BOX 976 ROSEBORO, NC 28382	56-6001109	GOVERNMENT	5,000.	0.			EDUCATION
SAFE HARBOR RESCUE MISSION 210 SECOND STREET SE HICKORY, NC 28602	57-1215608	501(C)(3)	15,000.	0.			HUMAN SERVICES
SAINT MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0532314	501(C)(3)	5,000.	0.			EDUCATION
SALEM PRESBYTERIAN CHURCH 3554 AVENTS FERRY ROAD SANFORD, NC 27330	56-1161107	501(C)(3)	11,590.	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 WILMINGTON PO BOX 90 820 N. SECOND STREET WILMINGTON, NC 28402	58-0660607	501(C)(3)	6,000.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-2999	58-1437002	501(C)(3)	6,000.	0.			RELIGION
SAMPSON COMMUNITY COLLEGE FOUNDATION - PO BOX 318 - CLINTON, NC 28329	57-0834646	501(C)(3)	6,650.	0.			EDUCATION
SANDHILLS COMMUNITY COLLEGE FOUNDATION - 3395 AIRPORT ROAD - PINEHURST, NC 28374	56-0946799	501(C)(3)	5,000.	0.			EDUCATION

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SANDHILLS-MOORE COALITION FOR HUMAN CARE, INC - 1500 WEST INDIANA AVENUE - SOUTHERN PINES, NC 28387	56-1522956	501(C)(3)	6,200.	0.			HUMAN SERVICES
SAVE THE CHILDREN FEDERATION, INC., APPALACHIAN FIELD OFFICE - 126 MAIN STREET - BEREA, KY 40403	06-0726487	501(C)(3)	256,761.	0.			HUMAN SERVICES
SEATTLE SCHOOL OF THEOLOGY AND PSYCHOLOGY - 2501 ELLIOT AVENUE - SEATTLE, WA 98121	91-2037146	501(C)(3)	5,000.	0.			HUMAN SERVICES
SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA - 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	14,120.	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
SHAW UNIVERSITY 118 EAST SOUTH STREET RALEIGH, NC 27601	56-0530235	501(C)(3)	25,710.	0.			EDUCATION
SHE ROCKS INC. PO BOX 215 WILMINGTON, NC 28402	47-0975678	501(C)(3)	10,000.	0.			HEALTH
SIPE'S ORCHARD HOME 4431 COUNTY HOME ROAD CONOVER, NC 28613	56-0547524	501(C)(3)	5,580.	0.			HUMAN SERVICES
SOJOURNERS PO BOX 70730 WASHINGTON, DC 20024-0730	23-7380554	501(C)(3)	6,000.	0.			RELIGION

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SOUTH BAY CHURCH 13498 HIGHWAY 301 RIVERVIEW, FL 33578	59-3720777	501(C)(3)	17,500.	0.			RELIGION
SOUTH CALDWELL CHRISTIAN MINISTRIES - PO BOX 359, 5 QUARRY ROAD - GRANITE FALLS, NC 28630	56-1339800	501(C)(3)	17,000.	0.			HUMAN SERVICES
SOUTHEAST PAMLICO VOLUNTEER FIRE DEPARTMENT - PO BOX 429 - ORIENTAL, NC 28571	56-1922188	501(C)(3)	10,040.	0.			HUMAN SERVICES
SOUTHERN APPALACHIAN HIGHLANDS CONSERVANCY - 372 MERRIMON AVENUE - ASHEVILLE, NC 28801	62-1098890	501(C)(3)	5,100.	0.			ENVIRONMENT & ANIMALS
SOUTHERN DOCUMENTARY FUND PO BOX 3622 DURHAM, NC 27702	75-2993148	501(C)(3)	7,000.	0.			ARTS, CULTURE & HUMANITIES
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
ST. EGBERT CATHOLIC SCHOOL 1705 EVANS STREET MOREHEAD CITY, NC 28557	56-0644353	501(C)(3)	11,592.	0.			EDUCATION
ST. JAMES PARISH EPISCOPAL CHURCH 25 SOUTH THIRD STREET WILMINGTON, NC 28401	56-0529986	501(C)(3)	83,855.	0.			RELIGION
ST. MARY CATHOLIC SCHOOL 412 ANN ST. WILMINGTON, NC 28401-4523	56-0554204	501(C)(3)	19,200.	0.			RELIGION

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ST. RAPHAEL'S EPISCOPAL CHURCH 5601 WILLIAMS DRIVE FORT MYERS BEACH, FL 33931	59-1423513	501(C)(3)	5,370.	0.			RELIGION
STAR PRESBYTERIAN CHURCH PO BOX 697, 101 OKEEWEMEE STAR ROAD STAR, NC 27356	56-1389350	501(C)(3)	294,000.	0.			RELIGION
STRENGTHENING THE BLACK FAMILY PO BOX 28716 RALEIGH, NC 27611	56-1595345	501(C)(3)	6,590.	0.			HUMAN SERVICES
SUNSET AVENUE BAPTIST CHURCH 3732 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-1084553	501(C)(3)	5,000.	0.			RELIGION
SUPPLY BAPTIST CHURCH PO BOX 15 SUPPLY, NC 28462	56-1582653	501(C)(3)	7,210.	0.			RELIGION
SURRY COMMUNITY COLLEGE 630 S. MAIN ST. DOBSON, NC 27017-8432	56-6094116	501(C)(3)	7,845.	0.			EDUCATION
SWISS BEAR, INC. PO BOX 597 NEW BERN, NC 28562	56-1255578	501(C)(3)	8,414.	0.			PUBLIC & SOCIETAL BENEFIT
TARBORO COMMUNITY OUTREACH 701 CEDAR LANE TARBORO, NC 27886	56-1557200	501(C)(3)	12,500.	0.			HUMAN SERVICES
TEMPLE THEATRE 120 CARTHAGE STREET, P. O. BOX 1391 SANFORD, NC 27330	58-1468163	501(C)(3)	7,654.	0.			ARTS, CULTURE & HUMANITIES

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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THE ANCHOR UNITED METHODIST CHURCH PO BOX 1642 WILMINGTON, NC 28402	46-2845561	501(C)(3)	5,000.	0.			RELIGION
THE ANGLO-AMERICAN CHARITABLE FOUNDATION - 199 NORTH WOODBURY ROAD, SUITE 103 - PITMAN, NJ 08071	43-2031982	501(C)(3)	5,240.	0.			PUBLIC & SOCIETAL BENEFIT
THE ARC OF MOORE COUNTY PO BOX 773 673 S. BENNETT STREET SOUTHERN PINES, NC 28388	56-0960343	501(C)(3)	5,000.	0.			HUMAN SERVICES
THE BILLFISH FOUNDATION 5100 N. FEDERAL HWY, SUITE 200 FORT LAUDERDALE, FL 33310	59-2694327	501(C)(3)	7,000.	0.			ENVIRONMENT & ANIMALS
THE CAROUSEL CENTER 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)(3)	5,500.	0.			HUMAN SERVICES
THE CHILDREN'S PLAYHOUSE 400 TRACY CIRCLE BOONE, NC 28607	27-0065653	501(C)(3)	28,000.	0.			YOUTH DEVELOPMENT
THE DANIEL CENTER FOR MATH AND SCIENCE - 735 ROCK QUARRY ROAD - RALEIGH, NC 27610	27-1597059	501(C)(3)	25,750.	0.			YOUTH DEVELOPMENT
THE FIRST TEE OF THE CAPE FEAR REGION - PO BOX 7184 - WILMINGTON, NC 28406	27-0106935	501(C)(3)	26,000.	0.			YOUTH DEVELOPMENT
THE GENERAL WILLIAM C. LEE MEMORIAL COMMISSION, INC. - PO BOX 1111 - DUNN, NC 28335	58-1497383	501(C)(3)	25,920.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

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THE HARRELSON CENTER 20 NORTH 4TH STREET, SUITE 214 WILMINGTON, NC 28401	20-3598248	501(C)(3)	6,500.	0.			PUBLIC & SOCIETAL BENEFIT
THE HILL CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	15,000.	0.			EDUCATION
THE IMPACT CENTER 821 WORD PLAZA ROCKY MOUNT, NC 27804	61-1533617	501(C)(3)	5,500.	0.			HUMAN SERVICES
THE JESSE HELMS CENTER FOUNDATION, INC. - PO BOX 247 - WINGATE, NC 28174-0247	56-1613516	501(C)(3)	24,450.	0.			EDUCATION
THE JOHNSTON MEMORIAL HOSPITAL FOUNDATION - PO BOX 1376, 509 N. BRIGHT LEAF BOULEVARD - SMITHFIELD, NC 27577	56-1831806	501(C)(3)	6,440.	0.			HEALTH
THE LYFORD CAY CLUB CHARITABLE TRUST - 6401 LYONS ROAD - COCONUT CREEK, FL 33073	81-0814942	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE NATURE CONSERVANCY OF NORTH CAROLINA - 334 BLACKWELL STREET, SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	10,659.	0.			ENVIRONMENT & ANIMALS
THE NORTH CAROLINA AZALEA FESTIVAL AT WILMINGTON, INC. - 5725 OLEANDER DRIVE, UNIT B7 - WILMINGTON, NC 28403	56-0755213	501(C)(3)	120,580.	0.			ARTS, CULTURE & HUMANITIES
THE O'NEAL SCHOOL PO BOX 290, 3300 AIRPORT ROAD SOUTHERN PINES, NC 28388	23-7125932	501(C)(3)	15,290.	0.			EDUCATION

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THE OUTREACH CENTER PO BOX 1003 MORGANTON, NC 28680	56-2221575	501(C)(3)	13,000.	0.			HUMAN SERVICES
THE RALEIGH SCHOOL 1141 RALEIGH SCHOOL DRIVE RALEIGH, NC 27607	56-0729351	501(C)(3)	10,790.	0.			EDUCATION
THE SALT BLOCK FOUNDATION, INC. 243 THIRD AVE, NE BOX 7 HICKORY, NC 28601	56-1348489	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
THE SALVATION ARMY DIVISION HEADQUARTERS - PO BOX 241808 - CHARLOTTE, NC 28224	58-0660607	501(C)(3)	17,224.	0.			HUMAN SERVICES
THE SALVATION ARMY OF LEE COUNTY 507 NORTH STEELE STREET SANFORD, NC 27330	58-0660607	501(C)(3)	9,753.	0.			HUMAN SERVICES
THE UNIVERSITY OF MOUNT OLIVE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	8,414.	0.			EDUCATION
THIRD STREET ACADEMY 600 WEST THIRD STREET GREENVILLE, NC 27834	26-3224953	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
TOBACCO FARM LIFE MUSEUM 709 NORTH CHURCH STREET, PO BOX 88 KENLY, NC 27542	58-1544798	501(C)(3)	8,130.	0.			ARTS, CULTURE & HUMANITIES
TOWN OF MADISON 120 NORTH MARKET STREET MADISON, NC 27025	56-6001276	GOVERNMENT	24,280.	0.			PUBLIC & SOCIETAL BENEFIT

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TOWN OF PRINCEVILLE 201 SOUTH MAIN STREET PRINCEVILLE, NC 27886	56-0928779	GOVERNMENT	25,445.	0.			HUMAN SERVICES
TOWN OF STONEVILLE PO 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)	7,500.	0.			HUMAN SERVICES
TRIANGLE COMMUNITY FOUNDATION PO BOX 12729 DURHAM, NC 27709	56-1380796	501(C)(3)	12,141.	0.			PUBLIC & SOCIETAL BENEFIT
TRIANGLE FAMILY SERVICES 3937 WESTERN BOULEVARD RALEIGH, NC 27606	56-0547491	501(C)(3)	6,500.	0.			HUMAN SERVICES
TRI-COUNTY INDUSTRIES 1250 ATLANTIC AVENUE ROCKY MOUNT, NC 27801	56-0859662	501(C)(3)	8,750.	0.			HUMAN SERVICES
TRINITY UNITED METHODIST CHURCH OF TROY - 239 N. RUSSELL STREET - TROY, NC 27371	56-0773370	501(C)(3)	23,370.	0.			RELIGION
TRINITY UNITED METHODIST CHURCH OF WILMINGTON - 1403 MARKET STREET - WILMINGTON, NC 28401	56-0547467	501(C)(3)	25,000.	0.			RELIGION
TROSIA - TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS - 1820 JAMES STREET - DURHAM, NC 27707	56-1861158	501(C)(3)	30,000.	0.			HUMAN SERVICES

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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. 529 S. FRONT STREET NEW BERN, NC 28562	56-1795949	501(C)(3)	139,610.	0.			ARTS, CULTURE & HUMANITIES
TWIN COUNTIES DISASTER RECOVERY GROUP - 2501 SUNSET AVENUE - ROCKY MOUNT, NC 27804	56-0611545	501(C)(3)	64,555.	0.			HUMAN SERVICES
UNC CENTER FOR URBAN AND REGIONAL STUDIES - HICKERSON HOUSE, 108 BATTLE LANE, CAMPUS BOX 3410 - CHAPEL HILL, NC 27599	56-6001393	GOVERNMENT	50,000.	0.			EDUCATION
UNC CHAPEL HILL ARTS & SCIENCES FOUNDATION - 523 EAST FRANKLIN STREET - CHAPEL HILL, NC 27514	56-1150509	501(C)(3)	10,000.	0.			EDUCATION
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - CAMPUS BOX 7295 - CHAPEL HILL, NC 27599	56-6057494	501(C)(3)	27,500.	0.			HEALTH
UNC-TV 10 UNC-TV DRIVE, PO BOX 14900 RESEARCH TRIANGLE PARK, NC 27709	56-6172047	GOVERNMENT	19,894.	0.			ARTS, CULTURE & HUMANITIES
UNITED COMMUNITY MINISTRIES PO BOX 2624 ROCKY MOUNT, NC 27802	56-1559128	501(C)(3)	14,000.	0.			HUMAN SERVICES
UNITED WAY OF WAYNE COUNTY PO BOX 10893 GOLDSBORO, NC 27532	56-0611553	501(C)(3)	15,484.	0.			PUBLIC & SOCIETAL BENEFIT

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UNIVERSITY OF VIRGINIA STUDENT FINANCIAL SERVICES, P.O. BOX 400204 - CHARLOTTESVILLE, VA 22904	54-0485595	GOVERNMENT	5,000.	0.			EDUCATION
UNIVERSITY OF ALABAMA SCHOOL OF OPTOMETRY - OFFICE OF STUDENT FINANCIAL AID - 1720 2ND AVENUE S - BIRMINGHAM, AL 35294	63-6005396	GOVERNMENT	7,000.	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)	98,620.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - DEPT. OF PSYCHIATRY - CAMPUS BOX 7160 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	5,920.	0.			HEALTH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - OFFICE OF SPONSORED RESEARCH - 104 AIRPORT DRIVE, SUITE 2200, CB# 1350 - CHAPEL	56-6001393	501(C)(3)	25,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - CASHIER'S OFFICE ,9201 UNIVERSITY CITY BOULEVARD - CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	22,695.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - FINANCIAL AID OFFICE - PO BOX 26170 - GREENSBORO, NC 27402	56-6001468	GOVERNMENT	26,868.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT PEMBROKE - 1 UNIVERSITY DRIVE - PEMBROKE, NC 28372	56-6000805	GOVERNMENT	9,198.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 S. COLLEGE RD. - WILMINGTON, NC 28403-5951	56-1258660	GOVERNMENT	83,870.	0.			EDUCATION

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UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION, INC. - 1533 SOUTH MAIN STREET - WINSTON-SALEM, NC 27127	56-6064850	501(C)(3)	10,105.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA - COLUMBIA - FINANCIAL AID OFFICE - 1714 COLLEGE STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	12,650.	0.			EDUCATION
VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
VIDANT BEAUFORT HOSPITAL 628 EAST 12TH STREET WASHINGTON, NC 27889	56-0675676	501(C)(3)	18,515.	0.			HEALTH
VIDANT HEALTH FOUNDATION 690 MEDICAL DR., PO BOX 8489 GREENVILLE, NC 27835-8489	20-0777374	501(C)(3)	8,660.	0.			HEALTH
VIDANT WELLNESS CENTER OF WASHINGTON - 1375 COWELL FARM ROAD - WASHINGTON, NC 27889	56-0675676	501(C)(3)	6,960.	0.			HEALTH
VOCATIONAL OPPORTUNITIES OF CHEROKEE, INC. - PO BOX 653 - CHEROKEE, NC 28719	56-1059214	501(C)(3)	8,890.	0.			EDUCATION
WAKE COUNTY CONTINUUM OF CARE PO BOX 18411 RALEIGH, NC 27619	65-1267717	501(C)(3)	25,000.	0.			HUMAN SERVICES
WAKE EDUCATION PARTNERSHIP 706 HILLSBOROUGH STREET, SUITE A RALEIGH, NC 27603	58-1518182	501(C)(3)	10,000.	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.)

(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
WAKE FOREST UNIVERSITY, STUDENT FINANCIAL AID - PO BOX 7246 - WINSTON-SALEM, NC 27109-7246	56-0532138	501(C)(3)	20,200.	0.			EDUCATION
WAKE TECHNICAL COMMUNITY COLLEGE 9101 FAYETTEVILLE ROAD RALEIGH, NC 27603	23-7017752	501(C)(3)	5,250.	0.			EDUCATION
WATAUGA HIGH SCHOOL 300 GO PIONEERS DRIVE BOONE, NC 28607	56-6001130	GOVERNMENT	5,110.	0.			EDUCATION
WATAUGA HUMANE SOCIETY PO BOX 1835 BOONE, NC 28607	23-7128331	501(C)(3)	36,960.	0.			ENVIRONMENT & ANIMALS
WAYNE COUNTRY DAY SCHOOL 480 COUNTRY DAY ROAD GOLDSBORO, NC 27530	56-0935016	501(C)(3)	8,000.	0.			EDUCATION
WELCOME HOME ANGEL, INC. PO BOX 3454 WILMINGTON, NC 28406	26-1638488	501(C)(3)	7,000.	0.			HEALTH
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 A CULLOWHEE, NC 28723	56-6001440	GOVERNMENT	41,455.	0.			EDUCATION
WESTERN PIEDMONT SYMPHONY, INC. 243 THIRD AVENUE, NE, SUITE 1-N HICKORY, NC 28601	56-1023290	501(C)(3)	21,090.	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 COMMUNITY COLLEGE PO BOX 120 WILKESBORO, NC 28697	56-0846669	GOVERNMENT	6,830.	0.			EDUCATION
WILKES EDUCATION FOUNDATION BENSON, BELVINS & ASSOCIATES PLLC, P. O. BOX 1026 NORTH - WILKESBORO, NC 286	58-1652979	501(C)(3)	9,250.	0.			EDUCATION
WILMINGTON AREA REBUILDING MINISTRY - 5058 WRIGHTSVILLE AVENUE - WILMINGTON, NC 28403	56-2076795	501(C)(3)	6,330.	0.			HUMAN SERVICES
WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES - PO BOX 459, 100 GOLD STREET NE - WILSON, NC 27894	56-6000351	GOVERNMENT	10,000.	0.			HUMAN SERVICES
WILSON COUNTY LIVESTOCK ASSOCIATION - 6646 LUTHER ROAD - WILSON, NC 27893	27-3570915	501(C)(3)	5,914.	0.			ENVIRONMENT & ANIMALS
WINDSOR CROSS ROADS RURITAN CLUB 1649 US 21 HWY HAMPTONVILLE, NC 27020	91-1771573	501(C)(3)	9,000.	0.			PUBLIC & SOCIETAL BENEFIT
WINGATE UNIVERSITY CAMPUS BOX 3059 WINGATE, NC 28174-0157	56-6049935	501(C)(3)	8,500.	0.			EDUCATION
WINSTON-SALEM STATE UNIVERSITY - OFFICE OF SCHOLARSHIPS & FINANCIAL AID - 201 THOMPSON CENTER, 601 S. MARTIN LUTHER KING, JR. DR. -	56-6023166	GOVERNMENT	12,310.	0.			EDUCATION
YADKIN COUNTY 217 E. WILLOW STREET YADKINVILLE, NC 27055	56-6000352	GOVERNMENT	8,000.	0.			PUBLIC & SOCIETAL BENEFIT

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
YMCA OF ALBEMARLE 1240 NORTH ROAD STREET ELIZABETH CITY, NC 27909	54-0445205	501(C)(3)	6,000.	0.			HUMAN SERVICES
YMCA OF THE TRIANGLE 801 CORPORATE CENTER DRIVE, SUITE 2 RALEIGH, NC 27607	56-0591307	501(C)(3)	53,000.	0.			HUMAN SERVICES
YOUNG HARRIS COLLEGE PO BOX 98, 1 COLLEGE STREET YOUNG HARRIS, GA 30582	58-0593414	501(C)(3)	44,860.	0.			EDUCATION
YOUNG LIFE - RALEIGH PO BOX 6643 RALEIGH, NC 27628	84-0385934	501(C)(3)	5,000.	0.			RELIGION
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHEASTERN NORTH CAROLINA, INC. - PO BOX 3467 - WILMINGTON, NC 28406	56-0532317	501(C)(3)	71,750.	0.			HUMAN SERVICES
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)	14,000.	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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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 **1b**

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? **2**

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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	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) 2017

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)	186,517.	0.	1,080.	11,482.	13,773.	212,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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		17,541.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	79	4,279,777.	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**

	Yes	No
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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. THE
FOUNDATION CONTRACTS WITH REAL ESTATE AGENTS FOR MARKETING AND SALE OF
ANY DONATED PROPERTIES. THERE WERE NO DONATED PROPERTIES DURING FISCAL
YEAR ENDED MARCH 31, 2018.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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:

SINCE ITS INCEPTION IN 1988. THE NORTH CAROLINA COMMUNITY FOUNDATION
(NCCF) SUSTAINS NEARLY 1,300 FUNDS ESTABLISHED TO PROVIDE LONG-TERM
SUPPORT OF A BROAD RANGE OF COMMUNITY NEEDS; SUPPORT NON-PROFIT
ORGANIZATIONS; AND ADMINISTER SCHOLARSHIPS. THE NCCF PARTNERS WITH 57
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, A MEMBERSHIP ORGANIZATION OF
FOUNDATIONS, CORPORATE-GIVING PROGRAMS AND DONOR ADVISED FUNDS THAT
GRANT TO NORTH CAROLINA CHARITABLE CAUSES. THE NETWORK IS SUSTAINED BY
GRANTS FROM OTHER FOUNDATIONS, AS WELL AS SERVICE REVENUE. FOR THE YEAR
ENDED MARCH 31, 2018, THE NETWORK GENERATED SERVICE REVENUE OF \$289,789
FROM MEMBERSHIP INCOME, CONFERENCE/SEMINAR REGISTRATION PAYMENTS, AND
FEE-FOR-SERVICE REVENUE.
EXPENSES \$ 655,153. INCLUDING GRANTS OF \$ 0. REVENUE \$ 289,789.

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 64 COUNTIES ACROSS THE STATE.
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 399,169.

Name of the organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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FORM 990, PART III ADDITIONAL INFORMATION

PURPOSE STATEMENT AND PROGRAM SERVICE ACCOMPLISHMENTS

WHO WE ARE: THE NCCF IS THE SINGLE STATEWIDE COMMUNITY FOUNDATION SERVING NORTH CAROLINA AND WAS CREATED IN 1988 TO BUILD CAPACITY THROUGH PHILANTHROPY. THE NCCF ADMINISTERS NEARLY 1,300 COMPONENT FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF OUR DONORS' PHILANTHROPIC GOALS, INCLUDING COMMUNITY NEEDS, NONPROFIT ORGANIZATIONS AND SCHOLARSHIPS. THE NCCF PARTNERS WITH 57 AFFILIATE FOUNDATIONS TO PROVIDE LOCAL RESOURCE ALLOCATION AND COMMUNITY ASSISTANCE ACROSS THE NORTH CAROLINA, 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.

NCCF MISSION: 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.

WHAT WE DO:

FOR DONORS: DURING OUR FISCAL YEAR ENDING MARCH 31, 2018, DONORS GAVE OVER \$22 MILLION TO THE NCCF TO HELP CARRY OUT THEIR CHARITABLE GOALS AND INTENTIONS.

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

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

PUBLIC ACCOUNTABILITY

COMMEMORATION

SIMPLICITY AND CONVENIENCE

VALUE

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

FOR COMMUNITIES: AS OF MARCH 31, 2018, THE NCCF PARTNERED WITH 57 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.

SPONSORED PROGRAMS:

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. 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,

Name of the organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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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, 2018, ARE OUTLINED ON OUR WEBSITE AND IN THE NCCF ANNUAL REPORT, AVAILABLE ONLINE AT WWW.NCCOMMUNITYFOUNDATION.ORG.

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

Name of the organization NORTH CAROLINA COMMUNITY FOUNDATION	Employer identification number 58-1661700
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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 FOUNDATIONS. IN ADDITION THE COMPENSATION FOR ALL EMPLOYEES IS 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.

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

UNREALIZED LOSS ON CSV	-3,670.
CHANGE IN VALUE OF SPLIT INTEREST	176,609.
PLEDGE VALUATION ADJUSTMENTS	-2,041.

