

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2020** calendar year, or tax year beginning **APR 1, 2020** and ending **MAR 31, 2021**

<b>B</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	<b>C</b> Name of organization <b>NORTH CAROLINA COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>58-1661700</b>
	Doing business as		<b>E</b> Telephone number <b>919-828-4387</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>181,687,732.</b>
	<b>3737 GLENWOOD AVENUE</b>		<b>460</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>RALEIGH, NC 27612</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>JENNIFER TOLLE WHITESIDE</b> <b>SAME AS C ABOVE</b>			
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.NCCOMMUNITYFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1986</b> <b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>32</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>690</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-68,790.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>55,663,553.</b>	<b>38,901,639.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>759,149.</b>	<b>583,721.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>17,613,135.</b>	<b>12,446,262.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>17,078.</b>	<b>-6,386.</b>
	<b>12</b>	<b>74,052,915.</b>	<b>51,925,236.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,250,706.</b>	<b>31,547,325.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,928,737.</b>	<b>3,284,068.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>408,333.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,197,807.</b>	<b>2,066,714.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>25,377,250.</b>	<b>36,898,107.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>48,675,665.</b>	<b>15,027,129.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>290,646,110.</b>	<b>400,478,532.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>24,332,454.</b>	<b>32,737,088.</b>
<b>22</b>	<b>266,313,656.</b>	<b>367,741,444.</b>	

**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.

<b>Sign Here</b>	Signature of officer		Date
	<b>JENNIFER TOLLE WHITESIDE, PRESIDENT &amp; CEO</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>AMANDA ADAMS</b>		
<b>Preparer Use Only</b>	Firm's name ▶ <b>CHERRY BEKAERT LLP</b>	Firm's EIN ▶ <b>56-0574444</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00748038</b>
	Firm's address ▶ <b>3800 GLENWOOD AVE, SUITE 200</b> <b>RALEIGH, NC 27612</b>	Phone no. <b>919-782-1040</b>	

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 \$ 25,274,693. including grants of \$ 23,418,932. ) (Revenue \$ ) HUMAN SERVICES & PUBLIC AND SOCIETAL BENEFIT: DISBURSED 1,681 GRANTS TO COMMUNITY SERVICE ORGANIZATIONS TO SUPPORT VOLUNTEERISM, COMMUNITY SERVICE AND ECONOMIC DEVELOPMENT PROGRAMS WITH A FOCUS ON RURAL COMMUNITIES.

4b (Code: ) (Expenses \$ 7,827,104. including grants of \$ 7,252,409. ) (Revenue \$ ) EDUCATION & SCHOLARSHIPS: DISBURSED 878 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 \$ 945,399. including grants of \$ 875,984. ) (Revenue \$ ) ARTS, CULTURE & HUMANITIES: DISBURSED 231 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 on Schedule O.) (Expenses \$ 539,581. including grants of \$ ) (Revenue \$ 583,721.)

4e Total program service expenses 34,586,777.

**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 <b>Section 501(c)(3) organizations.</b> 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 donor-restricted endowments or in 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
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	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		32
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		2
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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 on 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
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	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>b</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?		

**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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) JENNIFER TOLLE WHITESIDE PRESIDENT & CEO	40.00			X			225,528.	0.	34,558.	
(2) WILSON SIMMONS CFO	40.00			X			136,250.	0.	16,438.	
(3) KATHRYN R. HOLDING DIRECTOR OF DEVELOPMENT	40.00					X	116,964.	0.	20,368.	
(4) LESLIE ANN LOCASCIO VP-COMMUNITY INVESTMENT & ENGAGEMENT	40.00					X	122,188.	0.	7,650.	
(5) DENISE L. MARSHALL DIRECTOR OF OPERATIONS	40.00					X	112,211.	0.	16,418.	
(6) JOHN HARTLEY CIO	40.00					X	119,276.	0.	7,750.	
(7) MARGARET BONEY EXEC DIR-NC NETWORK OF GRANTMAKERS	40.00					X	105,996.	0.	18,713.	
(8) RODNEY E. MARTIN CHAIR (THRU 3/14/21)	1.00	X		X			0.	0.	0.	
(9) STEVE W. WANGERIN CHAIR	1.00	X		X			0.	0.	0.	
(10) KATHARINE H. HARDIN TREASURER	1.00	X		X			0.	0.	0.	
(11) ALEXANDER G. FLOYD SECRETARY	1.00	X		X			0.	0.	0.	
(12) CATHARINE BIGGS ARWOOD DIRECTOR	1.00	X					0.	0.	0.	
(13) JUAN AUSTIN DIRECTOR	1.00	X					0.	0.	0.	
(14) LAURA M. BEASLEY DIRECTOR	1.00	X					0.	0.	0.	
(15) JOHN R. BRATTON DIRECTOR	1.00	X					0.	0.	0.	
(16) PETER M. BRISTOW DIRECTOR	1.00	X					0.	0.	0.	
(17) ANGELA GAILLIARD 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) JAN HAYES DIRECTOR	1.00	X						0.	0.	0.
(19) H. KEL LANDIS, III DIRECTOR (THRU 1/2/21)	1.00	X						0.	0.	0.
(20) TIM NICHOLLS DIRECTOR	1.00	X						0.	0.	0.
(21) HILDA PINNIX-RAGLAND DIRECTOR	1.00	X						0.	0.	0.
(22) MADHU SHARMA DIRECTOR	1.00	X						0.	0.	0.
(23) JANE THORNE DIRECTOR	1.00	X						0.	0.	0.
(24) JOHN W. WILLINGHAM DIRECTOR	1.00	X						0.	0.	0.
(25) MARY W. WILLIS DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								938,413.	0.	121,895.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								938,413.	0.	121,895.

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 **7**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
EHAZELTINE, LLC 630 E HAMMOND STREET, DURHAM, NC 27704	CONSULTING	121,309.

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 **1**

**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	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	60,446.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	497,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	38,344,193.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,840,795.				
	<b>h Total.</b> Add lines 1a-1f .....		38,901,639.				
Program Service Revenue	<b>2 a</b> ADMINISTRATIVE FEES AND OTHER REV	<b>Business Code</b>					
		900099	333,187.	333,187.			
	<b>b</b> NC NETWORK OF GRANTMAKERS	900099	250,534.	250,534.			
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		583,721.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		6,458,184.		-68,790.	6,526,974.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				5,000.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	2,522.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	2,478.				
	<b>d</b> Net rental income or (loss) .....		2,478.			2,478.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
				135,722,679.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	129,734,601.				
<b>c</b> Gain or (loss) .....	<b>7c</b>	5,988,078.					
<b>d</b> Net gain or (loss) .....		5,988,078.			5,988,078.		
<b>8 a</b> Gross income from fundraising events (not including \$ 60,446. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		16,509.				
			25,373.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-8,864.		-8,864.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			51,925,236.	583,721.	-68,790.	12,508,666.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,345,325.	31,345,325.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	202,000.	202,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	370,823.	234,434.	99,752.	36,637.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,303,565.	1,456,314.	619,659.	227,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	151,202.	95,590.	40,673.	14,939.
<b>9</b> Other employee benefits	268,364.	169,660.	72,190.	26,514.
<b>10</b> Payroll taxes	190,114.	120,190.	51,141.	18,783.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	4,488.		4,488.	
<b>c</b> Accounting	45,422.		45,422.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	712,911.		712,911.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	301,997.	281,453.	20,544.	
<b>12</b> Advertising and promotion	58,889.	34,701.	18,765.	5,423.
<b>13</b> Office expenses	65,364.	41,324.	17,582.	6,458.
<b>14</b> Information technology	193,605.	122,397.	52,080.	19,128.
<b>15</b> Royalties				
<b>16</b> Occupancy	396,626.	252,341.	104,849.	39,436.
<b>17</b> Travel	4,590.	3,010.	1,009.	571.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	35,777.	31,078.	3,437.	1,262.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	80,179.	50,689.	21,568.	7,922.
<b>23</b> Insurance	21,249.	13,434.	5,716.	2,099.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FUND OPERATING EXPENSES</b>	107,201.	109,309.		-2,108.
<b>b</b> <b>DUES &amp; MEMBERSHIPS</b>	37,216.	23,528.	10,011.	3,677.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	1,200.		1,200.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	36,898,107.	34,586,777.	1,902,997.	408,333.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	29,421,260.	<b>1</b>	13,454,038.
	<b>2</b> Savings and temporary cash investments .....	510,155.	<b>2</b>	516,059.
	<b>3</b> Pledges and grants receivable, net .....	100,000.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,948.	<b>4</b>	5,660.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	465,117.	<b>9</b>	523,389.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 676,692.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 386,363.		
	<b>11</b> Investments - publicly traded securities .....	247,842,856.	<b>11</b>	371,519,458.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	8,839,924.	<b>12</b>	9,544,001.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,083,343.	<b>15</b>	4,625,598.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	290,646,110.	<b>16</b>	400,478,532.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	429,066.	<b>17</b>	206,467.
	<b>18</b> Grants payable .....	833,662.	<b>18</b>	372,621.
	<b>19</b> Deferred revenue .....	216,679.	<b>19</b>	110,476.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	22,799,600.	<b>21</b>	32,001,134.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	53,447.	<b>25</b>	46,390.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,332,454.	<b>26</b>	32,737,088.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	253,187,042.	<b>27</b>	349,064,044.
	<b>28</b> Net assets with donor restrictions .....	13,126,614.	<b>28</b>	18,677,400.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	266,313,656.	<b>32</b>	367,741,444.
	<b>33</b> Total liabilities and net assets/fund balances .....	290,646,110.	<b>33</b>	400,478,532.

**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	51,925,236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,898,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,027,129.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	266,313,656.
5	Net unrealized gains (losses) on investments	5	86,190,283.
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 on Schedule O)	9	210,376.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	367,741,444.

**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 on 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 on 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization <b>NORTH CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number <b>58-1661700</b>
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**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		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	16583215.	16433683.	24524403.	55663553.	38901639.	152106493
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	16583215.	16433683.	24524403.	55663553.	38901639.	152106493
<b>5</b> 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) .....						36685164.
<b>6 Public support.</b> Subtract line 5 from line 4.						115421329

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	16583215.	16433683.	24524403.	55663553.	38901639.	152106493
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5434440.	5298826.	7222035.	7450483.	6463184.	31868968.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						183975461
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,418,096.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.74 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	58.86 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, 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>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, 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>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</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>		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization  <b>NORTH CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number  <b>58-1661700</b>
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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>2,102,205.</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>4,500,713.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,503,347.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,043,399.</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>850,000.</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>1,345,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,050,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,482,448.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,005,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>2,015,214.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ <u>4,500,713.</u>	<u>12/14/20</u>
3	SECURITIES - PUBLICLY TRADED _____ _____ _____	\$ <u>503,347.</u>	<u>12/16/20</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>NORTH CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number  <b>58-1661700</b>
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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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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

2020

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 purpose, monitoring, and reporting requirements. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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 and 2 regarding the reporting of art and historical treasures. Includes sub-questions (i) and (ii) 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 make 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 program
  - 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	9,616,263.	10,908,670.	9,711,137.	9,006,513.	7,138,781.
b Contributions	767,401.	165,825.	1,438,395.	247,011.	1,362,293.
c Net investment earnings, gains, and losses	3,993,027.	-934,636.	276,728.	888,560.	904,049.
d Grants or scholarships					
e Other expenditures for facilities and programs	573,549.	415,373.	406,902.	332,306.	319,886.
f Administrative expenses	117,699.	108,223.	110,688.	98,641.	78,724.
g End of year balance	13,685,443.	9,616,263.	10,908,670.	9,711,137.	9,006,513.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  100 %
  - c Term endowment  0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,313.	2,112.	2,201.
c Leasehold improvements		265,948.	112,185.	153,763.
d Equipment		24,443.	23,915.	528.
e Other		381,988.	248,151.	133,837.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				290,329.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	46,390.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,390.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	137,530,142.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	86,190,283.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	238,271.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	86,428,554.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	51,101,588.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	823,648.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	823,648.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	51,925,236.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	36,102,354.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,895.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	27,895.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	36,074,459.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	823,648.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	823,648.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	36,898,107.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

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

**Part XIII** Supplemental Information (continued)

## PART 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.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

## PART X, LINE 2:

THE FOUNDATION IS A PUBLIC CHARITY AND IS EXEMPT FROM FEDERAL INCOME TAXATION AS DEFINED BY SECTIONS 501(C)(3) AND 509(A)(1) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM STATE INCOME TAXES UNDER THE PROVISIONS OF THE NORTH CAROLINA NONPROFIT CORPORATION ACT. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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:

CHANGE IN CSV OF INSURANCE POLICIES	51,010.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	159,366.

**Part XIII** Supplemental Information *(continued)*

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	25,373.
RENTAL EXPENSE NETTED WITH RENTAL INCOME	2,522.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	238,271.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES	25,373.
RENTAL EXPENSE NETTED WITH RENTAL INCOME	2,522.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	27,895.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>NORTH CAROLINA COMMUNITY FOUNDATION</b>	Employer identification number <b>58-1661700</b>
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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		192,000.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		10,000.
<b>3 a</b> Subtotal .....	0	0			202,000.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			202,000.

**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	192,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	ORGANIZATIONAL ACTIVITIES	10,000.	CHECK	0.		

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

3 Enter total number of other organizations or entities ..... **0**

**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**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  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 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			
<b>Total</b> .....				▶		

- 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		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	76,955.		76,955.
	2	Less: Contributions	60,446.		60,446.
	3	Gross income (line 1 minus line 2)	16,509.		16,509.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,000.		2,000.
	6	Rent/facility costs	7,655.		7,655.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	15,718.		15,718.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-8,864.

**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.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



**Part IV** Supplemental Information (continued)

Blank lined area for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
100+ ABANDONED DOGS 345 E. COMMERCIAL BLVD FORT LAUDERDALE, FL 33334	45-5195419	501(C)(3)	8,000.	0.			ENVIRONMENT & ANIMALS
957 MOBILE CAFE 2425 NORTH CENTER STREET # 126 HICKORY, NC 28601	47-4706580	501(C)(3)	6,000.	0.			HUMAN SERVICES
ACCESS EAST 2410 STANTONSBURG RD. GREENVILLE, NC 27834	56-1949493	501(C)(3)	50,000.	0.			HEALTH
ACTS OF VANCE COUNTY, INC. 201 SOUTH WILLIAM STREET HENDERSON, NC 27536	58-1846297	501(C)(3)	5,000.	0.			HUMAN SERVICES
ALAMANCE COUNTY COMMUNITY YMCA 1346 S MAIN ST. BURLINGTON, NC 27215	56-0611575	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ALBEMARLE AREA UNITED WAY 1413 PARKVIEW DRIVE ELIZABETH CITY, NC 27909	23-7123601	501(C)(3)	13,020.	0.			PUBLIC & SOCIETAL BENEFIT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 599.

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

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - PO BOX 646 - HERTFORD, NC 27944	26-2495965	501(C)(3)	10,016.	0.			HUMAN SERVICES
ALBEMARLE HOPELINE PO BOX 2064 ELIZABETH CITY, NC 27906-2064	56-1352211	501(C)(3)	5,350.	0.			HUMAN SERVICES
ALDERT ROOT ELEMENTARY EDUCATIONAL FOUNDATION - PO BOX 20981 - RALEIGH, NC 27619	20-2447719	501(C)(3)	5,000.	0.			EDUCATION
ALEXANDER COUNTY FAMILY YMCA 260 BLACK OAK RIDGE RD TAYLORSVILLE, NC 28681	56-0530015	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION - 224 SUNNYBROOK ROAD - RALEIGH, NC 27610	56-1500678	501(C)(3)	8,890.	0.			EDUCATION
ALLEGHANY MEMORIAL HOSPITAL FOUNDATION - 233 DOCTORS STREET - SPARTA, NC 28675	56-0525657	501(C)(3)	5,540.	0.			HEALTH
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(C)(3)	43,200.	0.			HEALTH
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116	13-1623888	501(C)(3)	8,039.	0.			HEALTH
AMERICAN HEART ASSOCIATION - SE 5001 SOUTH MIAMI BOULEVARD, SUITE 3 DURHAM, NC 27703	13-5613797	501(C)(3)	15,000.	0.			HEALTH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION - TRIAD REGION - 7029 ALBERT PICK ROAD, SUITE 200 - GREENSBORO, NC 27409	13-5613797	501(C)(3)	250,000.	0.			HEALTH
AMERICAN RED CROSS - BLUE RIDGE PIEDMONT CHAPTER - PO BOX 1329 - HICKORY, NC 28603	53-0196605	501(C)(3)	5,500.	0.			HUMAN SERVICES
AMERICAN RED CROSS - CAROLINA PIEDMONT - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-0196605	501(C)(3)	14,000.	0.			HUMAN SERVICES
AMEXCAN 261 BELVOIR HWY GREENVILLE, NC 27834	94-3421627	501(C)(3)	30,000.	0.			HUMAN SERVICES
AMHERST COLLEGE PO BOX 5000 AMHERST, MA 01002	04-2103542	501(C)(3)	5,000.	0.			EDUCATION
ANCHOR BAPTIST CHURCH 300 FUTCH CREEK ROAD WILMINGTON, NC 28411		501(C)(3)	16,000.	0.			RELIGION
ANIMAL CRACKERS PO BOX 8860 ROCKY MOUNT, NC 27804	27-0798807	501(C)(3)	8,250.	0.			ENVIRONMENT & ANIMALS
ANSON HIGH SCHOOL 96 ANSON HIGH RD. WADESBORO, NC 28170		GOVERNMENT	5,057.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY- FINANCIAL AID - PO BOX 32059 - BOONE, NC 28608	56-1176030	GOVERNMENT	106,521.	0.			EDUCATION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32007 - BOONE, NC 28608	23-7099379	501(C)(3)	567,170.	0.			EDUCATION
APPALACHIAN SUSTAINABLE AGRICULTURE PROJECT - 306 W. HAYWOOD STREET - ASHEVILLE, NC 28801	06-1642769	501(C)(3)	275,000.	0.			ENVIRONMENT & ANIMALS
ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY - 1240 ARBOR ROAD - WINSTON-SALEM, NC 27104	56-1152263	501(C)(3)	20,000.	0.			HUMAN SERVICES
AREA CONGREGATIONS IN MINISTRY PO BOX 398 OXFORD, NC 27565	56-1558737	501(C)(3)	5,000.	0.			HUMAN SERVICES
ARENDELL PARROTT ACADEMY 1901 DOBBS FARM ROAD KINSTON, NC 28503	56-6065129	501(C)(3)	23,040.	0.			EDUCATION
ARTS COUNCIL OF MOORE COUNTY PO BOX 405 SOUTHERN PINES, NC 28388	56-1083785	501(C)(3)	10,269.	0.			ARTS, CULTURE & HUMANITIES
ARTS COUNCIL OF WILMINGTON AND NEW HANOVER COUNTY - 221 NORTH FRONT STREET, SUITE 101 - WILMINGTON, NC 28401	56-2277053	501(C)(3)	11,670.	0.			ARTS, CULTURE & HUMANITIES
ASHEVILLE WRITERS IN THE SCHOOLS AND COMMUNITY - PO BOX 1508 - ASHEVILLE, NC 28805	46-1681488	501(C)(3)	30,000.	0.			ARTS, CULTURE & HUMANITIES
ATLANTA VOLUNTEER LAWYERS FOUNDATION INC - 235 PEACHTREE ST S1750 N TOWER - ATLANTA, GA 30303	58-1364400	501(C)(3)	20,000.	0.			HUMAN SERVICES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
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)	9,150.	0.			HUMAN SERVICES
AVA GARDNER MUSEUM, INC. 325 EAST MARKET STREET SMITHFIELD, NC 27577	56-1965384	501(C)(3)	11,947.	0.			ARTS, CULTURE & HUMANITIES
BACKPACK BLESSINGS PO BOX 1675 NEW BERN, NC 28563	46-2130254	501(C)(3)	13,531.	0.			HUMAN SERVICES
BACKPACK FRIENDS 101 ANITA FORTE DRIVE CAPE CARTERET, NC 28584	83-1653529	501(C)(3)	8,000.	0.			HUMAN SERVICES
BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA, INC. - PO BOX 338 - THOMASVILLE, NC 27360	56-0547499	501(C)(3)	5,071.	0.			HUMAN SERVICES
BARTON COLLEGE PO BOX 5000 WILSON, NC 27893	56-0529933	501(C)(3)	9,130.	0.			EDUCATION
BATES COLLEGE 44 MOUNTAIN AVENUE LEWISTON, ME 04240	01-0211781	501(C)(3)	6,000.	0.			EDUCATION
BEAUFORT HISTORICAL ASSOCIATION 150 TURNER STREET BEAUFORT, NC 28516	56-6075610	501(C)(3)	65,280.	0.			ARTS, CULTURE & HUMANITIES

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BENTONVILLE BATTLEGROUND 5466 HARPER HOUSE RD. FOUR OAKS, NC 27524	45-3843065	501(C)(3)	15,914.	0.			ARTS, CULTURE & HUMANITIES
BEREAVEMENT CENTER OF WESTCHESTER 670 WHITE PLAINS ROAD, SUITE 213 SCARSDALE, NY 10583	13-1740022	501(C)(3)	25,000.	0.			HEALTH
BERTIE COUNTY BOARD OF ELECTIONS PO BOX 312 WINDSOR, NC 27983		GOVERNMENT	17,019.	0.			PUBLIC & SOCIETAL BENEFIT
BERTIE COUNTY HIVE HOUSE PO BOX 598 LEWISTON WOODVILLE, NC 27849	46-3308106	501(C)(3)	40,000.	0.			HUMAN SERVICES
BERTIE COUNTY YMCA, INC PO BOX 834 WINDSOR, NC 27983	56-1738475	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
BETHEL UNIVERSITY C/O ATTORNEY NORMAN C. POST, JR. - PO BOX 1320 - SANFORD, NC 27331-1320	62-0548913	501(C)(3)	92,560.	0.			EDUCATION
BLACK RIVER HEALTH SERVICES 109 W CHURCH ST. ATKINSON, NC 28421	23-7356223	501(C)(3)	30,000.	0.			HUMAN SERVICES
BLADEN COUNTY BOARD OF ELECTIONS PO BOX 512 ELIZABETHTOWN, NC 28337		GOVERNMENT	20,250.	0.			PUBLIC & SOCIETAL BENEFIT
BLOOM HERE 1010 NICHOLWOOD DRIVE, APT. 203 RALEIGH, NC 27605	83-0570497	501(C)(3)	8,500.	0.			HEALTH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BLUE RIDGE COMMUNITY HEALTH SERVICES - PO BOX 5151 - HENDERSONVILLE, NC 28793	56-0794933	501(C)(3)	8,190.	0.			HEALTH
BLUFF PRESBYTERIAN CHURCH PO BOX 96 WADE, NC 28395		501(C)(3)	5,361.	0.			RELIGION
BOY SCOUTS OF AMERICA - CAPE FEAR COUNCIL - PO BOX 7156 - WILMINGTON, NC 28406	56-0529941	501(C)(3)	11,500.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA - TUSCARORA COUNCIL - PO BOX 1436 - GOLDSBORO, NC 27533	56-0543259	501(C)(3)	5,730.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA, CENTRAL NC COUNCIL - PO BOX 250 - ALBEMARLE, NC 28002	56-0532132	501(C)(3)	11,080.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF EDENTON/CHOWAN COUNTY - 824 NORTH OAKUM STREET - EDENTON, NC 27932	61-1546080	501(C)(3)	32,342.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE TAR RIVER REGION - PO BOX 1622 - ROCKY MOUNT, NC 27802	56-0934910	501(C)(3)	17,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAKE COUNTY 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501(C)(3)	17,490.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAYNE COUNTY PO BOX 774 GOLDSBORO, NC 27533	56-0706013	501(C)(3)	31,000.	0.			HEALTH



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 CLUBS OF CENTRAL CAROLINA - 1414 BRAGG STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	32,573.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF THE COASTAL PLAIN - 621 WEST FIRE TOWER ROAD - WINTERVILLE, NC 28590	56-0927694	501(C)(3)	23,340.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS HOMES OF NORTH CAROLINA, INC. - PO BOX 127 - LAKE WACCAMAW, NC 28450-0127	58-1387871	501(C)(3)	44,921.	0.			YOUTH DEVELOPMENT
BREAD OF LIFE MINISTRIES NORTH CAROLINA - PO BOX 175 - SANFORD, NC 27331	77-0694013	501(C)(3)	5,000.	0.			HUMAN SERVICES
BREADBASKET OF SANFORD PO BOX 912 SANFORD, NC 27330	58-1906931	501(C)(3)	26,000.	0.			HUMAN SERVICES
BRIGADE BOYS & GIRLS CLUB OF WILMINGTON - 2759 VANCE STREET - WILMINGTON, NC 28412	56-0529939	501(C)(3)	40,250.	0.			YOUTH DEVELOPMENT
BROADWAY BAPTIST CHURCH PO BOX 128 BROADWAY, NC 27505		501(C)(3)	15,000.	0.			RELIGION
BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. (BFA) - PO BOX 1551 - SHALLOTTE, NC 28459	56-1309961	501(C)(3)	17,500.	0.			HUMAN SERVICES
BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVENUE CODY, WY 82414	83-0180403	501(C)(3)	50,000.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BUNKER HILL HIGH SCHOOL 4675 OXFORD SCHOOL ROAD CLAREMONT, NC 28610	56-6001003	GOVERNMENT	7,380.	0.			EDUCATION
BURGER KING MCLAMORE FOUNDATION 5707 BLUE LAGOON DRIVE MIAMI, FL 33126	06-1765327	501(C)(3)	10,000.	0.			EDUCATION
CALDWELL ARTS COUNCIL PO BOX 1613 LENOIR, NC 28645	56-1192344	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE- FINANCIAL AID - 2855 HICKORY BLVD. - HUDSON, NC 28638-2397	56-0817481	GOVERNMENT	10,298.	0.			EDUCATION
CALDWELL COUNTY YOKEFELLOW, INC. PO BOX 2422 LENOIR, NC 28645	23-7031955	501(C)(3)	26,500.	0.			HUMAN SERVICES
CALDWELL HOUSE 951 KENHAM PLACE, SW LENOIR, NC 28645	58-1535259	501(C)(3)	10,000.	0.			HEALTH
CALVARY EPISCOPAL CHURCH PO BOX 1245 TARBORO, NC 27886	56-0547496	501(C)(3)	5,000.	0.			RELIGION
CAMINO COMMUNITY DEVELOPMENT CORPORATION - 133 STETSON DR - CHARLOTTE, NC 28262	56-2015959	501(C)(3)	50,000.	0.			HUMAN SERVICES
CAMPBELL UNIVERSITY PO BOX 116 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	289,527.	0.			EDUCATION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL UNIVERSITY - FINANCIAL AID - PO BOX 97 - BUIES CREEK, NC 27506	56-0529940	501(C)(3)	53,750.	0.			EDUCATION
CAMPBELL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE - 143 MAIN STREET - BUIES CREEK, NC 27506	56-0529940	501(C)(3)	7,000.	0.			EDUCATION
CANN MEMORIAL PRESBYTERIAN CHURCH 311 W. MAIN STREET ELIZABETH CITY, NC 27909	56-1073822	501(C)(3)	25,100.	0.			RELIGION
CAPE FEAR COMMUNITY COLLEGE FOUNDATION - 411 NORTH FRONT STREET, UNION STATION, SUITE 220 - WILMINGTON, NC 28401	58-1308578	501(C)(3)	286,500.	0.			EDUCATION
CAPE FEAR GUARDIAN AD LITEM ASSOCIATION - 320 CHESTNUT STREET, #618 - WILMINGTON, NC 28401	52-2285232	501(C)(3)	7,000.	0.			EDUCATION
CAPE FEAR HABITAT FOR HUMANITY 3310 FREDRICKSON ROAD WILMINGTON, NC 28401	56-1555858	501(C)(3)	22,500.	0.			HUMAN SERVICES
CARE CONNECT 124 S. SCALES STREET, SUITE 205 REIDSVILLE, NC 27320	58-1588823	501(C)(3)	5,000.	0.			HEALTH
CARITAS OF PORT CHESTER PO BOX 682 PORT CHESTER, NY 10573	45-4663991	501(C)(3)	60,000.	0.			HUMAN SERVICES
CAROLINA FARM STEWARDSHIP ASSOCIATION - PO BOX 448 - PITTSBORO, NC 27312	24-0040340	501(C)(3)	1,311,446.	0.			HUMAN SERVICES

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CAROLINA PHILHARMONIC 5 MARKET SQUARE PINEHURST, NC 28374	27-0741753	501(C)(3)	28,780.	0.			ARTS, CULTURE & HUMANITIES
CARTERET CRAVEN ELECTRIC FOUNDATION, INC. - PO BOX 1490 - NEWPORT, NC 28570	56-2144684	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
CARY ACADEMY 1500 N. HARRISON AVENUE CARY, NC 27513	56-1934619	501(C)(3)	50,000.	0.			EDUCATION
CASA (COMMUNITY ALTERNATIVES FOR SUPPORTIVE ABODES) - PO BOX 12545 - RALEIGH, NC 27605	56-1778714	501(C)(3)	25,000.	0.			HUMAN SERVICES
CATAWBA COUNTY COUNCIL ON AGING PO BOX 835 HICKORY, NC 28603	51-0193746	501(C)(3)	5,000.	0.			HUMAN SERVICES
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN - PO BOX 3123 - HICKORY, NC 28603	58-2139195	501(C)(3)	32,500.	0.			YOUTH DEVELOPMENT
CATAWBA COUNTY UNITED WAY PO BOX 2425 HICKORY, NC 28603-2425	56-0774714	501(C)(3)	10,000.	0.			HEALTH
CATAWBA SCIENCE CENTER PO BOX 2431 HICKORY, NC 28603	56-1073440	501(C)(3)	19,000.	0.			ARTS, CULTURE & HUMANITIES
CATAWBA VALLEY BEHAVIORAL HEALTHCARE - 327 1ST AVENUE NW - HICKORY, NC 28601	56-2151678	501(C)(3)	42,450.	0.			HEALTH

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CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DRIVE - RALEIGH, NC 27613	56-0529943	501(C)(3)	12,500.	0.			HEALTH
CEDAR GROVE BAPTIST CHURCH PO BOX 2250 LUMBERTON, NC 28359		501(C)(3)	12,860.	0.			RELIGION
CENTENARY UNITED METHODIST CHURCH PO BOX 1388 NEW BERN, NC 28563	56-0611571	501(C)(3)	9,388.	0.			RELIGION
CENTENARY UNITED METHODIST CHURCH 140 EAST MARKET STREET SMITHFIELD, NC 27577	56-1297353	501(C)(3)	28,150.	0.			RELIGION
CENTRAL CAROLINA COMMUNITY COLLEGE 1105 KELLY DRIVE SANFORD, NC 27330	56-0794261	GOVERNMENT	9,500.	0.			EDUCATION
CHATHAM CENTRAL HIGH SCHOOL 14950 NC HIGHWAY 902 BEAR CREEK, NC 27207		GOVERNMENT	5,130.	0.			EDUCATION
CHEROKEE COUNTY 75 PEACHTREE STREET MURPHY, NC 28906	56-6000285	GOVERNMENT	13,428.	0.			HUMAN SERVICES
CHILDREN AND FAMILY SERVICES CENTER - 601 E. 5TH STREET, SUITE 450 - CHARLOTTE, NC 28202	56-2215129	501(C)(3)	200,000.	0.			HUMAN SERVICES
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 S.PINE STREET SUITE F - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	7,300.	0.			HEALTH

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CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC. - PO BOX 14608 - GREENSBORO, NC 27415	56-0529946	501(C)(3)	6,000.	0.			HUMAN SERVICES
CHOWAN COUNTY GOVERNMENT PO BOX 133 EDENTON, NC 27932		GOVERNMENT	18,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	56-0554199	501(C)(3)	81,210.	0.			EDUCATION
CHRIST EPISCOPAL CHURCH 120 EAST EDENTON STREET RALEIGH, NC 27601	56-0530247	501(C)(3)	54,500.	0.			RELIGION
CHRISTIAN BROADCASTING NETWORK, INC. - 977 CENTERVILLE TURNPIKE - VIRGINIA BEACH, VA 23463	54-0678752	501(C)(3)	9,443.	0.			RELIGION
CHRISTIAN COMMUNITY IN ACTION DBA DORCAS MINISTRIES - 187 HIGH HOUSE ROAD - CARY, NC 27511	56-0953873	501(C)(3)	7,500.	0.			HUMAN SERVICES
CHRISTIAN RECOVERY CENTERS INC. 1994 ASH-LITTLE RIVER ROAD ASH, NC 28420	27-2448984	501(C)(3)	10,000.	0.			HEALTH
CITADEL FOUNDATION 171 MOULTRIE ST. CHARLESTON, SC 29423	57-6020493	501(C)(3)	10,000.	0.			EDUCATION
CITY OF ASHEBORO - FINANCE DEPARTMENT - PO BOX 1106 - ASHEBORO, NC 27204	56-6001167	GOVERNMENT	5,710.	0.			PUBLIC & SOCIETAL BENEFIT

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CITY OF RALEIGH/PARKS, RECREATION AND CULTURAL RESOURCES - PO BOX 590 - RALEIGH, NC 27602	56-6000236	GOVERNMENT	969,239.	0.			PUBLIC & SOCIETAL BENEFIT
CITY OF WILMINGTON PARKS 302 WILLARD ST WILMINGTON, NC 28402	56-6000239	GOVERNMENT	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
CLAY COUNTY COMMUNITY FOR STUDENTS, INC. - PO BOX 642 - HAYESVILLE, NC 28904	56-2087839	501(C)(3)	12,910.	0.			EDUCATION
CLAY COUNTY SENIOR CENTER PO BOX 118 HAYESVILLE, NC 28904	56-6000287	GOVERNMENT	13,417.	0.			HUMAN SERVICES
CLAYTON CULTURAL ARTS FOUNDATION PO BOX 879 CLAYTON, NC 27528	56-2175042	501(C)(3)	7,031.	0.			ARTS, CULTURE & HUMANITIES
CLEVELAND COUNTY PO BOX 1299 SHELBY, NC 28151		GOVERNMENT	59,500.	0.			PUBLIC & SOCIETAL BENEFIT
CLEVELAND COUNTY FAMILY YMCA PO BOX 2272 SHELBY, NC 28151	58-2016066	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
COASTAL THERAPEUTIC RIDING PROGRAM 8120 SIDBURY ROAD WILMINGTON, NC 28411	56-2149290	501(C)(3)	7,500.	0.			HUMAN SERVICES
COASTAL WOMEN'S SHELTER, INC. PO BOX 13081 NEW BERN, NC 28561	58-1665785	501(C)(3)	16,000.	0.			HUMAN SERVICES

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COHARIE INTRA-TRIBAL COUNCIL 7531 NORTH US 421 HWY CLINTON, NC 28328	56-1187928	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
COLECTIVO DE COMUNICACION PARTICIPATIVA DE CAROLINA DEL NORTE (CCPNC) - 1113 KINGMAN DRIVE - KNIGHTDALE, NC 27545	56-2011661	501(C)(3)	30,000.	0.			HUMAN SERVICES
COLLEGE OF THE ALBEMARLE FOUNDATION - PO BOX 2327 - ELIZABETH CITY, NC 27906-2327	58-1399254	501(C)(3)	45,722.	0.			EDUCATION
COMMON THREAD CHURCH 8705 COURAGE COURT RALEIGH, NC 27615		501(C)(3)	8,840.	0.			RELIGION
COMMUNITIES IN SCHOOLS OF CALDWELL COUNTY - PO BOX 959 - LENOIR, NC 28645	56-1642377	501(C)(3)	10,000.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY - 129 MCCASKILL ROAD - BISCOE, NC 27209	56-2617697	501(C)(3)	14,562.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF WAKE COUNTY - 971 HARP STREET - RALEIGH, NC 27604	56-1704570	501(C)(3)	25,260.	0.			EDUCATION
COMMUNITY BOYS & GIRLS CLUB PO BOX 1612 WILMINGTON, NC 28402	56-0636247	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
COMMUNITY CARE CLINIC OF DARE PO BOX 1329 NAGS HEAD, NC 27959	20-2230717	501(C)(3)	25,000.	0.			HEALTH



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COMMUNITY COALITION AGAINST FAMILY VIOLENCE/PROMISE PLACE - 1401 PARK AVENUE - NEW BERN, NC 28562	56-1247967	501(C)(3)	10,533.	0.			HUMAN SERVICES
COMMUNITY PARTNERS OF HOPE, INC. PO BOX 1791 HENDERSON, NC 27536	27-5202157	501(C)(3)	7,450.	0.			HUMAN SERVICES
COMPASSIONATE ANIMAL RESCUE EFFORTS OF DUTCHESS COUNTY (CARE OF DC) - PO BOX 4 - WAPPINGERS FALLS, NY 12590	81-4559159	501(C)(3)	8,000.	0.			ENVIRONMENT & ANIMALS
COVE CREEK PRESERVATION & DEVELOPMENT - PO BOX 344 - SUGAR GROVE, NC 28679-0344	56-1975072	501(C)(3)	6,894.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN ARTS COUNCIL AND GALLERY PO BOX 596 NEW BERN, NC 28563	58-1404792	501(C)(3)	19,414.	0.			ARTS, CULTURE & HUMANITIES
CRAVEN COMMUNITY COLLEGE FOUNDATION - 800 COLLEGE COURT - NEW BERN, NC 28562	59-1718436	501(C)(3)	30,557.	0.			EDUCATION
CRAVEN COUNTY PARTNERS IN EDUCATION - 3600 TRENT ROAD - NEW BERN, NC 28562	56-1335975	501(C)(3)	48,340.	0.			EDUCATION
CRAVEN LITERACY COUNCIL 2507 NEUSE BOULEVARD, SUITE F NEW BERN, NC 28562	58-1728807	501(C)(3)	7,500.	0.			EDUCATION
CURRITUCK COUNTY HIGH SCHOOL 4203 CARATOKE HIGHWAY BARCO, NC 27917	56-6001016	GOVERNMENT	13,260.	0.			EDUCATION

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DAVIDSON COLLEGE PO BOX 7070 DAVIDSON, NC 28035	56-0529961	501(C)(3)	31,110.	0.			EDUCATION
DAVIE COMMUNITY FOUNDATION PO BOX 546 MOCKSVILLE, NC 27028	58-1850531	501(C)(3)	63,000.	0.			EDUCATION
DEEP CREEK FRIENDS MEETING/QUAKER CHURCH - 1604 SHORE ROAD - YADKINVILLE, NC 27055	56-1428785	501(C)(3)	9,090.	0.			RELIGION
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PKWY. #160 MORRISVILLE, NC 27560	56-2271150	501(C)(3)	60,000.	0.			PUBLIC & SOCIETAL BENEFIT
DENTAL LIFELINE NETWORK - NORTH CAROLINA - 1800 15TH STREET, SUITE 100 - DENVER, CO 80202	27-1755412	501(C)(3)	5,000.	0.			HEALTH
DISASTER RECOVERY GROUP OF DUPLIN COUNTY - PO BOX 1252 - WALLACE, NC 28466	20-1801886	501(C)(3)	25,000.	0.			HUMAN SERVICES
DIVERSITY NURTURES ACHIEVEMENT COMMUNITY YOUTH CENTER - 104 REVELLE ROAD - WARSAW, NC 28398	47-2573321	501(C)(3)	44,000.	0.			YOUTH DEVELOPMENT
DOCTORS WITHOUT BORDERS PO BOX 5023 HAGERSTOWN, MD 21741-5023	13-3433452	501(C)(3)	43,400.	0.			HEALTH
DOMESTIC VIOLENCE SHELTER & SERVICES - PO BOX 1555 - WILMINGTON, NC 28402-1555	56-1497076	501(C)(3)	42,473.	0.			HUMAN SERVICES

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DOROTHEA DIX PARK CONSERVANCY PO BOX 28575 RALEIGH, NC 27611	20-8421281	501(C)(3)	4,176,563.	0.			PUBLIC & SOCIETAL BENEFIT
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	6,000.	0.			EDUCATION
DOWN EAST RADIO READING SERVICE, INC. - PO BOX 8706 - ROCKY MOUNT, NC 27804	56-2226730	501(C)(3)	8,250.	0.			ARTS, CULTURE & HUMANITIES
DREAMS OF WILMINGTON, INC. 901 FANNING STREET WILMINGTON, NC 28401	56-2001053	501(C)(3)	19,150.	0.			ARTS, CULTURE & HUMANITIES
DUKE EYE CENTER 710 WEST MAIN STREET, SUITE 200 DURHAM, NC 27701	56-0532129	501(C)(3)	11,463.	0.			EDUCATION
DUKE UNIVERSITY, ALUMNI AND DEVELOPMENT RECORDS - DUKE UNIVERSITY BOX 90581 - DURHAM, NC 27708-0581	56-0532129	501(C)(3)	15,000.	0.			EDUCATION
DUPLIN CHRISTIAN OUTREACH MINISTRIES - PO BOX 1252 - WALLACE, NC 28466	20-1801886	501(C)(3)	5,250.	0.			HUMAN SERVICES
DUPLIN COUNTY BOARD OF ELECTIONS PO BOX 975 KENANSVILLE, NC 28349	56-6000296	GOVERNMENT	35,000.	0.			YOUTH DEVELOPMENT
EAGLE'S WINGS FOOD PANTRY P.O. BOX 426 WASHINGTON, NC 27889	56-1685703	501(C)(3)	16,000.	0.			HUMAN SERVICES

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EAST CAROLINA UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID - 2103 OLD CAFETERIA COMPLEX, MS 510 - GREENVILLE, NC 27858-4353	56-6000403	GOVERNMENT	95,210.	0.			EDUCATION
EAST CAROLINA UNIVERSITY FOUNDATION - 2200 S. CHARLES BLVD., GREENVILLE CENTRE, OFFICE 1121 - GREENVILLE, NC 27858	56-6093187	GOVERNMENT	500,000.	0.			EDUCATION
EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES FOUNDATION INC - 2200 S. CHARLES BLVD., MAIL STOP 659 - GREENVILLE, NC 27858	23-7138921	501(C)(3)	21,571.	0.			HEALTH
EAST SURRY HIGH SCHOOL 801 W. MAIN STREET PILOT MOUNTAIN, NC 27041	56-6001117	GOVERNMENT	14,460.	0.			EDUCATION
EAST TENNESSEE STATE UNIVERSITY- FINANCIAL AID - BOX 70722 - JOHNSON CITY, TN 37614	23-7092731	501(C)(3)	14,252.	0.			EDUCATION
EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION - 100 YMCA LANE - NEW BERN, NC 28560	58-1402035	501(C)(3)	20,500.	0.			YOUTH DEVELOPMENT
ECP BACKPACKS PO BOX 2453 ELIZABETH CITY, NC 27909	56-1715284	501(C)(3)	35,000.	0.			HUMAN SERVICES
EDENTON-CHOWAN RECREATION DEPARTMENT - PO BOX 1030 - EDENTON, NC 27932	56-6000286	GOVERNMENT	16,888.	0.			PUBLIC & SOCIETAL BENEFIT
EDGEcombe COMMUNITY COLLEGE FOUNDATION - 2009 W. WILSON STREET - TARBORO, NC 27886	56-1350722	501(C)(3)	10,000.	0.			EDUCATION

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EDGECOMBE COUNTY PO BOX 10 TARBORO, NC 27886		GOVERNMENT	29,250.	0.			PUBLIC & SOCIETAL BENEFIT
EDGECOMBE COUNTY MEMORIAL LIBRARY 909 NORTH MAIN STREET TARBORO, NC 27886	56-6000412	GOVERNMENT	18,950.	0.			EDUCATION
EDGECOMBE COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION - 2311 N. MAIN STREET - TARBORO, NC 27886	84-1728782	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
EL CENTRO HISPANO 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27703	56-2011661	501(C)(3)	30,000.	0.			HUMAN SERVICES
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	131,204.	0.			HUMAN SERVICES
ELON UNIVERSITY PO BOX 398 ELON, NC 27244	56-0532303	501(C)(3)	291,500.	0.			EDUCATION
EMANCIPATE NC PO BOX 309 DURHAM, NC 27702	59-1755809	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
EMMANUEL CONGREGATIONAL CHRISTIAN CHURCH - 1089 WILKINS DRIVE - SANFORD, NC 27330	56-1186936	501(C)(3)	22,060.	0.			RELIGION
EPILEPSY FOUNDATION OF NORTH CAROLINA - 1920 W. FIRST STREET, SUITE 5541-A - WINSTON-SALEM, NC 27104	56-1011151	501(C)(3)	30,000.	0.			HEALTH

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EPIPHANY SCHOOL 2201 HENDERSON AVENUE NEW BERN, NC 28560	20-4329797	501(C)(3)	6,000.	0.			EDUCATION
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)	15,500.	0.			HUMAN SERVICES
FAMILY CARE CENTER OF CATAWBA VALLEY, INC. - 2875 HIGHLAND AVENUE NE - HICKORY, NC 28601	56-1857334	501(C)(3)	5,000.	0.			HEALTH
FARMER FOODSHARE, INC. 902 N. MANGUM STREET DURHAM, NC 27701	27-3717889	501(C)(3)	500,000.	0.			HUMAN SERVICES
FAYETTEVILLE AREA HABITAT FOR HUMANITY - PO BOX 3166 - FAYETTEVILLE, NC 28302	56-1610250	501(C)(3)	25,000.	0.			HUMAN SERVICES
FEEDING AVERY FAMILIES 508 PINEOLA STREET NEWLAND, NC 28657	45-2302126	501(C)(3)	12,500.	0.			HUMAN SERVICES
FEEDING THE CAROLINAS 6255 TOWNCENTER DRIVE, SUITE 803 CLEMMONS, NC 27012	27-3181226	501(C)(3)	500,000.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 4600 MARRIOTT DR, SUITE 120 RALEIGH, NC 27612	44-0610626	501(C)(3)	5,410.	0.			HUMAN SERVICES

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FIRST UNITED METHODIST CHURCH OF CANTON - 4 AUTUMN STREET - CANTON, NC 28716	56-1424305	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
FIRST UNITED METHODIST CHURCH OF CARY - 117 SOUTH ACADEMY STREET - CARY, NC 27511		501(C)(3)	5,250.	0.			RELIGION
FIRST UNITED METHODIST CHURCH OF WILSON - PO BOX 1423 - WILSON, NC 27893	56-0649256	501(C)(3)	53,200.	0.			RELIGION
FIRSTHEALTH MONTGOMERY MEMORIAL HOSPITAL - 520 ALLEN STREET - TROY, NC 27371	56-1936354	501(C)(3)	10,000.	0.			HEALTH
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	5,000.	0.			RELIGION
FONTANA REGIONAL LIBRARY 33 FRYEMONT STREET BRYSON CITY, NC 28713	56-6001950	501(C)(3)	7,690.	0.			EDUCATION
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA, INC. - 1924 CAPITAL BLVD. - RALEIGH, NC 27604	56-1283426	501(C)(3)	82,085.	0.			HUMAN SERVICES
FOOD BANK OF THE ALBEMARLE PO BOX 1704 ELIZABETH CITY, NC 27906	56-1341658	501(C)(3)	67,342.	0.			HUMAN SERVICES
FOOTHILLS COMMUNITY FOUNDATION PO BOX 1228 ANDERSON, SC 29622	58-2453349	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FOOTHILLS CONSERVANCY OF NC PO BOX 3023 MORGANTON, NC 28680	56-1947390	501(C)(3)	7,000.	0.			ENVIRONMENT & ANIMALS
FORWARD MOVEMENT 412 SYCAMORE STREET CINCINNATI, OH 45202	31-0537484	501(C)(3)	25,000.	0.			RELIGION
FOUNDATION FOR HEALTH LEADERSHIP AND INNOVATION - 2401 WESTON PARKWAY, SUITE 203 - CARY, NC 27513	58-1461316	501(C)(3)	50,000.	0.			HUMAN SERVICES
FOUNDATION OF CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE - PO BOX 600 - LENOIR, NC 28645	23-7212721	501(C)(3)	21,000.	0.			EDUCATION
FOUNDATION OF FIRST HEALTH, INC. 150 APPLECROSS ROAD PINEHURST, NC 28374	51-0191937	501(C)(3)	26,863.	0.			HEALTH
FRANCISCAN UNIVERSITY OF STEUBENVILLE - 1235 UNIVERSITY BOULEVARD - STEUBENVILLE, OH 43952	34-0714818	501(C)(3)	5,000.	0.			EDUCATION
FRANK HARR FOUNDATION, INC. 1624 PRINCESS ST. WILMINGTON, NC 28401	27-1830943	501(C)(3)	34,730.	0.			HEALTH
FRANKLIN COUNTY BOARD OF ELECTIONS PO BOX 180 LOUISBURG, NC 27549		GOVERNMENT	42,250.	0.			PUBLIC & SOCIETAL BENEFIT
FREE PRESS P.O. BOX 60238 FLORENCE, MA 01062	41-2106721	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT

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FRIEND TO FRIEND PO BOX 1508 CARTHAGE, NC 28327	58-1779218	501(C)(3)	10,500.	0.			HUMAN SERVICES
FRIENDS OF AUSTRALIAN WILDLIFE CONSERVANCY - 121 NASSAU STREET, SUITE 41B - NEW YORK, NY 10038	20-5920916	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF MADISON COUNTY ANIMALS PO BOX 191 MARSHALL, NC 28753	56-1865702	501(C)(3)	10,820.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF THE HAYWOOD COUNTY LIBRARY - 11 PENNSYLVANNIA AVENUE - CANTON, NC 28716	23-7124324	501(C)(3)	5,050.	0.			EDUCATION
FRIENDS OF THE LIBRARY OF ROBESON COUNTY - PO BOX 988 - LUMBERTON, NC 28359	56-6075591	501(C)(3)	11,624.	0.			EDUCATION
FRIENDSHIP CHAPEL BAPTIST CHURCH 237 FRIENDSHIP CHAPEL ROAD WAKE FOREST, NC 27587	56-2049847	501(C)(3)	13,701.	0.			EDUCATION
FUQUAY-VARINA WOMAN'S CLUB 5109 DOUGHTYMEWS LANE FUQUAY-VARINA, NC 27526	73-1685141	501(C)(3)	6,000.	0.			EDUCATION
FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE, SC 29613	57-0314395	501(C)(3)	5,000.	0.			EDUCATION
GASTON COUNTY FAMILY YMCA 2221 ROBINWOOD ROAD GASTONIA, NC 28054	56-0655420	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

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GATES COUNTY BOARD OF ELECTIONS PO BOX 621 GATESVILLE, NC 27938		GOVERNMENT	11,000.	0.			PUBLIC & SOCIETAL BENEFIT
GENESIS 457 COMMUNITY DEVELOPMENT CORPORATION - 1909 TRENT BLVD. - NEW BERN, NC 28560	46-4006836	501(C)(3)	42,500.	0.			HUMAN SERVICES
GOOD SHEPHERD MINISTRIES OF WILMINGTON, INC. - 811 MARTIN STREET - WILMINGTON, NC 28401	56-1566178	501(C)(3)	81,115.	0.			HUMAN SERVICES
GRAMERCY CHRISTIAN SCHOOL 8170 HIGHWAY 70 NEWPORT, NC 28570	56-1304781	501(C)(3)	6,405.	0.			EDUCATION
GRANVILLE COUNTY PO BOX 83 OXFORD, NC 27565		GOVERNMENT	39,000.	0.			PUBLIC & SOCIETAL BENEFIT
GRANVILLE-VANCE PUBLIC HEALTH PO BOX 367 OXFORD, NC 27565	56-1060453	GOVERNMENT	9,393.	0.			HEALTH
GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY - 31 FIRST AVENUE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	12,500.	0.			HEALTH
GREENE COUNTY 110 SE FIRST ST. SNOW HILL, NC 28580		GOVERNMENT	14,500.	0.			PUBLIC & SOCIETAL BENEFIT
H.O.P.E. OF WINSTON-SALEM 355 NW CRAWFORD PLACE WINSTON-SALEM, NC 27105	46-3772491	501(C)(3)	20,000.	0.			HUMAN SERVICES

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HABITAT FOR HUMANITY - AMERICUS, GA - 322 W. LAMAR STREET - AMERICUS, GA 31709	91-1914868	501(C)(3)	20,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY - CATAWBA VALLEY, INC. - PO BOX 9475 - HICKORY, NC 28603	58-1652358	501(C)(3)	13,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY - WAKE COUNTY 2420 NORTH RALEIGH BOULEVARD RALEIGH, NC 27604	56-1492703	501(C)(3)	10,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF THE NC SANDHILLS, INC. - 2268 NC HIGHWAY 5 - ABERDEEN, NC 28315	56-1596170	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
HALIFAX COMMUNITY COLLEGE FOUNDATION - P.O. DRAWER 809 - WELDON, NC 27890	59-1608217	501(C)(3)	10,000.	0.			EDUCATION
HALIFAX COUNTY GOVERNMENT PO BOX 101 HALIFAX, NC 27839		GOVERNMENT	36,000.	0.			PUBLIC & SOCIETAL BENEFIT
HAVEN HOUSE SERVICES 600 W. CABARRUS STREET RALEIGH, NC 27603	56-1073632	501(C)(3)	41,340.	0.			YOUTH DEVELOPMENT
HEALING TRANSITIONS, INC. 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501(C)(3)	86,500.	0.			HEALTH
HELPING HANDS CLINIC OF CALDWELL COUNTY, INC. - 810 HARPER AVENUE, NW - LENOIR, NC 28645	56-2076541	501(C)(3)	41,750.	0.			HEALTH

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HENDERSON COLLEGIATE 1071 OLD EPSOM ROAD HENDERSON, NC 27536	26-4206516	501(C)(3)	5,000.	0.			EDUCATION
HENDERSON FAMILY YMCA 380 RUIN CREEK ROAD HENDERSON, NC 27536-2931	58-1406066	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
HERITAGE BIBLE COLLEGE PO BOX 1628 DUNN, NC 28335	56-1212691	501(C)(3)	15,582.	0.			EDUCATION
HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	9,998.	0.			PUBLIC & SOCIETAL BENEFIT
HERTFORD COUNTY BOARD OF ELECTIONS PO BOX 355 AHOSKIE, NC 27910		GOVERNMENT	23,000.	0.			PUBLIC & SOCIETAL BENEFIT
HICKORY COMMUNITY THEATRE 30 THIRD STREET NW HICKORY, NC 28601	56-0819493	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
HICKORY MUSEUM OF ART 243 3RD AVE NE HICKORY, NC 28601	56-1144769	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
HICKORY SOUP KITCHEN PO BOX 1431 HICKORY, NC 28603	56-1385956	501(C)(3)	14,090.	0.			HUMAN SERVICES
HILL FAMILY FARM EDUCATION CENTER 9002 SPEIGHTS CHAPEL ROAD WHITAKERS, NC 27891	83-0954465	501(C)(3)	8,000.	0.			EDUCATION

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HOKE COUNTY BOARD OF ELECTIONS PO BOX 1565 RAEFORD, NC 28376		GOVERNMENT	35,000.	0.			PUBLIC & SOCIETAL BENEFIT
HOLA CAROLINA 801 FOURTH AVENUE EAST HENDERSONVILLE, NC 28792	82-2943079	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
HOMES OF HOPE INDIA - U.S. 1413 HAWTHORNE ROAD WILMINGTON, NC 28403	42-1731241	501(C)(3)	9,000.	0.			YOUTH DEVELOPMENT
HUNGER AND HEALTH COALITION PO BOX 1837 BOONE, NC 28607	56-1322973	501(C)(3)	12,290.	0.			HEALTH
INTERACT (THE FAMILY VIOLENCE PREVENTION CENTER, INC.) - 1012 OBERLIN ROAD - RALEIGH, NC 27605	58-1320613	501(C)(3)	258,000.	0.			HUMAN SERVICES
INTERFAITH COMMUNITY OUTREACH, INC. - PO BOX 1663 - KILL DEVIL HILLS, NC 27948	22-3902355	501(C)(3)	14,813.	0.			HUMAN SERVICES
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501(C)(3)	636,650.	0.			HUMAN SERVICES
J. SMITH YOUNG YMCA, INC. 119 W. THIRD AVE LEXINGTON, NC 27292	56-0576153	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
JACKSONVILLE HIGH SCHOOL 1021 HENDERSON DRIVE JACKSONVILLE, NC 28540		GOVERNMENT	7,455.	0.			EDUCATION

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JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, 17TH FLOOR - NEW YORK, NY 10004	13-1624240	501(C)(3)	25,000.	0.			HUMAN SERVICES
JMPRO TV 959 MERRIMON AVE., OFFICE #2 ASHEVILLE, NC 28804	86-1120732	501(C)(3)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT
JOHNSTON COMMUNITY COLLEGE FOUNDATION - PO BOX 2350 - SMITHFIELD, NC 27577	58-1663605	501(C)(3)	18,410.	0.			EDUCATION
JOHNSTON COUNTY HERITAGE CENTER PO BOX 2709 SMITHFIELD, NC 27577	56-6000311	GOVERNMENT	45,330.	0.			ARTS, CULTURE & HUMANITIES
JONES COUNTY RISE PO BOX 301 TRENTON, NC 28585	46-0761777	501(C)(3)	25,000.	0.			HUMAN SERVICES
JONESBORO UNITED METHODIST CHURCH PO BOX 2576 SANFORD, NC 27331	56-0727845	501(C)(3)	13,512.	0.			HUMAN SERVICES
JUDICIAL WATCH PO BOX 96234 WASHINGTON, DC 20024	52-1885088	501(C)(3)	8,498.	0.			PUBLIC & SOCIETAL BENEFIT
JUNIOR LEAGUE OF RALEIGH, INC. PO BOX 26821 RALEIGH, NC 27611-6821	56-0562849	501(C)(3)	16,113.	0.			PUBLIC & SOCIETAL BENEFIT
JUVENILE DIABETES RESEARCH FOUNDATION OF THE TRIANGLE - 3739 NATIONAL DRIVE, SUITE 202 - RALEIGH, NC 27612	23-1907729	501(C)(3)	15,000.	0.			HEALTH

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KANUGA CONFERENCE CENTER 130 KANUGA CHAPEL DR HENDERSONVILLE, NC 28739	56-0599223	501(C)(3)	6,000.	0.			RELIGION
KIBBLEZ OF LOVE 8100 BELVEDERE ROAD, SUITE 13 WEST PALM BEACH, FL 33411	45-2317006	501(C)(3)	30,000.	0.			ENVIRONMENT & ANIMALS
KIDS FIRST, INC. 1825 WEST CITY DRIVE, SUITE A&B ELIZABETH CITY, NC 27909	58-1919028	501(C)(3)	60,842.	0.			HUMAN SERVICES
KIMBALL UNION ACADEMY 7 CAMPUS CENTER DRIVE MERIDEN, NH 03770	02-0222147	501(C)(3)	10,000.	0.			EDUCATION
KINSTON TEENS, INC. PO BOX 2625 KINSTON, NC 28502	47-2645211	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
LAURINBURG INSTITUTE 125 MCGIRTS BRIDGE ROAD LAURINBURG, NC 28352	56-6010464	501(C)(3)	10,030.	0.			EDUCATION
LEBANON BAPTIST CHURCH 3329 BEARD ROAD EAST OVER, NC 28395		501(C)(3)	5,361.	0.			RELIGION
LEES-MCRAE COLLEGE PO BOX 128 BANNER ELK, NC 28604	56-0529953	501(C)(3)	8,376.	0.			EDUCATION
LENDING PAWS A HAND PO BOX 765 SANFORD, NC 27331	46-4059487	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS

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LENOIR COMMUNITY COLLEGE FOUNDATION - PO BOX 188 - KINSTON, NC 28502-0188	56-1055936	501(C)(3)	30,990.	0.			EDUCATION
LENOIR COUNTY PO BOX 3503 KINSTON, NC 28502		GOVERNMENT	38,000.	0.			PUBLIC & SOCIETAL BENEFIT
LENOIR COUNTY SPCA PO BOX 1481 KINSTON, NC 28503	51-0185521	501(C)(3)	24,876.	0.			ENVIRONMENT & ANIMALS
LENOIR MEMORIAL HOSPITAL FOUNDATION - 100 AIRPORT RD. - KINSTON, NC 28501	58-1584139	501(C)(3)	5,500.	0.			HEALTH
LENOIR-GREENE UNITED WAY 301 N. QUEEN STREET KINSTON, NC 28501	23-7098805	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
LENOIR-RHYNE UNIVERSITY PO BOX 7228 HICKORY, NC 28603	56-0556753	501(C)(3)	12,130.	0.			EDUCATION
LEUKEMIA & LYMPHOMA SOCIETY - EASTERN NC CHAPTER - 401 HARRISON OAKS BLVD., SUITE 200 - CARY, NC 27513	13-5644916	501(C)(3)	6,500.	0.			HEALTH
LINEBERGER COMPREHENSIVE CANCER CENTER - PO BOX 1050 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	15,000.	0.			HEALTH
LOGAN'S RUN RESCUE 3000 US HIGHWAY 64 WEST, SUITE 112 MURPHY, NC 28906	26-4607262	501(C)(3)	7,350.	0.			ENVIRONMENT & ANIMALS



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LOUISBURG COLLEGE 501 NORTH MAIN STREET LOUISBURG, NC 27549	56-0547511	501(C)(3)	39,240.	0.			EDUCATION
LOUISE WELLS CAMERON ART MUSEUM 3201 S. 17TH ST. WILMINGTON, NC 28412	56-0812213	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
LOWER CAPE FEAR LIFECARE 1414 PHYSICIAN'S DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	24,250.	0.			HUMAN SERVICES
MAKE-A-WISH EASTERN NORTH CAROLINA 3809 COMPUTER DRIVE, SUITE 201 RALEIGH, NC 27609	58-1792140	501(C)(3)	6,765.	0.			HEALTH
MANTEO MIDDLE SCHOOL 1000 US HWY 64 MANTEO, NC 27954		GOVERNMENT	100,000.	0.			EDUCATION
MARS HILL UNIVERSITY PO BOX 370 MARS HILL, NC 28754	56-0554207	501(C)(3)	31,860.	0.			EDUCATION
MARTIN COMMUNITY COLLEGE 1161 KEHUKEE PARK ROAD WILLIAMSTON, NC 27892		GOVERNMENT	5,000.	0.			EDUCATION
MD ANDERSON CANCER CENTER PO BOX 301439, UNIT 705 HOUSTON, TX 77230-1439	74-6001118	501(C)(3)	21,000.	0.			HEALTH
ME FINE FOUNDATION 318 BLACKWELL STREET, SUITE 130 DURHAM, NC 27701	20-1819368	501(C)(3)	37,500.	0.			HEALTH

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MEALS ON WHEELS - WILMINGTON PO BOX 3593 WILMINGTON, NC 28406	58-1973171	501(C)(3)	36,050.	0.			HUMAN SERVICES
MEALS ON WHEELS NORTH CAROLINA 404 CROSSWICK RD CLEMMONS, NC 27012	83-3370195	501(C)(3)	500,000.	0.			HUMAN SERVICES
MEALS ON WHEELS OF ROCKY MOUNT PO BOX 7611 ROCKY MOUNT, NC 27804	56-1214229	501(C)(3)	6,000.	0.			HUMAN SERVICES
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603-2030	56-1061085	501(C)(3)	6,000.	0.			HUMAN SERVICES
MEMORIAL SLOAN-KETTERING CANCER CENTER - 885 SECOND AVENUE, 8TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	8,039.	0.			HEALTH
MEN AND WOMEN UNITED FOR YOUTH & FAMILIES - PO BOX 315 - DELCO, NC 28436	16-1770367	501(C)(3)	50,000.	0.			HUMAN SERVICES
MENTOR NORTH CAROLINA 411 W CHAPEL HILL STREET, SUITE C2 DURHAM, NC 27701	26-2399990	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	58,000.	0.			HEALTH
MERCY SHIPS PO BOX 2020 LINDALE, TX 75771	26-2414132	501(C)(3)	15,000.	0.			HEALTH

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MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	11,730.	0.			EDUCATION
METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET RALEIGH, NC 27605	56-0547482	501(C)(3)	32,500.	0.			HUMAN SERVICES
METHODIST UNIVERSITY 5400 RAMSEY STREET FAYETTEVILLE, NC 28311-1420	56-0657294	501(C)(3)	12,800.	0.			EDUCATION
MICHAEL'S ANGELS GIRLS CLUB 214 N. MAIN STREET TARBORO, NC 27886	81-2898219	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
MIGRANT ROOTS MEDIA 816 YANCEY ST. DURHAM, NC 27701	61-1639641	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
MISERICORDIA HOME 6300 NORTH RIDGE AVE CHICAGO, IL 60660	36-2170153	501(C)(3)	20,000.	0.			HUMAN SERVICES
MONTGOMERY COMMUNITY COLLEGE FOUNDATION - 1011 PAGE STREET - TROY, NC 27371	56-1834221	GOVERNMENT	57,271.	0.			EDUCATION
MONTGOMERY COUNTY 4-H PROGRAM 203 W. MAIN STREET TROY, NC 27371	56-6000756	GOVERNMENT	5,000.	0.			EDUCATION
MONTGOMERY COUNTY COUNCIL ON AGING PO BOX 425 TROY, NC 27371	56-1173830	501(C)(3)	10,500.	0.			HUMAN SERVICES

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MONTGOMERY COUNTY HEALTH DEPARTMENT - 217 SOUTH MAIN STREET - TROY, NC 27371	56-6000321	GOVERNMENT	7,062.	0.			HEALTH
MONTGOMERY COUNTY PARTNERSHIP FOR CHILDREN - 404-A NORTH MAIN STREET - TROY, NC 27371	58-2185898	501(C)(3)	22,062.	0.			HUMAN SERVICES
MONTREAT RETREAT ASSOCIATION PO BOX 969 MONTREAT, NC 28757	56-0532142	501(C)(3)	40,000.	0.			RELIGION
MOORE BUDDIES MENTORING 241 GRANT STREET WEST END, NC 27376	42-1576564	501(C)(3)	5,500.	0.			EDUCATION
MOORE COUNTY COMMUNITY BAND PO BOX 4662 PINEHURST, NC 28374	58-1563642	501(C)(3)	9,269.	0.			ARTS, CULTURE & HUMANITIES
MOORE FREE & CHARITABLE CLINIC 211 TRIMBLE PLANT ROAD, SUITE C SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)	26,000.	0.			HEALTH
MOUNT GILEAD COMMUNITY FOUNDATION 400 NORTH MAIN STREET MOUNT GILEAD, NC 27306	56-6060650	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
MOUNTAIN ALLIANCE PO BOX 2854 BOONE, NC 28607	58-1894620	501(C)(3)	61,000.	0.			EDUCATION
MT. CALVARY CENTER FOR LEADERSHIP DEVELOPMENT - 405 US HIGHWAY 117 S - BURGAW, NC 28425-7742	84-4644495	501(C)(3)	12,890.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MT. ZION FREE WILL BAPTIST CHURCH PO BOX 964 BAYBORO, NC 28515	58-1407142	501(C)(3)	9,300.	0.			RELIGION
MURFREESBORO HISTORICAL ASSOCIATION, INC. - PO BOX 3 - MURFREESBORO, NC 27855	56-6085460	501(C)(3)	54,260.	0.			ARTS, CULTURE & HUMANITIES
MUSEUM OF THE ALBEMARLE 501 SOUTH WATER STREET ELIZABETH CITY, NC 27909	56-6065293	501(C)(3)	11,453.	0.			ARTS, CULTURE & HUMANITIES
MY KIDS CLUB PO BOX 784 SELMA, NC 27576	83-2337004	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
MY SISTER'S HOUSE PO BOX 7665 ROCKY MOUNT, NC 27804	56-1402172	501(C)(3)	6,500.	0.			HUMAN SERVICES
N.C. COASTAL LAND TRUST - NEW BERN 3301 TRENT ROAD, SUITE G NEW BERN, NC 28562	56-1791849	501(C)(3)	20,000.	0.			ENVIRONMENT & ANIMALS
NAMI WAKE COUNTY PO BOX 12562 RALEIGH, NC 27605	56-1552949	501(C)(3)	7,700.	0.			HEALTH
NASH COUNTY PO BOX 305 NASHVILLE, NC 27856		GOVERNMENT	51,000.	0.			PUBLIC & SOCIETAL BENEFIT
NASH COUNTY HISTORICAL ASSOCIATION PO BOX 9028 ROCKY MOUNT, NC 27804	56-0175103	501(C)(3)	9,610.	0.			ARTS, CULTURE & HUMANITIES

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NC AGRICULTURAL FOUNDATION, INC./NC STATE UNIVERSITY - CAMPUS BOX 7645 - RALEIGH, NC 27695-7645	56-6049304	501(C)(3)	28,000.	0.			PUBLIC & SOCIETAL BENEFIT
NC BAPTISTS ON MISSION PO BOX 1107 CARY, NC 27511	20-3648746	501(C)(3)	50,000.	0.			HUMAN SERVICES
NC COMMUNITY COLLEGES FOUNDATION 200 W. JONES STREET RALEIGH, NC 27603	56-1535785	501(C)(3)	1,501,000.	0.			EDUCATION
NC FIELD 327 N. QUEEN STREET, SUITE # 306 KINSTON, NC 28501	27-4618713	501(C)(3)	55,000.	0.			EDUCATION
NC STATE UNIVERSITY ADMIN SERVICES III; CAMPUS BOX 7214 RALEIGH, NC 27695	56-6000756	GOVERNMENT	150,000.	0.			EDUCATION
NCSU INSTITUTE FOR EMERGING ISSUES CAMPUS BOX 7406 RALEIGH, NC 27695-7406	56-6000756	GOVERNMENT	5,000.	0.			EDUCATION
NCSU STUDENT AID ASSOCIATION PO BOX 37100 RALEIGH, NC 27627	56-0650623	501(C)(3)	7,500.	0.			EDUCATION
NEW BERN - CRAVEN COUNTY PUBLIC LIBRARY - 400 JOHNSON STREET - NEW BERN, NC 28560	56-6003019	GOVERNMENT	8,000.	0.			EDUCATION
NEW BERN POLICE DEPARTMENT CITIZEN VOLUNTEERS, INC. - 3036 MARTIN LUTHER KING BLVD. - NEW BERN, NC 28562	26-1830318	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT

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NEW HANOVER HUMANE SOCIETY INC. 2405 NORTH 23RD STREET WILMINGTON, NC 28405	56-0939608	501(C)(3)	13,250.	0.			ENVIRONMENT & ANIMALS
NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION - 2001 SOUTH 17TH STREET - WILMINGTON, NC 28401	56-1752396	501(C)(3)	26,000.	0.			HEALTH
NEW LIFE OF NEW YORK CITY 66 CLINTON STREET NEW YORK, NY 10002	23-7344354	501(C)(3)	8,000.	0.			HUMAN SERVICES
NEW STORIES GROUP HEALTH AND WELLNESS CENTER - 1024 WAUGHTOWN STREET - WINSTON SALEM, NC 27107	82-1527806	501(C)(3)	5,000.	0.			HEALTH
NEWMAN CATHOLIC STUDENT CENTER 218 PITTSBORO ST. CHAPEL HILL, NC 27516	56-0929282	501(C)(3)	10,627.	0.			RELIGION
NEWPORT ELEMENTARY SCHOOL 219 CHATHAM STREET NEWPORT, NC 28570	56-6001001	GOVERNMENT	9,070.	0.			EDUCATION
NORTH CAROLINA A&T STATE UNIVERSITY- FINANCIAL AID - 1601 EAST MARKET STREET - GREENSBORO, NC 27411	56-6000007	GOVERNMENT	16,510.	0.			EDUCATION
NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD COURT, SUITE 160 RALEIGH, NC 27604	56-1512990	501(C)(3)	42,580.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1399 ASHLEYBROOK LANE, SUITE 110 - WINSTON-SALEM, NC 27103	56-2062170	501(C)(3)	750,000.	0.			HEALTH

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NORTH CAROLINA BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	56-0767805	501(C)(3)	5,590.	0.			HUMAN SERVICES
NORTH CAROLINA BLACK LEADERSHIP AND ORGANIZING COLLECTIVE - 3125 POPLARWOOD CT, SUITE 300 - RALEIGH, NC 27604	27-2459538	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA COALITION AGAINST DOMESTIC VIOLENCE - 3710 UNIVERSITY DRIVE, STE. 140 - DURHAM, NC 27707	61-1077481	501(C)(3)	30,000.	0.			HUMAN SERVICES
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 (OCEAN) NEWPORT, NC 28570	58-1494098	501(C)(3)	13,550.	0.			HUMAN SERVICES
NORTH CAROLINA COASTAL LAND TRUST 3 PINE VALLEY DRIVE WILMINGTON, NC 28412	56-1791849	501(C)(3)	50,500.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA COMMUNITY ACTION ASSOCIATION - 4428 LOUISBURG ROAD, SUITE 101 - RALEIGH, NC 27616	58-1447670	501(C)(3)	1,000,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA FIREFIGHTER'S FUND 216 LEWISVILLE-CLEMMONS ROAD LEWISVILLE, NC 27023	27-1198557	501(C)(3)	500,000.	0.			EDUCATION
NORTH CAROLINA HARM REDUCTION COALITION - 4024 BARRETT DRIVE, SUITE 101 - RALEIGH, NC 27609	20-3452075	501(C)(3)	333,334.	0.			HUMAN SERVICES
NORTH CAROLINA HEALTH NEWS PO BOX 2573 CHAPEL HILL, NC 27515	45-3913463	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES



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NORTH CAROLINA HEALTHCARE FOUNDATION - 2400 WESTON PARKWAY - CARY, NC 27513	56-0773039	501(C)(3)	10,000.	0.			HEALTH
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION - 222 NORTH PERSON STREET, SUITE 208 - RALEIGH, NC 27601	56-0786947	501(C)(3)	32,000.	0.			HEALTH
NORTH CAROLINA STATE UNIVERSITY-FINANCIAL AID - 2016 HARRIS HALL, BOX 7302 - RALEIGH, NC 27695-7302	56-6000756	GOVERNMENT	172,020.	0.			EDUCATION
NORTH CAROLINA SYMPHONY 3700 GLENWOOD AVE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	78,600.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA VETERINARY MEDICAL FOUNDATION, INC. - 1060 WILLIAM MOORE DRIVE, CAMPUS BOX CODE 8401 - RALEIGH, NC 27607	58-1344473	501(C)(3)	40,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA WESLEYAN COLLEGE 3400 N WESLEYAN BOULEVARD ROCKY MOUNT, NC 27804	56-0686603	501(C)(3)	12,520.	0.			EDUCATION
NORTHAMPTON BOARD OF ELECTIONS PO BOX 603 JACKSON, NC 27845		GOVERNMENT	29,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTHERN MOORE FAMILY RESOURCE CENTER - PO BOX 190 - ROBBINS, NC 27325	74-2745041	501(C)(3)	29,000.	0.			HUMAN SERVICES
NORTHMINSTER PRESBYTERIAN CHURCH 3730 N. CENTER STREET HICKORY, NC 28601		501(C)(3)	7,000.	0.			RELIGION

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OAK CITY CARES 1430 SOUTH WILMINGTON STREET RALEIGH, NC 27603	83-0826329	501(C)(3)	5,000.	0.			HUMAN SERVICES
ODYSSEY SCHOOL 90 ZILLICOA ST. ASHEVILLE, NC 28801	64-0960363	501(C)(3)	45,000.	0.			EDUCATION
OLIVET UNITED METHODIST CHURCH 238 SUNNY VIEW DRIVE WHITTIER, NC 28789	56-1297938	501(C)(3)	5,800.	0.			RELIGION
ONE LOVE TENNIS PO BOX 3112 WILMINGTON, NC 28406	46-1952014	501(C)(3)	6,500.	0.			HUMAN SERVICES
OPERA HOUSE THEATER COMPANY 2011 CAROLINA BEACH ROAD WILMINGTON, NC 28401	56-1490512	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
ORPHAN OUTREACH 2001 WEST PLANO PARKWAY, SUITE 3700 PLANO, TX 75075	56-2623813	501(C)(3)	5,500.	0.			HUMAN SERVICES
OUR VOICE INC. PO BOX 1114 ASHEVILLE, NC 28802	58-1491531	501(C)(3)	5,000.	0.			HUMAN SERVICES
OUTER BANKS COMMUNITY FOUNDATION 13 SKYLINE ROAD SOUTHERN SHORES, NC 27949	58-1516313	501(C)(3)	10,666.	0.			HUMAN SERVICES
PAMLICO COMMUNITY COLLEGE 5049 HIGHWAY 306 SOUTH GRANTSBORO, NC 28529	56-0894229	GOVERNMENT	18,720.	0.			EDUCATION

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PAMLICO HURRICANES BOOSTER CLUB PO BOX 411 BAYBORO, NC 28515	56-1861321	501(C)(3)	11,218.	0.			EDUCATION
PARTNERS IN MINISTRY 12 3RD STREET LAURINBURG, NC 28352	26-1588298	501(C)(3)	40,000.	0.			HUMAN SERVICES
PAWS PLACE INC. PO BOX 67 WINNABOW, NC 28479	56-2146059	501(C)(3)	11,250.	0.			ENVIRONMENT & ANIMALS
PBS NORTH CAROLINA (FORMERLY UNC-TV) - PO BOX 14900 - RESEARCH TRIANGLE PARK, NC 27709	56-6001393	501(C)(3)	10,250.	0.			HEALTH
PEACEMAKERS OF ROCKY MOUNT, INC. 1725 DAVIS STREET ROCKY MOUNT, NC 27803	47-2453596	501(C)(3)	14,825.	0.			EDUCATION
PENDER COUNTY HUMANE SOCIETY PO BOX 626 BURGAW, NC 28425	56-2023827	501(C)(3)	11,250.	0.			ENVIRONMENT & ANIMALS
PERSON COUNTY GOVERNMENT 331 S. MORGAN STREET ROXBORO, NC 27573		GOVERNMENT	28,000.	0.			PUBLIC & SOCIETAL BENEFIT
PETSMART CHARITIES 19601 N. 27TH AVENUE PHOENIX, AZ 85027	93-1140967	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
PFEIFFER UNIVERSITY P.O .BOX 960 MISENHEIMER, NC 28109	56-0529990	501(C)(3)	10,000.	0.			EDUCATION

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PISGAH HIGH SCHOOL 1 BLACK BEAR DRIVE CANTON, NC 28716		GOVERNMENT	26,500.	0.			EDUCATION
PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	6,500.	0.			HUMAN SERVICES
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	32,000.	0.			HUMAN SERVICES
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH, NC 27603	56-1282557	501(C)(3)	10,250.	0.			HEALTH
PLM FAMILIES TOGETHER, INC. PO BOX 14395 RALEIGH, NC 27620	56-1278004	501(C)(3)	30,000.	0.			HUMAN SERVICES
POPLAR SPRINGS UNITED METHODIST CHURCH - 1809 POPLAR SPRINGS CHURCH ROAD - SANFORD, NC 27330	56-6173567	501(C)(3)	6,610.	0.			RELIGION
PORT HEALTH SERVICES - HATTERAS CLINIC - 57635 NC HIGHWAY 12 - MANN'S HARBOR, NC 27953	20-0287545	501(C)(3)	5,000.	0.			HEALTH
POSSUMWOOD ACRES WILDLIFE SANCTUARY - 119 DOE DRIVE - HUBERT, NC 28539	20-0992910	501(C)(3)	23,000.	0.			EDUCATION
PREVENT BLINDNESS NORTH CAROLINA 4011 WESTCHASE BLVD., SUITE 225 RALEIGH, NC 27607	56-6088141	501(C)(3)	12,490.	0.			HEALTH

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PROMOTING ANIMAL WELFARE IN NC 2455 HURT DRIVE ROCKY MOUNT, NC 27804	45-4846891	501(C)(3)	11,100.	0.			ENVIRONMENT & ANIMALS
PUBLIC RADIO EAST FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562	56-1802728	501(C)(3)	18,854.	0.			ARTS, CULTURE & HUMANITIES
QUIET GIVERS PO BOX 95 BOONE, NC 28607	46-3923008	501(C)(3)	40,000.	0.			PUBLIC & SOCIETAL BENEFIT
RAFI - USA (RURAL ADVANCEMENT FOUNDATION INTERNATIONAL) - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	218,839.	0.			HUMAN SERVICES
RALEIGH CITY FARM 800 N. BLOUNT STREET RALEIGH, NC 27604	45-0603306	501(C)(3)	5,000.	0.			ENVIRONMENT & ANIMALS
RALEIGH LITTLE THEATRE 301 POGUE STREET RALEIGH, NC 27607	56-0662726	501(C)(3)	5,120.	0.			ARTS, CULTURE & HUMANITIES
RALEIGH RESCUE MISSION PO BOX 58634 RALEIGH, NC 27658	56-6024168	501(C)(3)	18,645.	0.			HUMAN SERVICES
RAVENS CROFT SCHOOL 7409 FALLS OF NEUSE ROAD RALEIGH, NC 27615-5316	56-6001583	501(C)(3)	65,172.	0.			EDUCATION
REACH OUT AND READ PO BOX 18058 ASHEVILLE, NC 28814	04-3481253	501(C)(3)	7,750.	0.			EDUCATION

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REBUILDING TOGETHER OF THE TRIANGLE - 324 S. WILMINGTON STREET, #118 - RALEIGH, NC 27601	56-1955629	501(C)(3)	52,500.	0.			HUMAN SERVICES
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA, NC 28779	56-1869575	501(C)(3)	149,638.	0.			HUMAN SERVICES
RELIGIOUS COMMUNITY SERVICES 919 GEORGE STREET NEW BERN, NC 28560	58-1553367	501(C)(3)	17,000.	0.			HUMAN SERVICES
RENAISSANCE CHARITABLE FOUNDATION, INC. - 8910 PURDUE RD, SUITE 500 - INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	12,837.	0.			PUBLIC & SOCIETAL BENEFIT
REVIVING LIVES MINISTRIES OF NEW BERN, INC. (RLM) - PO BOX 98 - NEW BERN, NC 28563	56-1677995	501(C)(3)	10,000.	0.			HUMAN SERVICES
REX HEALTHCARE FOUNDATION 2500 BLUE RIDGE ROAD, SUITE 325 RALEIGH, NC 27607	56-6052117	501(C)(3)	14,800.	0.			HEALTH
RICHMOND COUNTY BOARD OF ELECTIONS PO BOX 1843 ROCKINGHAM, NC 28380		GOVERNMENT	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
ROANOKE ECONOMIC DEVELOPMENT, INC. PO BOX 148 RICH SQUARE, NC 27869	56-2182551	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
ROBESON COUNTY BOARD OF ELECTIONS PO BOX 2159 LUMBERTON, NC 28359		GOVERNMENT	75,250.	0.			PUBLIC & SOCIETAL BENEFIT

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ROBESON COUNTY PUBLIC LIBRARY PO BOX 988 LUMBERTON, NC 28359	56-0890453	GOVERNMENT	9,070.	0.			EDUCATION
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501(C)(3)	8,270.	0.			HEALTH
ROCKY MOUNT ACADEMY 1313 AVONDALE AVENUE ROCKY MOUNT, NC 27803	23-7005337	501(C)(3)	25,000.	0.			EDUCATION
ROCKY MOUNT FAMILY YMCA INC PO BOX 4063 ROCKY MOUNT, NC 27803	56-0543251	501(C)(3)	27,790.	0.			YOUTH DEVELOPMENT
RODNEY ORR SCHOLARSHIP FUND, INC. 8163 STILLWATER DRIVE DENVER, NC 28037	84-3689030	501(C)(3)	17,687.	0.			EDUCATION
RONALD MCDONALD HOUSE OF CHAPEL HILL - 101 OLD MASON FARM ROAD - CHAPEL HILL, NC 27517	56-1413188	501(C)(3)	7,750.	0.			HEALTH
ROSEBORO ELEMENTARY SCHOOL 180 BUTLER ISLAND ROAD ROSEBORO, NC 28382	56-6001109	GOVERNMENT	6,588.	0.			EDUCATION
RUBY HABITAT FOUNDATION PO BOX 638 SHERIDAN, MT 59749	45-0487621	501(C)(3)	8,000.	0.			ENVIRONMENT & ANIMALS
RUMPLE MEMORIAL PRESBYTERIAN CHURCH - PO BOX 393 - BLOWING ROCK, NC 28605	56-0906210	501(C)(3)	21,500.	0.			RELIGION

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RURAL ECONOMIC DEVELOPMENT CENTER, INC. - 4021 CARYA DRIVE - RALEIGH, NC 27610	56-1552375	501(C)(3)	25,000.	0.			EDUCATION
SAFE HARBOR OF NC, INC. 210 SECOND STREET SE HICKORY, NC 28602	57-1215608	501(C)(3)	15,000.	0.			HUMAN SERVICES
SAFECHILD, INC. 864 WEST MORGAN STREET RALEIGH, NC 27603	56-1817816	501(C)(3)	6,000.	0.			HUMAN SERVICES
SALEEBY FAMILY YMCA 107 CARLETTA CAGLE DR. CAMERON, NC 28326	56-0582025	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
SALEM PRESBYTERIAN CHURCH 3554 AVENTS FERRY ROAD SANFORD, NC 27330	56-1161107	501(C)(3)	11,350.	0.			RELIGION
SALEM UNITED METHODIST CHURCH 3947 DUNN ROAD EASTOVER, NC 28312		501(C)(3)	5,361.	0.			RELIGION
SALEMBURG ELEMENTARY SCHOOL 404 EAST COLLEGE STREET SALEMBURG, NC 28385	56-6001109	GOVERNMENT	9,657.	0.			EDUCATION
SALT BLOCK FOUNDATION, INC. 243 THIRD AVE, NE BOX 7 HICKORY, NC 28601	56-1348489	501(C)(3)	9,300.	0.			ARTS, CULTURE & HUMANITIES
SALVATION ARMY OF CAPE FEAR PO BOX 90 WILMINGTON, NC 28402	58-0660607	501(C)(3)	8,000.	0.			HUMAN SERVICES

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SALVATION ARMY OF LEE COUNTY 507 NORTH STEELE STREET SANFORD, NC 27330	58-0660607	501(C)(3)	46,762.	0.			HUMAN SERVICES
SALVATION ARMY OF WAKE COUNTY 1863 CAPITAL BLVD RALEIGH, NC 27604	94-1156347	501(C)(3)	5,000.	0.			HUMAN SERVICES
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-2999	58-1437002	501(C)(3)	21,000.	0.			RELIGION
SAMPSON COMMUNITY COLLEGE FOUNDATION- FINANCIAL AID - PO BOX 318 - CLINTON, NC 28329	57-0834646	501(C)(3)	6,740.	0.			EDUCATION
SAMPSON COUNTY BOARD OF ELECTIONS 120 COUNTY COMPLEX RD, SUITE 110 CLINTON, NC 28328		GOVERNMENT	38,000.	0.			PUBLIC & SOCIETAL BENEFIT
SANDHILLS/MOORE COALITION FOR HUMAN CARE - 1500 W. INDIANA AVENUE - SOUTHERN PINES, NC 28387	56-1522956	501(C)(3)	7,500.	0.			HEALTH
SARAH P. DUKE GARDENS/DUKE UNIVERSITY - BOX 90341 - DURHAM, NC 27708	56-0532129	501(C)(3)	10,000.	0.			EDUCATION
SAVE THE CHILDREN FEDERATION, INC., APPALACHIAN FIELD OFFICE - 501 KINGS HIGHWAY EAST, SUITE 400 - FAIRFIELD, CT 06825	06-0726487	501(C)(3)	301,032.	0.			HUMAN SERVICES
SAVING GRACE ANIMALS FOR ADOPTION 13400 OLD CREEDMORE ROAD WAKE FOREST, NC 27587	92-0186555	501(C)(3)	6,500.	0.			ENVIRONMENT & ANIMALS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SAVING LIVES TASK FORCE 109 EXETER STREET MANTEO, NC 27954	84-4364355	501(C)(3)	15,000.	0.			HEALTH
SAYBROOK UNIVERSITY 55 W. EUREKA STREET PASADENA, CA 91103	94-2155109	501(C)(3)	8,000.	0.			EDUCATION
SCHOOLS THAT LEAD, INC. 219 OHIO AVENUE WILMINGTON, DE 19805	45-4866878	501(C)(3)	20,000.	0.			EDUCATION
SCOTTS HILL BAPTIST CHURCH 185 SCOTTS HILL LOOP ROAD WILMINGTON, NC 28411	56-1275330	501(C)(3)	16,000.	0.			RELIGION
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	194,000.	0.			HUMAN SERVICES
SHE ROCKS INC. PO BOX 215 WILMINGTON, NC 28402	47-0975678	501(C)(3)	15,000.	0.			HEALTH
SHRINER'S HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 33631-3356	36-2193608	501(C)(3)	16,123.	0.			HEALTH
SIMPLY GIRLS INC. 406 W. BROAD STREET DUNN, NC 28334	82-3406763	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
SIPE'S ORCHARD HOME 4431 COUNTY HOME ROAD CONOVER, NC 28613	56-0547524	501(C)(3)	7,580.	0.			HUMAN SERVICES

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SMILE SAFARI-PITT COUNTY HEALTH DEPARTMENT MOBILE DENTAL UNIT - 201 GOVERNMENT CIRCLE - GREENVILLE, NC 27834		GOVERNMENT	5,000.	0.			HEALTH
SMITHFIELD SELMA HIGH SCHOOL BAND 700 BOOKER DAIRY ROAD SMITHFIELD, NC 27577	56-6001055	501(C)(3)	7,800.	0.			EDUCATION
SMITHFIELD-SELMA HIGH SCHOOL 700 E BOOKER DAIRY ROAD SMITHFIELD, NC 27577-4852	56-6001055	501(C)(3)	92,324.	0.			EDUCATION
SMOKY MOUNTAIN HIGH SCHOOL 100 SMOKY MOUNTAIN DRIVE SYLVA, NC 28779		GOVERNMENT	10,802.	0.			EDUCATION
SOJOURNERS PO BOX 70730 WASHINGTON, DC 20024-0730	23-7380554	501(C)(3)	20,000.	0.			RELIGION
SOLUTIONS FOR ANIMALS, INC. PO BOX 2062 SOUTHERN PINES, NC 28388	56-2224404	501(C)(3)	25,683.	0.			ENVIRONMENT & ANIMALS
SOUTH CALDWELL CHRISTIAN MINISTRIES - PO BOX 359 - GRANITE FALLS, NC 28630	56-1339800	501(C)(3)	15,000.	0.			HUMAN SERVICES
SOUTH ROBESON HIGH SCHOOL 3268 SOUTH ROBESON ROAD ROWLAND, NC 28383		GOVERNMENT	12,938.	0.			EDUCATION
SOUTHERLY PO BOX 1996 MISSOULA, MT 59806	85-2638065	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT

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SOUTHPORT OAK ISLAND ANIMAL RESCUE (S.O.A.R.) - 3376 ST. CHARLES PLACE SE - SOUTHPORT, NC 28461	56-2107507	501(C)(3)	11,250.	0.			ENVIRONMENT & ANIMALS
SPARTA REVITALIZATION COMMITTEE PO BOX 1020 SPARTA, NC 28675	56-2191296	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTER BLVD, SUITE 201 MORRISVILLE, NC 27560	56-1149607	501(C)(3)	16,376.	0.			HUMAN SERVICES
SPRINGFIELD CHURCH OF GOD 10101 GIBSON RD LAUREL HILL, NC 28351		501(C)(3)	7,535.	0.			RELIGION
ST PAUL'S UNITED METHODIST CHURCH 300 HARPER AVE CAROLINA BEACH, NC 28428		501(C)(3)	20,000.	0.			RELIGION
ST. ANDREWS SCHOOL 350 NOXONTOWN ROAD MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	10,000.	0.			EDUCATION
ST. DAVID'S SCHOOL 3400 WHITE OAK RD RALEIGH, NC 27609	23-7241145	501(C)(3)	15,852.	0.			EDUCATION
ST. FRANCIS ANGLICAN PARISH 1089 WILKINS DRIVE SANFORD, NC 27730	47-4285062	501(C)(3)	25,000.	0.			RELIGION
ST. JAMES PARISH EPISCOPAL CHURCH 25 SOUTH THIRD STREET WILMINGTON, NC 28401	56-0529986	501(C)(3)	110,500.	0.			RELIGION

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	31,807.	0.			HEALTH
ST. LUKE UNITED METHODIST CHURCH 2916 WICKER STREET SANFORD, NC 27330	56-0583136	501(C)(3)	5,000.	0.			RELIGION
ST. MARY CATHOLIC CHURCH 217 SOUTH 4TH STREET WILMINGTON, NC 28401	56-0554204	501(C)(3)	23,700.	0.			EDUCATION
ST. PAUL'S EPISCOPAL CHURCH OF BEAUFORT - 215 ANN STREET - BEAUFORT, NC 28516-2103	56-0940449	501(C)(3)	10,500.	0.			RELIGION
STANLY COUNTY FAMILY YMCA 427 NORTH FIRST STREET ALBEMARLE, NC 28001	58-1582063	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
STAR ELEMENTARY SCHOOL 302 S. MAIN STREET STAR, NC 27356	56-6001076	GOVERNMENT	8,843.	0.			EDUCATION
STAR PRESBYTERIAN CHURCH PO BOX 697 STAR, NC 27356	56-1389350	501(C)(3)	5,400.	0.			RELIGION
STARMOUNT HIGH SCHOOL 2516 LONGTOWN ROAD BOONVILLE, NC 27011	56-6001137	GOVERNMENT	7,683.	0.			EDUCATION
STATESVILLE FAMILY YMCA 828 WESLEY DRIVE STATESVILLE, NC 28677	56-0530015	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

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STEP UP WILMINGTON 20 N. FOURTH STREET, SUITE 430 WILMINGTON, NC 28401	54-2074778	501(C)(3)	34,420.	0.			HUMAN SERVICES
STEPUP MINISTRY 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	11,480.	0.			HUMAN SERVICES
STOKES FAMILY YMCA 105 MOORE RD KING, NC 27021	56-0530015	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
STRENGTHENING THE BLACK FAMILY PO BOX 28716 RALEIGH, NC 27611	56-1595345	501(C)(3)	6,770.	0.			HUMAN SERVICES
STUDENT ACTION WITH FARMWORKERS 1317 W. PETTIGREW STREET DURHAM, NC 27705	56-1789014	501(C)(3)	58,000.	0.			EDUCATION
STURGEON CITY OF JACKSONVILLE NC PO BOX 1056 JACKSONVILLE, NC 28541	56-2228246	501(C)(3)	13,000.	0.			ENVIRONMENT & ANIMALS
SUMMIT INTERNATIONAL SCHOOL OF MINISTRY - 74 HARRISON SCHOOL ROAD - GRANTVILLE, PA 17028	25-1732398	501(C)(3)	5,870.	0.			RELIGION
SUNSET AVENUE BAPTIST CHURCH 3732 SUNSET AVENUE ROCKY MOUNT, NC 27804	56-1084553	501(C)(3)	7,500.	0.			RELIGION
SURRY MEDICAL MINISTRIES FOUNDATION, INC. - PO BOX 349 - MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	40,000.	0.			HEALTH

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SUSAN G. KOMEN PO BOX 801889 DALLAS, TX 75380	75-1835298	501(C)(3)	250,000.	0.			HEALTH
SWISS BEAR, INC. PO BOX 597 NEW BERN, NC 28562	56-1255578	501(C)(3)	16,123.	0.			HUMAN SERVICES
TARBORO COMMUNITY OUTREACH 701 CEDAR LANE TARBORO, NC 27886	56-1557200	501(C)(3)	24,985.	0.			HUMAN SERVICES
TEAM GREEN INC. 840 E. MASSACHUSETTS AVENUE SOUTHERN PINES, NC 28387	27-3709820	501(C)(3)	5,000.	0.			HUMAN SERVICES
TEMPLE THEATRE PO BOX 1391 SANFORD, NC 27330	58-1468163	501(C)(3)	12,356.	0.			ARTS, CULTURE & HUMANITIES
THALIAN HALL CENTER FOR THE PERFORMING ARTS - PO BOX 371 - WILMINGTON, NC 28402	23-7209601	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
THE AMERICAN RED CROSS SERVING EASTERN NC REGION - 100 NORTH PEARTREE LANE - RALEIGH, NC 27610	53-0196605	501(C)(3)	5,000.	0.			HUMAN SERVICES
THE ANGLO-AMERICAN CHARITABLE FOUNDATION - PO BOX 1717 - SMITHFIELD, NC 27577	43-2031982	501(C)(3)	12,200.	0.			PUBLIC & SOCIETAL BENEFIT
THE ARC OF MOORE COUNTY PO BOX 773 SOUTHERN PINES, NC 28388	56-0960343	501(C)(3)	7,000.	0.			HUMAN SERVICES

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THE BENEDICTINES OF MARY, QUEEN OF PEACE - 687 MOSS ROAD - RUTHERFORDTON, NC 28139		501(C)(3)	10,627.	0.			RELIGION
THE BILLFISH FOUNDATION 5100 N. FEDERAL HWY, SUITE 200 FORT LAUDERDALE, FL 33310	59-2694327	501(C)(3)	20,000.	0.			ENVIRONMENT & ANIMALS
THE BLACKBAUD GIVING FUND 200 DANIEL ISLAND DRIVE, SUITE 200 CHARLESTON, SC 29492	46-0942102	501(C)(3)	708,905.	0.			PUBLIC & SOCIETAL BENEFIT
THE CAROUSEL CENTER 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)(3)	19,000.	0.			HUMAN SERVICES
THE CHILDREN'S PLAYHOUSE 400 TRACY CIRCLE BOONE, NC 28607	27-0065653	501(C)(3)	153,000.	0.			YOUTH DEVELOPMENT
THE COMMUNITY KITCHEN PO BOX 513 CANTON, NC 28716	51-0605733	501(C)(3)	15,910.	0.			HUMAN SERVICES
THE CONGREGATION AT DUKE CHAPEL BOX 90974 DURHAM, NC 27708	56-1472890	501(C)(3)	5,000.	0.			RELIGION
THE CORNER TABLE PO BOX 1051 NEWTON, NC 28658	94-3418768	501(C)(3)	14,500.	0.			HUMAN SERVICES
THE DANIEL CENTER FOR MATH AND SCIENCE - 735 ROCK QUARRY ROAD - RALEIGH, NC 27610	27-1597059	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

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THE ENRICHMENT CENTER OF LEE COUNTY - 1615 SOUTH 3RD STREET - SANFORD, NC 27330	58-1863088	501(C)(3)	12,326.	0.			HUMAN SERVICES
THE FIRST TEE OF GREATER WILMINGTON - PO BOX 7184 - WILMINGTON, NC 28406	27-0106935	501(C)(3)	14,500.	0.			YOUTH DEVELOPMENT
THE GENERAL WILLIAM C. LEE MEMORIAL COMMISSION, INC. - PO BOX 1111 - DUNN, NC 28335	58-1497383	501(C)(3)	26,240.	0.			ARTS, CULTURE & HUMANITIES
THE HARRELSON CENTER 20 NORTH 4TH STREET, SUITE 214 WILMINGTON, NC 28401	20-3598248	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE HILL CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	15,000.	0.			EDUCATION
THE HILL SCHOOL CORPORATION OF MIDDLEBURG, VA - PO BOX 65 - MIDDLEBURG, VA 20118-0065	54-1938041	501(C)(3)	25,000.	0.			EDUCATION
THE JESSE HELMS CENTER FOUNDATION, INC. - PO BOX 247 - WINGATE, NC 28174-0247	56-1613516	501(C)(3)	25,050.	0.			EDUCATION
THE JOEL LANE HOUSE, INC. PO BOX 10884 RALEIGH, NC 27605	56-6133619	501(C)(3)	5,200.	0.			ARTS, CULTURE & HUMANITIES
THE JOHNSTON MEMORIAL HOSPITAL FOUNDATION - PO BOX 1376 - SMITHFIELD, NC 27577	56-1831806	501(C)(3)	6,230.	0.			HEALTH

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THE NATURE CONSERVANCY - WYOMING 258 MAIN STREET LANDER, WY 82520	53-0242652	501(C)(3)	50,000.	0.			ENVIRONMENT & ANIMALS
THE NATURE CONSERVANCY OF NORTH CAROLINA - 334 BLACKWELL STREET, SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	119,206.	0.			ENVIRONMENT & ANIMALS
THE NEWS & OBSERVER 421 FAYETTEVILLE ST., SUITE 104 RALEIGH, NC 27601	46-0908502	501(C)(3)	10,555.	0.			PUBLIC & SOCIETAL BENEFIT
THE OUTREACH CENTER PO BOX 1003 MORGANTON, NC 28680	56-2221575	501(C)(3)	5,000.	0.			EDUCATION
THE POYNTER INSTITUTE 801 THIRD STREET SOUTH ST. PETERSBURG, FL 33701	59-1630423	501(C)(3)	7,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE RALEIGH SCHOOL 1141 RALEIGH SCHOOL DRIVE RALEIGH, NC 27607	56-0729351	501(C)(3)	10,900.	0.			EDUCATION
THE SALVATION ARMY BOYS & GIRLS CLUB OF HICKORY - PO BOX 1167 - HICKORY, NC 28603	58-0660607	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE SALVATION ARMY DIVISION HEADQUARTERS - PO BOX 241808 - CHARLOTTE, NC 28224	58-0660607	501(C)(3)	9,332.	0.			HUMAN SERVICES
THE UNIVERSITY OF MOUNT OLIVE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	39,820.	0.			EDUCATION

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TOBACCO FARM LIFE MUSEUM PO BOX 88 KENLY, NC 27542	58-1544798	501(C)(3)	7,000.	0.			ARTS, CULTURE & HUMANITIES
TOPSAIL HIGH SCHOOL 245 N. ST. JOHNS CHURCH ROAD HAMPSTEAD, NC 28443	56-6001599	GOVERNMENT	13,545.	0.			EDUCATION
TOWN OF CANTON 58 PARK STREET CANTON, NC 28716	56-6001192	GOVERNMENT	69,750.	0.			PUBLIC & SOCIETAL BENEFIT
TOWN OF ORIENTAL PO BOX 472 ORIENTAL, NC 28571-0472	56-1092769	GOVERNMENT	10,400.	0.			PUBLIC & SOCIETAL BENEFIT
TOWN OF PRINCEVILLE 201 SOUTH MAIN STREET PRINCEVILLE, NC 27886	56-0928779	GOVERNMENT	16,700.	0.			PUBLIC & SOCIETAL BENEFIT
TOWN OF SMITHFIELD PO BOX 761 SMITHFIELD, NC 27577	56-6001335	GOVERNMENT	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
TRIED BY FIRE INC P.O. BOX 12691 NEW BERN, NC 28560	46-1880085	501(C)(3)	5,000.	0.			HUMAN SERVICES
TRINITY CENTER 618 SALTER PATH ROAD ATLANTIC BEACH, NC 28512	56-0552784	501(C)(3)	6,000.	0.			HUMAN SERVICES
TRINITY MUSIC ACADEMY 239 NORTH RUSSELL STREET TROY, NC 27371	56-0773370	501(C)(3)	14,239.	0.			RELIGION

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TRINITY UNITED METHODIST CHURCH OF TROY - 239 N. RUSSELL STREET - TROY, NC 27371	56-0773370	501(C)(3)	23,884.	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, INC.) - 1820 JAMES STREET - DURHAM, NC 27707	56-1861158	501(C)(3)	33,780.	0.			HUMAN SERVICES
TROY PRESBYTERIAN CHURCH 202 EAST MAIN STREET TROY, NC 27371		501(C)(3)	13,276.	0.			RELIGION
TRYON PALACE FOUNDATION, INC. 529 S. FRONT STREET NEW BERN, NC 28562	56-1795949	501(C)(3)	20,000.	0.			ARTS, CULTURE & HUMANITIES
TURTLE ISLAND PRESERVE 2683 LITTLE LAUREL RD. BOONE, NC 28607	27-2989707	501(C)(3)	12,405.	0.			YOUTH DEVELOPMENT
TWIN RIVERS YMCA 100 YMCA LANE NEW BERN, NC 28560	58-1402035	501(C)(3)	15,000.	0.			YOUTH DEVELOPMENT
UNC CHAPEL HILL SCHOOL OF SOCIAL WORK - CAMPUS BOX 3550 - CHAPEL HILL, NC 27599-3550	59-1711424	501(C)(3)	5,000.	0.			EDUCATION
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - 123 W. FRANKLIN STREET, SUITE 510 - CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	14,000.	0.			HEALTH

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UNC PRESS 116 SOUTH BOUNDARY STREET CHAPEL HILL, NC 27514	56-6001394	501(C)(3)	15,500.	0.			EDUCATION
UNC WILMINGTON CAMERON SCHOOL OF BUSINESS - 601 SOUTH COLLEGE ROAD - WILMINGTON, NC 28403	56-1258660	GOVERNMENT	5,000.	0.			EDUCATION
UNITED ARTS COUNCIL OF CATAWBA COUNTY - 243 THIRD AVENUE NE, BOX 5 - HICKORY, NC 28601	56-6065114	501(C)(3)	5,100.	0.			ARTS, CULTURE & HUMANITIES
UNITED CHRISTIAN MINISTRIES OF JACKSON COUNTY - PO BOX 188 - SYLVA, NC 28779	56-1659229	501(C)(3)	5,360.	0.			HUMAN SERVICES
UNITED DAUGHTERS OF THE CONFEDERACY - BENNETT PLACE CHAPTER 2241 - 408 SPORTSMAN TRAIL - WENDELL, NC 27591	56-6088094	501(C)(3)	20,594.	0.			ARTS, CULTURE & HUMANITIES
UNITED WAY OF CALDWELL COUNTY PO BOX 1316 LENOIR, NC 28645	56-6067038	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY OF ONSLOW COUNTY 403 NORTH BAYSHORE BOULEVARD JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNITED WAY OF WAYNE COUNTY PO BOX 10893 GOLDSBORO, NC 27532	56-0611553	501(C)(3)	18,519.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	181,577.	0.			PUBLIC & SOCIETAL BENEFIT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MOUNT OLIVE - FINANCIAL AID - 634 HENDERSON STREET - MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	7,440.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - DEPT. OF PSYCHIATRY - CAMPUS BOX 7160 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	10,100.	0.			HEALTH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL- FINANCIAL AID - 450 RIDGE ROAD, CB 1400, SUITE 2215, SASB NORTH - CHAPEL HILL, NC	56-6001393	501(C)(3)	186,830.	0.			HEALTH
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE- FINANCIAL AID - 9201 UNIVERSITY CITY BOULEVARD - CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	35,510.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - FINANCIAL AID - PO BOX 26170 - GREENSBORO, NC 27402	56-6001468	GOVERNMENT	43,875.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT PEMBROKE- FINANCIAL AID - PO BOX 1510 - PEMBROKE, NC 28372-1510	56-6000805	501(C)(3)	16,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 SOUTH COLLEGE ROAD - WILMINGTON, NC 28403-5990	56-1258660	GOVERNMENT	25,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON- FINANCIAL AID - 601 S. COLLEGE ROAD - WILMINGTON, NC 28403-5951	56-1258660	GOVERNMENT	88,505.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS FOUNDATION, INC. - 1533 SOUTH MAIN STREET - WINSTON SALEM, NC 27127	56-6064850	501(C)(3)	11,210.	0.			EDUCATION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 700 CHILDS WAY, JHH 324 LOS ANGELES, CA 90089-0914	95-1642394	501(C)(3)	5,000.	0.			EDUCATION
UNIVERSITY RADIO FOUNDATION, INC. 8801 JM KEYNES DRIVE, STE 91 CHARLOTTE, NC 28262	56-1803808	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
URBAN MINISTRIES OF WAKE COUNTY, INC. - 1390 CAPITAL BOULEVARD - RALEIGH, NC 27603	58-1422700	501(C)(3)	5,000.	0.			HUMAN SERVICES
VALLE CRUCIS ELEMENTARY SCHOOL PTA 2998 BROADSTONE ROAD SUGAR GROVE, NC 28679	47-5359951	501(C)(3)	50,000.	0.			EDUCATION
VECINOS, INC. FARMWORKER HEALTH PROGRAM - 173 HHS BUILDING, WCU, 3971 LITTLE SAVANNAH ROAD - CULLOWHEE, NC 28723	57-1192063	501(C)(3)	45,500.	0.			HEALTH
VIDANT BEAUFORT HOSPITAL 628 EAST 12TH STREET WASHINGTON, NC 27889	56-0675676	501(C)(3)	22,206.	0.			HEALTH
VIDANT HEALTH FOUNDATION 690 MEDICAL DRIVE GREENVILLE, NC 27835	20-0777374	501(C)(3)	14,332.	0.			HEALTH
VILLAGE FOR FAMILIES AND CHILDREN, INC. - 1680 ALBANY AVENUE - HARTFORD, CT 06105	06-0668594	501(C)(3)	5,000.	0.			HUMAN SERVICES
VIRGINIA EPISCOPAL SCHOOL 400 V.E.S. ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	22,500.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VOCATIONAL OPPORTUNITIES OF CHEROKEE, INC. - PO BOX 653 - CHEROKEE, NC 28719	56-1059214	501(C)(3)	8,970.	0.			EDUCATION
WAKE FOREST UNIVERSITY FOUNDATION PO BOX 7227 WINSTON-SALEM, NC 27109-7227	56-0532138	501(C)(3)	30,000.	0.			EDUCATION
WAKE TECHNICAL COMMUNITY COLLEGE- FINANCIAL AID - 9101 FAYETTEVILLE ROAD - RALEIGH, NC 27603	23-7017752	501(C)(3)	6,200.	0.			EDUCATION
WAKEMED FOUNDATION 3000 NEW BERN AVENUE RALEIGH, NC 27610	56-1916549	501(C)(3)	29,000.	0.			HEALTH
WASH AWAY UNEMPLOYMENT INC. PO BOX 12274 NEW BERN, NC 28561	27-2192978	501(C)(3)	5,000.	0.			HUMAN SERVICES
WASHINGTON COUNTY GOVERNMENT PO BOX 1007 PLYMOUTH, NC 27962		GOVERNMENT	14,000.	0.			PUBLIC & SOCIETAL BENEFIT
WASHINGTON HIGH SCHOOL 400 SLATESTONE ROAD WASHINGTON, NC 27889	56-6000991	GOVERNMENT	16,390.	0.			EDUCATION
WATAUGA HIGH SCHOOL 300 GO PIONEERS DRIVE BOONE, NC 28607	56-6001130	GOVERNMENT	5,600.	0.			EDUCATION
WATAUGA HUMANE SOCIETY PO BOX 1835 BOONE, NC 28607	23-7128331	501(C)(3)	18,440.	0.			ENVIRONMENT & ANIMALS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WAYNE COUNTY BOARD OF ELECTIONS 309 E. CHESTNUT ST. GOLDSBORO, NC 27530		GOVERNMENT	74,250.	0.			PUBLIC & SOCIETAL BENEFIT
WESLEY CHAPEL UNITED METHODIST CHURCH - 16330 DUNN ROAD - DUNN, NC 28334	30-0723851	501(C)(3)	10,978.	0.			RELIGION
WESLEY SHELTER, INC. PO BOX 1426 WILSON, NC 27894	56-1383462	501(C)(3)	25,000.	0.			HUMAN SERVICES
WESTERN CAROLINA UNIVERSITY-FINANCIAL AID - 118 KILLIAN ANNEX - CULLOWHEE, NC 28723	56-6001440	GOVERNMENT	37,576.	0.			EDUCATION
WESTERN PIEDMONT SYMPHONY, INC. 243 THIRD AVENUE, NE, SUITE 1-N HICKORY, NC 28601	56-1023290	501(C)(3)	16,830.	0.			ARTS, CULTURE & HUMANITIES
WESTVIEW UNITED METHODIST CHURCH 2877 PINEY WOODS ROAD BURGAW, NC 28425	56-1312852	501(C)(3)	16,684.	0.			RELIGION
WFDD PUBLIC RADIO 8850 WAKE FOREST ROAD WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	15,000.	0.			EDUCATION
WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608	56-0538014	501(C)(3)	110,000.	0.			RELIGION
WHITES MEMORIAL BAPTIST 2930 WHITES MEMORIAL ROAD FRANKLINVILLE, NC 27248		501(C)(3)	10,000.	0.			RELIGION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WHITEVILLE HIGH SCHOOL 413 NORTH LEE STREET WHITEVILLE, NC 28472		GOVERNMENT	8,595.	0.			EDUCATION
WHQR - FRIENDS OF PUBLIC RADIO 254 NORTH FRONT STREET, THIRD FLOOR WILMINGTON, NC 28401	58-1399301	501(C)(3)	6,400.	0.			ARTS, CULTURE & HUMANITIES
WILKES COMMUNITY COLLEGE- FINANCIAL AID - PO BOX 120 - WILKESBORO, NC 28697	56-0846669	GOVERNMENT	5,000.	0.			EDUCATION
WILKES COMMUNITY COLLEGE FOUNDATION - PO BOX 120 - WILKESBORO, NC 28697	23-7338790	501(C)(3)	25,000.	0.			EDUCATION
WILKES EDUCATION FOUNDATION PO BOX 1026 NORTH WILKESBORO, NC 28659	58-1652979	501(C)(3)	9,190.	0.			EDUCATION
WILMINGTON AREA REBUILDING MINISTRY, INC. - 5058 WRIGHTSVILLE AVENUE - WILMINGTON, NC 28403	56-2076795	501(C)(3)	7,500.	0.			HUMAN SERVICES
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 27895	51-0141533	501(C)(3)	11,100.	0.			ENVIRONMENT & ANIMALS
WILSON COUNTY INTERFAITH SERVICES 309 GOLDSBORO STREET EAST WILSON, NC 27893	56-1542631	501(C)(3)	33,000.	0.			HUMAN SERVICES
WINSTON-SALEM STATE UNIVERSITY- FINANCIAL AID - 601 S. MARTIN LUTHER KING, JR. DR., 201 THOMPSON CENTER - WINSTON-SALEM, NC 27110	56-6023166	501(C)(3)	12,500.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WNCU 90.7 FM BOX 19875 DURHAM, NC 27707	56-6000730	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
WOMEN'S CENTER OF WAKE COUNTY 400 S. WEST STREET RALEIGH, NC 27601	58-1316004	501(C)(3)	12,800.	0.			HUMAN SERVICES
WORKING NARRATIVES PO BOX 448 WILMINGTON, NC 28402	81-1408770	501(C)(3)	30,000.	0.			ARTS, CULTURE & HUMANITIES
YADKIN FAMILY YMCA 6540 SERVICE ROAD YADKINVILLE, NC 27055	56-0530015	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
YMCA OF ALBEMARLE 1240 NORTH ROAD STREET ELIZABETH CITY, NC 27909	54-0445205	501(C)(3)	5,000.	0.			HUMAN SERVICES
YMCA OF AVERY COUNTY PO BOX 707 LINVILLE, NC 28646	20-4910495	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
YMCA OF CATAWBA VALLEY 701 FIRST STREET, NW HICKORY, NC 28601	56-0928743	501(C)(3)	35,000.	0.			YOUTH DEVELOPMENT
YMCA OF GREENSBORO 620 GREEN VALLEY #210 GREENSBORO, NC 27408	56-0543243	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
YMCA OF THE SANDHILLS 107 CARLETTA CAGLE DR. CAMERON, NC 28326	56-0582025	501(C)(3)	11,073.	0.			YOUTH DEVELOPMENT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 THE TRIANGLE 801 CORPORATE CENTER DRIVE, SUITE 2 RALEIGH, NC 27607	56-0591307	501(C)(3)	158,153.	0.			YOUTH DEVELOPMENT
YMCA OF WESTERN NC 40 NORTH MERRIMON AVENUE, SUITE 309 ASHEVILLE, NC 28804	56-0530013	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
YOUNG HARRIS COLLEGE PO BOX 98 YOUNG HARRIS, GA 30582	58-0593414	501(C)(3)	22,570.	0.			EDUCATION
YOUNG LIFE - LEE COUNTY 641 FAIRWAY DRIVE SANFORD, NC 27330	84-0385934	501(C)(3)	5,000.	0.			RELIGION
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)	98,000.	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)	18,000.	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)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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)	224,808.	0.	720.	14,044.	20,514.	260,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILSON SIMMONS CFO	(i)	135,250.	400.	600.	8,268.	8,170.	152,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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](http://www.irs.gov/Form990) for instructions and 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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	53	9,163,043.	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	X	2	677,752.	SALES PROCEEDS
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 V, Donee Acknowledgement 29 2

	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.		

**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.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

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:**

THE NCCF IS THE SINGLE STATEWIDE COMMUNITY FOUNDATION SERVING NORTH CAROLINA AND HAS ADMINISTERED MORE THAN \$217 MILLION IN GRANTS SINCE ITS INCEPTION IN 1988. NCCF SUSTAINS MORE THAN 1,200 ENDOWMENTS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF COMMUNITY NEEDS, NONPROFIT ORGANIZATIONS, INSTITUTIONS AND SCHOLARSHIPS. THE NCCF PARTNERS WITH A NETWORK OF AFFILIATE FOUNDATIONS TO PROVIDE LOCAL RESOURCE ALLOCATION AND COMMUNITY ASSISTANCE ACROSS THE STATE. AN IMPORTANT COMPONENT OF NCCF'S MISSION IS TO ENSURE THAT RURAL PHILANTHROPY HAS A VOICE AT LOCAL, REGIONAL AND NATIONAL LEVELS.

**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, 2021, THE NETWORK GENERATED SERVICE REVENUE OF \$250,534 FROM MEMBERSHIP INCOME, CONFERENCE/SEMINAR REGISTRATION PAYMENTS, AND FEE-FOR-SERVICE REVENUE.

EXPENSES \$ 539,581. INCLUDING GRANTS OF \$ 0. REVENUE \$ 250,534.

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

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ORGANIZATIONS AND CORPORATE GRANT PROGRAMS THAT SUPPORT NON-PROFIT

ORGANIZATIONS ACROSS THE STATE.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 333,187.

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 1,200 COMPONENT FUNDS ESTABLISHED TO PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF OUR DONORS' PHILANTHROPIC GOALS, INCLUDING COMMUNITY NEEDS, NON-PROFIT ORGANIZATIONS AND SCHOLARSHIPS ACROSS NORTH CAROLINA, WITH AN EMPHASIS ON UNDERSERVED 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](http://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:

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DURING OUR FISCAL YEAR ENDING MARCH 31, 2021, DONORS GAVE OVER \$38 MILLION TO THE NCCF TO HELP CARRY OUT THEIR CHARITABLE GOALS AND INTENTIONS.

THE NCCF OFFERS ITS DONORS MANY VEHICLES TO HELP THEM ACHIEVE THEIR CHARITABLE OBJECTIVES, INCLUDING:

UNRESTRICTED FUNDS

SCHOLARSHIP FUNDS

FIELD OF INTEREST FUNDS

DESIGNATED FUNDS

DONOR-ADVISED FUNDS

NAMED FUNDS

ORGANIZATIONAL ENDOWMENT FUNDS

CORPORATE FUNDS

NCCF OPERATING FUNDS

METHODS OF GIVING CAN INCLUDE CASH GIFTS, SECURITIES, REAL ESTATE, TESTAMENTARY GIFTS, LIFE INSURANCE AND CHARITABLE REMAINDER OR LEAD TRUSTS. BY POOLING FUNDS AND LEVERAGING THE POWER OF AGGREGATE FUND ADMINISTRATION, THE NCCF ENABLES DONORS TO MAXIMIZE THE IMPACT OF THEIR GIFTS AND ENSURES PERMANENT RESOURCES FOR SPECIFIC CHARITIES AND CAUSES. THE NCCF ALSO HELPS TO ENSURE THAT LOCAL DOLLARS STAY LOCAL.

ADDITIONAL BENEFITS TO NCCF DONORS INCLUDE:

CHOICE

PERMANENCE

TAX DEDUCTIONS

SECURITY

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PUBLIC ACCOUNTABILITY

COMMEMORATION

SIMPLICITY AND CONVENIENCE

VALUE

FOR COMMUNITIES: AS OF MARCH 31, 2021, 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

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STATE WHILE CONTINUING TO THE BUILD THE STATEWIDE WOMEN'S FUND OF NORTH CAROLINA.

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

FOR MORE INFORMATION: HIGHLIGHTS OF SPECIFIC AFFILIATE PROGRAMS FOR THE YEAR ENDED MARCH 31, 2021, ARE OUTLINED ON OUR WEBSITE AND IN THE NCCF ANNUAL REPORT, AVAILABLE ONLINE AT [WWW.NCCOMMUNITYFOUNDATION.ORG](http://WWW.NCCOMMUNITYFOUNDATION.ORG).

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD PRIOR TO FILING.

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



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

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

THE FOUNDATION'S INDEPENDENT EXECUTIVE COMMITTEE REVIEWS COMPARABILITY DATA FOR THE CEO ANNUALLY. THE DECISION ON THE AMOUNT OF COMPENSATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES OF THE FOUNDATION. THE COMPARABILITY DATA IS OBTAINED FROM EXECUTIVE COMPENSATION AMOUNTS REPORTED ON THE IRS FORMS 990 AND NON-PROFIT SECTOR COMPENSATION SURVEYS OF SIMILAR SIZED FOUNDATIONS. IN ADDITION THE COMPENSATION FOR ALL EMPLOYEES ARE ANNUALLY REVIEWED BASED ON THOSE COMPENSATION SURVEYS.

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

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

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

CHANGE IN CSV OF INSURANCE POLICIES	51,010.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	159,366.
TOTAL TO FORM 990, PART XI, LINE 9	210,376.