

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public
Inspection

A For the **2022** calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">NORTH CAROLINA COMMUNITY FOUNDATION</div> Doing business as <div style="border: 1px solid black; padding: 2px;"></div> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">3737 GLENWOOD AVENUE 460</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">RALEIGH, NC 27612</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">58-1661700</div>
	E Telephone number <div style="border: 1px solid black; padding: 2px;">919-828-4387</div>	
	G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">316,451,967.</div>	
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
	H(c) Group exemption number <div style="border: 1px solid black; padding: 2px;"></div>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: <div style="border: 1px solid black; padding: 2px;">WWW.NCCOMMUNITYFOUNDATION.ORG</div>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <div style="border: 1px solid black; padding: 2px;">1986</div>
M State of legal domicile: <div style="border: 1px solid black; padding: 2px;">NC</div>		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE O</div>	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 41
	6 Total number of volunteers (estimate if necessary)	6 1426
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -8,305.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 57,658,369. Current Year 21,063,892.
	9 Program service revenue (Part VIII, line 2g)	674,556. 4,201,141.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,521,340. -863,127.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,935. -24,282.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	109,848,330. 24,377,624.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,470,983. 3,540,105.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) <div style="border: 1px solid black; padding: 2px;">513,455.</div>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,610,086. 6,438,940.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,315,811. 39,927,878.
	19 Revenue less expenses. Subtract line 18 from line 12	78,532,519. -15,550,254.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 442,779,010. End of Year 403,436,279.
	21 Total liabilities (Part X, line 26)	38,406,318. 36,516,479.
	22 Net assets or fund balances. Subtract line 21 from line 20	404,372,692. 366,919,800.

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.

	Signature of officer <div style="border: 1px solid black; padding: 2px;">JENNIFER TOLLE WHITESIDE, PRESIDENT & CEO</div>	Date <div style="border: 1px solid black; padding: 2px;"></div>
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">PAULA WENDLING</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;"><i>Paula Wendling</i></div>
	Date <div style="border: 1px solid black; padding: 2px;">2023.12.13 02:36:10 -05'00'</div>	Check <input type="checkbox"/> if self-employed PTIN <div style="border: 1px solid black; padding: 2px;">P00536805</div>
	Firm's name <div style="border: 1px solid black; padding: 2px;">CHERRY BEKAERT ADVISORY LLC</div>	Firm's EIN <div style="border: 1px solid black; padding: 2px;">88-2730877</div>
	Firm's address <div style="border: 1px solid black; padding: 2px;">3800 GLENWOOD AVE, SUITE 200 RALEIGH, NC 27612</div>	Phone no. <div style="border: 1px solid black; padding: 2px;">919-782-1040</div>

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 THROUGH PHILANTHROPY.
(SEE SCHEDULE O)

- 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

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ **X** No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,282,303. including grants of \$ 21,312,428.) (Revenue \$)
HUMAN SERVICES & PUBLIC AND SOCIETAL BENEFIT: DISBURSED 2,038 GRANTS TO
COMMUNITY SERVICE ORGANIZATIONS TO SUPPORT VOLUNTEERISM, COMMUNITY
SERVICE AND ECONOMIC DEVELOPMENT PROGRAMS WITH A FOCUS ON RURAL
COMMUNITIES.

4b (Code:) (Expenses \$ 8,008,289. including grants of \$ 7,330,722.) (Revenue \$)
EDUCATION & SCHOLARSHIPS: DISBURSED 952 GRANTS TO ASSIST NORTH
CAROLINIANS IN PURSUIT OF THEIR ACADEMIC GOALS AT VARIOUS ORGANIZATIONS
INCLUDING LIBRARIES AND EDUCATIONAL INSTITUTIONS. STUDENTS STUDIED A
WIDE VARIETY OF SUBJECTS. FOR MORE INFORMATION ABOUT OPPORTUNITIES,
APPLICATIONS, AND OUR SELECTION PROCESS, PLEASE VISIT
WWW.NCCOMMUNITYFOUNDATION.ORG.

4c (Code:) (Expenses \$ 1,426,365. including grants of \$ 1,305,683.) (Revenue \$)
ARTS, CULTURE & HUMANITIES: DISBURSED 305 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 \$ 4,261,920. including grants of \$) (Revenue \$ 4,201,141.)**4e** Total program service expenses 36,978,877.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6 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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b 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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b 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>	15 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>	16	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. See instructions</i>	17	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>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	23
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a 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	41
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a 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)?	4a	X
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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a 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?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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 the instructions and file Form 4720, Schedule N.	15	X
16 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
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	16			
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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 ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 0.00			X				264,202.	0.	41,592.
(2) WILSON SIMMONS CFO	40.00 0.00			X				149,720.	0.	19,154.
(3) KATHRYN R HOLDING VICE PRESIDENT OF PHILANTHROPIC SERV	40.00 0.00				X			132,165.	0.	22,926.
(4) DENISE L MARSHALL VICE PRESIDENT, PEOPLE & CULTURE	40.00 0.00				X			121,246.	0.	18,337.
(5) MICHELLE K BRISTOW DIRECTOR OF FINANCE	40.00 0.00				X			103,135.	0.	30,064.
(6) JOHN HARTLEY CIO	40.00 0.00				X			101,886.	0.	6,097.
(7) KATHARINE H. HARDIN CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) MARY W. WILLIS TREASURER	1.00 0.00	X		X				0.	0.	0.
(9) F. TIMOTHY NICHOLLS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) CATHARINE BIGGS ARROWOOD DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) JUAN AUSTIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) JOHN R. BRATTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) PETER M. BRISTOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) ANGELA GAILLIARD DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JAN HAYES DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CHARLES LOVELACE DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) HILDA PINNIX-RAGLAND DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TODD SEARS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MADHU SHARMA DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JANE THORNE DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) STEVE W. WANGERIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JOHN W. WILLINGHAM DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								872,354.	0.	138,170.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								872,354.	0.	138,170.

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

6

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		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
HAZELTINE LLC 630 E HAMMOND STREET, DURHAM, NC 27704	CONSULTING	144,225.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	55,887.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,008,005.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,291,437.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMINISTRATIVE FEES AND OTHER REV	Business Code	900099	3,879,597.	3,879,597.		
	b NC NETWORK OF GRANTMAKERS		900099	321,544.	321,544.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				4,201,141.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,751,917.		-8,305.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 55,887. of contributions reported on line 1c). See Part IV, line 18		8a	44,113.				
b Less: direct expenses		8b	68,395.				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				24,377,624.	4,201,141.	-8,305.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,853,333.	29,853,333.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	95,500.	95,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	412,220.	248,486.	118,967.	44,767.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,461,659.	1,483,888.	710,435.	267,336.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	163,413.	98,505.	47,161.	17,747.
9 Other employee benefits	295,555.	178,161.	85,297.	32,097.
10 Payroll taxes	207,258.	124,935.	59,815.	22,508.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,430.		5,430.	
c Accounting	49,660.		49,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	980,836.		980,836.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	479,193.	448,867.	30,326.	
12 Advertising and promotion	78,248.	47,168.	22,582.	8,498.
13 Office expenses	95,935.	57,829.	27,687.	10,419.
14 Information technology	302,700.	182,467.	87,359.	32,874.
15 Royalties				
16 Occupancy	421,368.	254,000.	121,607.	45,761.
17 Travel	86,716.	71,750.	10,874.	4,092.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	60,573.	40,740.	15,071.	4,762.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,239.	49,574.	23,734.	8,931.
23 Insurance	77,342.	46,622.	22,321.	8,399.
24 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.)				
a GRANT ADMINISTRATION EX	3,531,367.	3,531,367.		
b FUND OPERATING EXPENSES	136,467.	136,467.		
c DUES & MEMBERSHIPS	48,470.	29,218.	13,988.	5,264.
d				
e All other expenses	2,396.		2,396.	
25 Total functional expenses. Add lines 1 through 24e	39,927,878.	36,978,877.	2,435,546.	513,455.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,711,042.	1	6,296,386.
	2 Savings and temporary cash investments	517,960.	2	250,000.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,815.	4	8,350.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	572,028.	9	580,598.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 693,083.		
	b Less: accumulated depreciation	10b 548,799.	10c	144,284.
	11 Investments - publicly traded securities	390,558,286.	11	338,074,864.
	12 Investments - other securities. See Part IV, line 11	36,224,806.	12	51,091,003.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,975,661.	15	6,990,794.
16 Total assets. Add lines 1 through 15 (must equal line 33)	442,779,010.	16	403,436,279.	
Liabilities	17 Accounts payable and accrued expenses	13,228.	17	254,582.
	18 Grants payable	344,922.	18	125,000.
	19 Deferred revenue	92,476.	19	56,111.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	33,902,004.	21	32,342,045.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,053,688.	25	3,738,741.
	26 Total liabilities. Add lines 17 through 25	38,406,318.	26	36,516,479.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	384,792,001.	27	350,160,082.
	28 Net assets with donor restrictions	19,580,691.	28	16,759,718.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	404,372,692.	32	366,919,800.
	33 Total liabilities and net assets/fund balances	442,779,010.	33	403,436,279.

Part XI Reconciliation of Net AssetsCheck 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	24,377,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,927,878.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,550,254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	404,372,692.
5	Net unrealized gains (losses) on investments	5	-20,405,123.
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	-1,497,515.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	366,919,800.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 _____	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24524403.	55663553.	38901639.	57658369.	21063892.	197811856
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24524403.	55663553.	38901639.	57658369.	21063892.	197811856
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						65127405.
6 Public support. Subtract line 5 from line 4.						132684451

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	24524403.	55663553.	38901639.	57658369.	21063892.	197811856
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7380074.	7524013.	6531974.	9346372.	7760222.	38542655.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						236354511
12 Gross receipts from related activities, etc. (see instructions)					12	6,924,370.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	56.14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	55.02	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.			
2a			
b Did the activities described on 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? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<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 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI**Supplemental Information.**

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

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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), 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).

Name of organization

Employer identification number

NORTH CAROLINA COMMUNITY FOUNDATION**58-1661700****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
<u>1</u>		\$ <u>1,131,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,099,813.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>874,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>684,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
<u>7</u>		\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>515,678.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>502,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>481,123.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
13		\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTH CAROLINA COMMUNITY FOUNDATION

58-1661700

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
6	PUBLIC TRADED SECURITIES	\$ 684,000.	06/30/22
8	PUBLIC TRADED SECURITIES	\$ 515,678.	12/31/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	362	618
2 Aggregate value of contributions to (during year)	10,462,851.	10,601,041.
3 Aggregate value of grants from (during year)	16,147,077.	13,801,756.
4 Aggregate value at end of year	195,728,441.	171,191,359.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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	13,861,107.	13,685,443.	9,616,263.	10,908,670.	9,711,137.
b Contributions	112,587.	187,238.	767,401.	165,825.	1,438,395.
c Net investment earnings, gains, and losses	-846,903.	418,387.	3,993,027.	-934,636.	276,728.
d Grants or scholarships					
e Other expenditures for facilities and programs	295,792.	290,557.	573,549.	415,373.	406,902.
f Administrative expenses	119,662.	139,404.	117,699.	108,223.	110,688.
g End of year balance	12,711,337.	13,861,107.	13,685,443.	9,616,263.	10,908,670.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .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:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,313.	2,379.	1,934.
c Leasehold improvements		265,948.	162,901.	103,047.
d Equipment		40,833.	28,268.	12,565.
e Other		381,989.	355,251.	26,738.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				144,284.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS IN LIMITED		
(B) LIABILITY ENTITIES	51,091,003.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	51,091,003.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT INTEREST	
(3) AGREEMENTS	34,174.
(4) OPERATING LEASE LIABILITY	3,704,567.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,738,741.

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.

1	Total revenue, gains, and other support per audited financial statements	1	-2,091,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-20,405,123.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-5,028,882.
e	Add lines 2a through 2d	2e	-25,434,005.
3	Subtract line 2e from line 1	3	23,342,904.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,103,115.
b	Other (Describe in Part XIII.)	4b	-68,395.
c	Add lines 4a and 4b	4c	1,034,720.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,377,624.

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

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

1	Total expenses and losses per audited financial statements	1	35,361,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	68,395.
e	Add lines 2a through 2d	2e	68,395.
3	Subtract line 2e from line 1	3	35,293,396.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,103,115.
b	Other (Describe in Part XIII.)	4b	3,531,367.
c	Add lines 4a and 4b	4c	4,634,482.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,927,878.

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	65,730.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-1,563,245.

Part XIII Supplemental Information (continued)

FOUNDATION ADMIN FEES -3,531,367.

TOTAL TO SCHEDULE D, PART XI, LINE 2D -5,028,882.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES -68,395.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES OF CONDUCTING FUNDRAISING ACTIVITIES 68,395.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FOUNDATION ADMIN FEES 3,531,367.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Employer identification number

NORTH CAROLINA COMMUNITY FOUNDATION

58-1661700

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		80,000.
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		13,000.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		500.
3 a Subtotal	0	0			95,500.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			95,500.

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

Schedule F (Form 990) 2022

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 - AUSTRALIA, BRUNEI, BURMA,	ORGANIZATIONAL ACTIVITIES	35,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	ORGANIZATIONAL ACTIVITIES	40,000.	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 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.

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

58-1661700

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.

- 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		AWARDS DINNER	WINE DINNER	1		
		(event type)	(event type)	(total number)		
1	Gross receipts	31,200.	28,780.	13,475.	73,455.	
	2	Less: Contributions	20,049.	13,025.	6,985.	40,059.
	3	Gross income (line 1 minus line 2)	11,151.	15,755.	6,490.	33,396.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		975.	975.	
	6	Rent/facility costs	1,500.		4,373.	5,873.
	7	Food and beverages	23,892.	14,246.	3,204.	41,342.
	8	Entertainment				
	9	Other direct expenses	2,721.	307.	3,509.	6,537.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				54,727.
11	Net income summary. Subtract line 10 from line 3, column (d)				-21,331.	

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			
	2	Cash prizes			
Direct Expenses	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.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number
58-1661700

Part I **General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100+ ABANDONED DOGS 17101 77TH LANE NORTH LOXAHATCHEE, FL 33470	45-5195419	501(C)(3)	12,000.	0.			ENVIRONMENT & ANIMALS
957 MOBILE CAFE 2425 NORTH CENTER STREET # 126 HICKORY, NC 28601	47-4706580	501(C)(3)	10,000.	0.			HUMAN SERVICES
A PLACE AT THE TABLE 300 W. HARGETT STREET, SUITE 50 RALEIGH, NC 27601	47-2959935	501(C)(3)	6,460.	0.			HUMAN SERVICES
A SAFE PLACE (THE CENTRE OF REDEMPTION) - PO BOX 1271 - WRIGHTSVILLE BEACH, NC 28480	45-4267424	501(C)(3)	29,750.	0.			PUBLIC & SOCIETAL BENEFIT
ACTS OF VANCE COUNTY, INC. PO BOX 25 HENDERSON, NC 27536	58-1846297	501(C)(3)	8,500.	0.			HUMAN SERVICES
AIDS LEADERSHIP FOOTHILLS-AREA ALLIANCE - 211 NC-127 SE - HICKORY, NC 28602	58-1842529	501(C)(3)	5,500.	0.			HEALTH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **661.**
- 3** Enter total number of other organizations listed in the line 1 table **54.**

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

Schedule I (Form 990) 2022

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBEMARLE AREA UNITED WAY P.O. BOX 293 ELIZABETH CITY, NC 27907	23-7123601	501(C)(3)	40,000.	0.			PUBLIC & SOCIETAL BENEFIT
ALBEMARLE COMMISSION SENIOR NUTRITION PROGRAM - PO BOX 646 - HERTFORD, NC 27944	26-2495965	501(C)(3)	8,233.	0.			HUMAN SERVICES
ALBEMARLE HOPELINE PO BOX 2064 ELIZABETH CITY, NC 27906-2064	56-1352211	501(C)(3)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT
ALEXANDER COUNTY PARTNERSHIP FOR CHILDREN - PO BOX 1661 - TAYLORSVILLE, NC 28681	56-1995412	501(C)(3)	8,000.	0.			YOUTH DEVELOPMENT
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION - 224 SUNNYBROOK ROAD - RALEIGH, NC 27610	56-1500678	501(C)(3)	9,580.	0.			HEALTH
ALL SAINTS EPISCOPAL CHURCH 634 WEST PEACHTREE ST. NW ATLANTA, GA 30308	58-0566118	501(C)(3)	12,000.	0.			RELIGION
ALLEGHANY WELLNESS CENTER, INC. PO BOX 1735 SPARTA, NC 28675	56-2043320	501(C)(3)	7,590.	0.			HEALTH
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(C)(3)	41,000.	0.			HEALTH
AMERICAN CANCER SOCIETY - SOUTH EAST REGION - PO BOX 11796 - CHARLOTTE, NC 28220	13-1788491	501(C)(3)	10,257.	0.			HEALTH

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION PO BOX 7023 MERRIFIELD, VA 22116	13-1623888	501(C)(3)	17,249.	0.			HEALTH
AMERICAN HEART ASSOCIATION - SE 5001 SOUTH MIAMI BOULEVARD, SUITE 3 DURHAM, NC 27703	13-5613797	501(C)(3)	10,000.	0.			HEALTH
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	175,000.	0.			HEALTH
AMERICAN ONLINE GIVING FOUNDATION 40 EAST MAIN STREET, SUITE 887 NEWARK, DE 19711	81-0739440	501(C)(3)	1,313,957.	0.			PUBLIC & SOCIETAL BENEFIT
AMERICAN RED CROSS - CAROLINA PIEDMONT - 2425 PARK ROAD - CHARLOTTE, NC 28203	53-0196605	501(C)(3)	10,000.	0.			HUMAN SERVICES
AMERICAN RED CROSS OF EASTERN NORTH CAROLINA - 1102 SOUTH 16TH ST. - WILMINGTON, NC 28401	53-0196605	501(C)(3)	9,718.	0.			HUMAN SERVICES
AMEXCAN 261 BELVOIR HWY GREENVILLE, NC 27834	94-3421627	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
AMOREM 902 KIRKWOOD STREET NW LENOIR, NC 28645	56-1338470	501(C)(3)	7,000.	0.			PUBLIC & SOCIETAL BENEFIT
ANIMAL PROTECTORS OF ALLEGHENY VALLEY - 533 LINDEN AVENUE - NEW KENSINGTON, PA 15068	25-6089501	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS

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ANSON CRISIS MINISTRY PO BOX 797 WADESBORO, NC 28170	56-1820118	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
APPALACHIAN STATE UNIVERSITY- FINANCIAL AID - ASU BOX 32174, 287 RIVERS STREET, ROOM 384 - BOONE, NC 28608	56-1176030	501(C)(3)	88,521.	0.			EDUCATION
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32007 - BOONE, NC 28608	23-7099379	501(C)(3)	107,490.	0.			EDUCATION
APPHEALTH CARE 126 POPLAR GROVE CONNECTOR BOONE, NC 28607		501(C)(3)	70,000.	0.			HEALTH
ARBOR ACRES UNITED METHODIST RETIREMENT COMMUNITY - 1240 ARBOR ROAD - WINSTON-SALEM, NC 27104	56-1152263	501(C)(3)	7,000.	0.			HUMAN SERVICES
ARBORBROOK CHRISTIAN ACADEMY 4823 WAXHAW INDIAN TRAIL RD MATTHEWS, NC 28104	20-2707577	501(C)(3)	50,000.	0.			EDUCATION
ARENDELL PARROTT ACADEMY 1901 DOBBS FARM ROAD KINSTON, NC 28503	56-6065129	501(C)(3)	62,280.	0.			EDUCATION
ARRESTED POTENTIAL, INC. 620 BRIARCLIFF ROAD LUMBERTON, NC 28358	30-0766078	501(C)(3)	31,500.	0.			EDUCATION
ARTHRITIS FOUNDATION 1355 PEACHTREE STREET NE, SUITE 600 ATLANTA, GA 30309	58-1341679	501(C)(3)	18,989.	0.			HEALTH

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ARTS COUNCIL OF MOORE COUNTY PO BOX 405 SOUTHERN PINES, NC 28388	56-1083785	501(C)(3)	16,390.	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)	24,330.	0.			ARTS, CULTURE & HUMANITIES
ASHE COUNTY ARTS COUNCIL 303 SCHOOL AVENUE WEST JEFFERSON, NC 28694	58-1344392	501(C)(3)	5,750.	0.			ARTS, CULTURE & HUMANITIES
ASHE COUNTY BOARD OF EDUCATION PO BOX 604 JEFFERSON, NC 28640	56-6000988	GOVERNMENT	36,567.	0.			EDUCATION
ASHE COUNTY CHILDREN'S ENDOWMENT 1400 MOUNT JEFFERSON ROAD, SUITE 7, WEST JEFFERSON, NC 28694	83-4412962	501(C)(3)	9,840.	0.			YOUTH DEVELOPMENT
ASHE COUNTY HIGH SCHOOL PO BOX 450 WEST JEFFERSON, NC 28694	56-6000988	GOVERNMENT	14,500.	0.			EDUCATION
ASHE FOOD PANTRY, INC. PO BOX 705 JEFFERSON, NC 28640	58-1574702	501(C)(3)	26,100.	0.			HUMAN SERVICES
ASHEVILLE HOPE COMMUNITY CHURCH 375 HENDERSONVILLE RD. ASHEVILLE, NC 28803		501(C)(3)	11,250.	0.			RELIGION
ASHEVILLE WRITERS IN THE SCHOOLS AND COMMUNITY - PO BOX 1508 - ASHEVILLE, NC 28805	46-1681488	501(C)(3)	75,000.	0.			PUBLIC & SOCIETAL BENEFIT

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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ATLANTA VOLUNTEER LAWYERS FOUNDATION INC - 235 PEACHTREE STREET NE, SUITE 1750 N TOWER - ATLANTA, GA 30303	58-1364400	501(C)(3)	15,000.	0.			HUMAN SERVICES
AUBURN UNIVERSITY FOUNDATION 317 SOUTH COLLEGE ST. AUBURN, AL 36849-5170	63-6022422	501(C)(3)	25,000.	0.			EDUCATION
AUSTIN CHRISTIAN FELLOWSHIP 6401 RIVER PLACE BLVD AUSTIN, TX 78730	74-2663285	501(C)(3)	80,000.	0.			RELIGION
AUTISM SOCIETY OF NORTH CAROLINA 5121 KINGDOM WAY, SUITE 100 RALEIGH, NC 27607	23-7087887	501(C)(3)	28,114.	0.			PUBLIC & SOCIETAL BENEFIT
BACK 2 SCHOOL FESTIVAL P.O. BOX 102 BOONE, NC 28607	83-2285890	501(C)(3)	14,450.	0.			EDUCATION
BACKPACK BLESSINGS, INC. PO BOX 1675 NEW BERN, NC 28563	46-2130254	501(C)(3)	8,210.	0.			HUMAN SERVICES
BACKPACK FRIENDS PO BOX 483 SWANSBORO, NC 28584	83-1653529	501(C)(3)	9,740.	0.			HUMAN SERVICES
BAND TOGETHER NC 821 WAKE FOREST ROAD RALEIGH, NC 27604	56-2273756	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
BARTON COLLEGE PO BOX 5000 WILSON, NC 27893	56-0529933	501(C)(3)	27,700.	0.			EDUCATION

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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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BATES COLLEGE 44 MOUNTAIN AVENUE LEWISTON, ME 04240	01-0211781	501(C)(3)	6,000.	0.			EDUCATION
BEAT MEDIA/TRIAD CITY BEAT 1451 S. ELM-EUGENE ST., BOX 24 GREENSBORO, NC 27406	46-4682540	N/A	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
BEAUFORT COUNTY DEVELOPMENTAL CENTER, INC. - PO BOX 518 - WASHINGTON, NC 27889	56-1074342	501(C)(3)	8,080.	0.			PUBLIC & SOCIETAL BENEFIT
BEAUFORT HISTORICAL ASSOCIATION 150 TURNER STREET BEAUFORT, NC 28516	56-6075610	501(C)(3)	12,220.	0.			ARTS, CULTURE & HUMANITIES
BELLAMY MANSION MUSEUM 503 MARKET STREET WILMINGTON, NC 28401	56-1145386	501(C)(3)	5,250.	0.			ARTS, CULTURE & HUMANITIES
BELLARMINE UNIVERSITY - OFFICE OF STUDENT ACCOUNTS - 2001 NEWBURG ROAD - LOUISVILLE, KY 40205	61-0482955	501(C)(3)	7,000.	0.			EDUCATION
BERTIE COUNTY HIVE HOUSE PO BOX 598 LEWISTON WOODVILLE, NC 27849	46-3308106	501(C)(3)	67,800.	0.			PUBLIC & SOCIETAL BENEFIT
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON RD KANAB, UT 84741	23-7147797	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
BETHEL UNIVERSITY PO BOX 1320 SANFORD, NC 27331-1320	62-0548913	501(C)(3)	96,870.	0.			EDUCATION

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BIG BROTHERS BIG SISTERS OF WESTERN NORTH CAROLINA - 50 SOUTH FRENCH BROAD AVENUE, # 213 - ASHEVILLE, NC 28801	58-1505917	501(C)(3)	9,680.	0.			YOUTH DEVELOPMENT
BILLY GRAHAM EVANGELIST ASSOCIATION - 1 BILLY GRAHAM PARKWAY - CHARLOTTE, NC 28201	41-0692230	501(C)(3)	10,207.	0.			RELIGION
BLOOD-N-FIRE INC. - SAN ANTONIO 21519 TENORE SAN ANTONIO, TX 78259	35-2000190	501(C)(3)	30,000.	0.			RELIGION
BLUE RIDGE COMMUNITY HEALTH SERVICES - 220 5TH AVENUE EAST - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	8,940.	0.			HEALTH
BLUE RIDGE CONSERVANCY PO BOX 568 BOONE, NC 28607	58-2502695	501(C)(3)	39,500.	0.			ENVIRONMENT & ANIMALS
BORDER BELT REPORTING CENTER, INC. 118 FULLER ST. WHITEVILLE, NC 28472	56-1935858	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
BOY SCOUTS OF AMERICA - CAPE FEAR COUNCIL - PO BOX 7156 - WILMINGTON, NC 28406	56-0529941	501(C)(3)	8,250.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA - TUSCARORA COUNCIL - 172 NC HWY 581 SOUTH - GOLDSBORO, NC 27530	56-0543259	501(C)(3)	6,900.	0.			YOUTH DEVELOPMENT
BOY SCOUTS OF AMERICA, CENTRAL NC COUNCIL - PO BOX 250 - ALBEMARLE, NC 28002	56-0532132	501(C)(3)	9,680.	0.			YOUTH DEVELOPMENT

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BOYS & GIRLS CLUB OF EDEN, INC. PO BOX 4628 EDEN, NC 27289	56-0711026	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF LUMBERTON, NC P.O. BOX 2067 LUMBERTON, NC 28359	56-1943784	501(C)(3)	7,730.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE ALBEMARLE 824 NORTH OAKUM STREET EDENTON, NC 27932	61-1546080	501(C)(3)	21,450.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE PIEDMONT 1001 COCHRAN STREET STATESVILLE, NC 28677	20-3237215	501(C)(3)	100,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE SANDHILLS PO BOX 1761 SOUTHERN PINES, NC 28388	91-1877405	501(C)(3)	5,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF THE TAR RIVER REGION - PO BOX 1622 - ROCKY MOUNT, NC 27802	56-0934910	501(C)(3)	9,500.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF WAKE COUNTY 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501(C)(3)	23,370.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF CENTRAL CAROLINA - 1414 BRAGG STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	31,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF NORTH CENTRAL NORTH CAROLINA - PO BOX 176 - OXFORD, NC 27565	56-2525793	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT

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BOYS & GIRLS CLUBS OF THE COASTAL PLAIN - 621 WEST FIRE TOWER ROAD - WINTERVILLE, NC 28590	56-0927694	501(C)(3)	23,730.	0.			EDUCATION
BOYS AND GIRLS CLUBS OF SOUTHEASTERN NORTH CAROLINA - 2759 VANCE STREET - WILMINGTON, NC 28412	56-0636247	501(C)(3)	39,750.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS HOMES OF NORTH CAROLINA, INC. - PO BOX 127 - LAKE WACCAMAW, NC 28450-0127	58-1387871	501(C)(3)	63,036.	0.			PUBLIC & SOCIETAL BENEFIT
BREADBASKET OF SANFORD PO BOX 912 SANFORD, NC 27330	58-1906931	501(C)(3)	26,000.	0.			HUMAN SERVICES
BRICK CAPITAL COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 568 - SANFORD, NC 27331	56-1706757	501(C)(3)	8,000.	0.			PUBLIC & SOCIETAL BENEFIT
BROAD STREET CLINIC FOUNDATION, INC. - 534 N. 35TH STREET, SUITE K - MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	6,750.	0.			HEALTH
BROADWAY BAPTIST CHURCH PO BOX 128 BROADWAY, NC 27505		501(C)(3)	21,700.	0.			RELIGION
BRUNSWICK COUNTY TOY RUN 782 OCEAN HIGHWAY WEST SUPPLY, NC 28462	56-2162135	501(C)(3)	7,580.	0.			YOUTH DEVELOPMENT
BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. (BFA) - 4600-10 MAIN STREET - SHALLOTTE, NC 28470	56-1309961	501(C)(3)	14,250.	0.			PUBLIC & SOCIETAL BENEFIT

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BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVENUE CODY, WY 82414	83-0180403	501(C)(3)	65,000.	0.			ARTS, CULTURE & HUMANITIES
BUILDING BRIDGES AFTER SCHOOL PROGRAM - PO BOX 24 - FAIR BLUFF, NC 28439	01-0836725	501(C)(3)	6,744.	0.			EDUCATION
BUNKER HILL HIGH SCHOOL 4675 OXFORD SCHOOL ROAD CLAREMONT, NC 28610	56-6001003	GOVERNMENT	7,540.	0.			EDUCATION
BUNN BAND BOOSTERS 1415 FONTANA RD BRYSON CITY, NC 28713	20-0163717	501(C)(3)	7,680.	0.			EDUCATION
BURGER KING MCLAMORE FOUNDATION 5707 BLUE LAGOON DRIVE MIAMI, FL 33126	06-1765327	501(C)(3)	25,000.	0.			EDUCATION
BURKE COUNCIL ON ALCOHOLISM & CHEMICAL DEPENDENCY, INC. - 203 WHITE STREET - MORGANTON, NC 28655	56-0862624	501(C)(3)	7,000.	0.			HEALTH
CABARRUS COUNTY PO BOX 707 CONCORD, NC 28206		GOVERNMENT	70,000.	0.			HEALTH
CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE- FINANCIAL AID - 2855 HICKORY BLVD. - HUDSON, NC 28638-2397	56-0817481	501(C)(3)	6,200.	0.			EDUCATION
CALDWELL COUNTY YOKEFELLOW, INC. PO BOX 2422 LENOIR, NC 28645	23-7031955	501(C)(3)	8,000.	0.			PUBLIC & SOCIETAL BENEFIT

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CALDWELL HOUSE 951 KENHAM PLACE, SW LENOIR, NC 28645	58-1535259	501(C)(3)	10,500.	0.			HEALTH
CAMP CAROLINA PO BOX 919 BREVARD, NC 28712	56-1312339	N/A	21,540.	0.			YOUTH DEVELOPMENT
CAMPBELL UNIVERSITY PO BOX 116 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	751,110.	0.			EDUCATION
CAMPBELL UNIVERSITY - FINANCIAL AID - PO BOX 97 - BUIES CREEK, NC 27506	56-0529940	501(C)(3)	25,990.	0.			EDUCATION
CAMPBELL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE - 143 MAIN STREET - BUIES CREEK, NC 27506	56-0529940	501(C)(3)	12,000.	0.			EDUCATION
CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
CANN MEMORIAL PRESBYTERIAN CHURCH 311 W. MAIN STREET ELIZABETH CITY, NC 27909	56-1073822	501(C)(3)	22,600.	0.			RELIGION
CAPE FEAR COMMUNITY COLLEGE FOUNDATION - 411 NORTH FRONT STREET, UNION STATION, SUITE 220 - WILMINGTON, NC 28401	58-1308578	501(C)(3)	320,000.	0.			EDUCATION
CAPE FEAR HABITAT FOR HUMANITY 3310 FREDRICKSON ROAD WILMINGTON, NC 28401	56-1555858	501(C)(3)	48,500.	0.			HUMAN SERVICES

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CARENET COUNSELING EAST 108 OAKMONT DRIVE GREENVILLE, NC 27858	56-2189431	501(C)(3)	7,500.	0.			HEALTH
CAROLINA COUNTRY CLUB FOUNDATION INC. - 2500 GLENWOOD AVENUE - RALEIGH, NC 27608	92-1030867	501(C)(3)	7,500.	0.			PUBLIC & SOCIETAL BENEFIT
CAROLINA PHILHARMONIC 5 MARKET SQUARE PINEHURST, NC 28374	27-0741753	501(C)(3)	15,440.	0.			EDUCATION
CAROLINA PUBLIC PRESS PO BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	45,000.	0.			PUBLIC & SOCIETAL BENEFIT
CAROLINA UPLIFT FOUNDATION PO BOX 16712 CHARLOTTE, NC 28297	51-0607629	501(C)(3)	11,180.	0.			EDUCATION
CAROLINAEAST FOUNDATION 2007-B NEUSE BLVD NEW BERN, NC 28560	56-1991164	501(C)(3)	23,989.	0.			HEALTH
CAROLINAS GOLF ASSOCIATION 140 RIDGE ROAD SOUTHERN PINES, NC 28387	56-0509290	501(C)(3)	6,000.	0.			HUMAN SERVICES
CARY ACADEMY 1500 N. HARRISON AVENUE CARY, NC 27513	56-1934619	501(C)(3)	27,000.	0.			EDUCATION
CASA (COMMUNITY ALTERNATIVES FOR SUPPORTIVE ABODES) - PO BOX 12545 - RALEIGH, NC 27605	56-1778714	501(C)(3)	30,000.	0.			HUMAN SERVICES

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CATAWBA ALLIANCE FOR RECOVERY 74 13TH AVE NE HICKORY, NC 28601	56-0774714	501(C)(3)	40,000.	0.			HEALTH
CATAWBA COUNTY HISPANIC MINISTRY, INC. (CENTRO LATINO) - 2259 12TH AVE NE - HICKORY, NC 28601	56-2170931	501(C)(3)	10,000.	0.			EDUCATION
CATAWBA COUNTY PARTNERSHIP FOR CHILDREN - PO BOX 3123 - HICKORY, NC 28603	58-2139195	501(C)(3)	25,000.	0.			YOUTH DEVELOPMENT
CATAWBA SCIENCE CENTER PO BOX 2431 HICKORY, NC 28603	56-1073440	501(C)(3)	5,750.	0.			ARTS, CULTURE & HUMANITIES
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH, INC., NEW BERN REGIONAL OFFICE - PO BOX 826 - NEW BERN, NC 28563	56-0529943	501(C)(3)	11,000.	0.			HEALTH
CEDAR GROVE BAPTIST CHURCH PO BOX 2250 LUMBERTON, NC 28359		501(C)(3)	27,570.	0.			RELIGION
CENTENARY UNITED METHODIST CHURCH PO BOX 1388 NEW BERN, NC 28563	56-0611571	501(C)(3)	10,257.	0.			RELIGION
CENTENARY UNITED METHODIST CHURCH 140 EAST MARKET STREET SMITHFIELD, NC 27577	56-1297353	501(C)(3)	33,800.	0.			RELIGION
CENTER FOR FAMILY VIOLENCE PREVENTION - 111 EAST THIRD STREET - GREENVILLE, NC 27858	56-1438138	501(C)(3)	15,750.	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.)

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CENTRAL CAROLINA COMMUNITY COLLEGE 1105 KELLY DRIVE SANFORD, NC 27330	56-0794261	501(C)(3)	5,500.	0.			EDUCATION
CENTRAL CAROLINA COMMUNITY COLLEGE FOUNDATION - 1105 KELLY DRIVE - SANFORD, NC 27330	56-1644218	501(C)(3)	5,680.	0.			EDUCATION
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
CENTRO UNIDO LATINO AMERICANO 79 ACADEMY ST MARION, NC 28752	56-2678411	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHARLOTTE MUSEUM OF HISTORY 3500 SHAMROCK DRIVE CHARLOTTE, NC 28215	23-7125613	501(C)(3)	8,180.	0.			ARTS, CULTURE & HUMANITIES
CHATHAM CENTRAL HIGH SCHOOL 14950 NC HIGHWAY 902 BEAR CREEK, NC 27207	56-6001006	GOVERNMENT	5,800.	0.			EDUCATION
CHATHAM COUNTY HEALTH DEPARTMENT PO BOX 130 PITTSBORO, NC 27312		GOVERNMENT	185,000.	0.			HEALTH
CHATHAM NEWS + RECORD 303 W. RALEIGH ST. SILER CITY, NC 27344	83-1867489	N/A	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHESTNUT HILL COMMUNITY CHURCH 1936 MARTIN GAMBILL ROAD CRUMPLER, NC 28617	84-2144931	501(C)(3)	6,280.	0.			RELIGION

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CHILDREN FIRST/COMMUNITIES IN SCHOOLS OF BUNCOMBE COUNTY, INC. - PO BOX 16695 - ASHEVILLE, NC 28801	59-1721943	501(C)(3)	7,500.	0.			EDUCATION
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 S. PINE STREET, SUITE F - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	55,180.	0.			HEALTH
CHILDREN'S CENTER OF SURRY, INC. PO BOX 692 DOBSON, NC 27017	56-1876389	501(C)(3)	6,030.	0.			PUBLIC & SOCIETAL BENEFIT
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA, INC. - PO BOX 14608 - GREENSBORO, NC 27415	56-0529946	501(C)(3)	12,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHOWAN UNIVERSITY ONE UNIVERSITY PLACE MURFREESBORO, NC 27855	56-0554199	501(C)(3)	49,210.	0.			EDUCATION
CHRIST CHURCH 120 E. EDENTON STREET RALEIGH, NC 27601	56-0530247	501(C)(3)	8,045.	0.			RELIGION
CHRIST COVENANT SCHOOL 4889 OLD TAR ROAD WINTERVILLE, NC 28590	56-2139728	501(C)(3)	6,159.	0.			EDUCATION
CHRIST EPISCOPAL CHURCH 120 EAST EDENTON STREET RALEIGH, NC 27601	56-0530247	501(C)(3)	29,500.	0.			RELIGION
CHRISTIAN RECOVERY CENTERS INC. 1994 ASH LITTLE RIVER ROAD NW ASH, NC 28420	27-2448984	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT

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CHRISTIAN UNITED OUTREACH CENTER OF LEE COUNTY - PO BOX 2217 - SANFORD, NC 27331-2217	83-0397205	501(C)(3)	5,619.	0.			RELIGION
CHURCH OF THE SERVANT EPISCOPAL CHURCH - 4925 ORIOLE DRIVE - WILMINGTON, NC 28403		501(C)(3)	6,000.	0.			RELIGION
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	6,240.	0.			PUBLIC & SOCIETAL BENEFIT
CLAY COUNTY COMMUNITY FOR STUDENTS, INC. - PO BOX 642 - HAYESVILLE, NC 28904	56-2087839	501(C)(3)	13,679.	0.			EDUCATION
CLINIC NEPAL, INC. 3007 VILLAGE GREEN DRIVE ROSWELL, GA 30075	86-1078311	501(C)(3)	12,380.	0.			HUMAN SERVICES
COASTAL CONSERVATION ASSOCIATION OF NORTH CAROLINA - 4809 HARGROVE ROAD, SUITE 123 - RALEIGH, NC 27616	74-1984482	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
COASTAL WOMEN'S SHELTER, INC. 1333 SOUTH GLENBURNIE ROAD NEW BERN, NC 28561	58-1665785	501(C)(3)	53,085.	0.			PUBLIC & SOCIETAL BENEFIT
CODE THE DREAM 201 W MAIN ST, SUITE 100, PMB003 DURHAM, NC 27701	26-3275886	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT

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COLONIAL CAPITAL HUMANE SOCIETY PO BOX 326 NEW BERN, NC 28563	58-1314712	501(C)(3)	88,520.	0.			ENVIRONMENT & ANIMALS
COLUMBUS COUNTY LITERACY COUNCIL PO BOX 964 WHITEVILLE, NC 28472	58-1493462	501(C)(3)	11,000.	0.			EDUCATION
COLUMBUS COUNTY PARTNERSHIP FOR CHILDREN - 109 W. MAIN ST - WHITEVILLE, NC 28472	56-1966108	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT
COMMON THREAD CHURCH 8705 COURAGE COURT RALEIGH, NC 27615		501(C)(3)	13,240.	0.			RELIGION
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	150,000.	0.			HUMAN SERVICES
COMMUNITIES IN SCHOOLS OF CALDWELL COUNTY - PO BOX 959 - LENOIR, NC 28645	56-1642377	501(C)(3)	18,080.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY - 129 MCCASKILL ROAD - BISCOE, NC 27209	56-2617697	501(C)(3)	44,648.	0.			EDUCATION
COMMUNITIES IN SCHOOLS OF WAKE COUNTY - 971 HARP STREET - RALEIGH, NC 27604	56-1704570	501(C)(3)	6,000.	0.			EDUCATION
COMMUNITY CARE CLINIC OF DARE PO BOX 1329 NAGS HEAD, NC 27959	20-2230717	501(C)(3)	5,325.	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)	13,732.	0.			PUBLIC & SOCIETAL BENEFIT
COMMUNITY CPR PO BOX 243 WHITEVILLE, NC 28472	82-2157091	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
COMMUNITY HOUSING COALITION OF MADISON COUNTY - PO BOX 1166 - MARSHALL, NC 28753	11-3660564	501(C)(3)	26,500.	0.			HUMAN SERVICES
COMMUNITY MUSIC SCHOOL, INC. 322 CHAPANOKE ROAD RALEIGH, NC 27603	58-2098168	501(C)(3)	29,000.	0.			ARTS, CULTURE & HUMANITIES
COMPASS CENTER FOR WOMEN AND FAMILIES - PO BOX 1057 - CHAPEL HILL, NC 27514	56-1271474	501(C)(3)	5,500.	0.			PUBLIC & SOCIETAL BENEFIT
COMPASSIONATE ANIMAL RESCUE EFFORTS OF DUTCHESS COUNTY (CARE OF DC) - PO BOX 4 - WAPPINGERS FALLS, NY 12590	81-4559159	501(C)(3)	21,000.	0.			ENVIRONMENT & ANIMALS
CORNELL UNIVERSITY 130 EAST SENECA STREET, SUITE 400 ITHACA, NY 14850	15-0532082	501(C)(3)	7,500.	0.			EDUCATION
CORNERSTONE PRESBYTERIAN CHURCH 70 TRIMONT VIEW DRIVE FRANKLIN, NC 28734	56-1383442	501(C)(3)	6,500.	0.			EDUCATION
CRAVEN ARTS COUNCIL AND GALLERY PO BOX 596 NEW BERN, NC 28563	58-1404792	501(C)(3)	19,452.	0.			ARTS, CULTURE & HUMANITIES

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CRAVEN COMMUNITY COLLEGE FOUNDATION - 800 COLLEGE COURT - NEW BERN, NC 28562	59-1718436	501(C)(3)	13,837.	0.			EDUCATION
CRAVEN COUNTY PARTNERS IN EDUCATION - 3600 TRENT ROAD - NEW BERN, NC 28562	56-1335975	501(C)(3)	43,360.	0.			EDUCATION
CRAVEN LITERACY COUNCIL 2507 NEUSE BOULEVARD, SUITE F NEW BERN, NC 28562	58-1728807	501(C)(3)	10,000.	0.			EDUCATION
CURRITUCK COUNTY HIGH SCHOOL 4203 CARATOKE HIGHWAY BARCO, NC 27917	56-6001016	GOVERNMENT	6,980.	0.			EDUCATION
DAMASCUS OUTREACH ASSOCIATION 739 HIGHWAY 137 EURE, NC 27935	26-2781904	501(C)(3)	42,800.	0.			EDUCATION
DARE COUNTY ASSOCIATION OF FIRE OFFICERS - PO BOX 535 - NAGS HEAD, NC 27959	56-1600798	501(C)(3)	8,000.	0.			HUMAN SERVICES
DAUGHTERS OF WORTH PO BOX 2494 GREENVILLE, NC 27836	47-4280419	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
DAVIDSON COLLEGE PO BOX 7170 DAVIDSON, NC 28035	56-0529961	501(C)(3)	34,630.	0.			EDUCATION
DEEP CREEK FRIENDS MEETING/QUAKER CHURCH - 1604 SHORE ROAD - YADKINVILLE, NC 27055	56-1428785	501(C)(3)	9,400.	0.			RELIGION

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DENTAL LIFELINE NETWORK - NORTH CAROLINA - 1800 15TH STREET, SUITE 100 - DENVER, CO 80202	27-1755412	501(C)(3)	30,000.	0.			HEALTH
DIAPER BANK OF NC 1311 EAST CLUB BLVD. DURHAM, NC 27704	32-0401621	501(C)(3)	42,904.	0.			PUBLIC & SOCIETAL BENEFIT
DOCTORS WITHOUT BORDERS PO BOX 5023 HAGERSTOWN, MD 21741-5023	13-3433452	501(C)(3)	9,743.	0.			HEALTH
DOMESTIC VIOLENCE SHELTER & SERVICES - PO BOX 1555 - WILMINGTON, NC 28402-1555	56-1497076	501(C)(3)	18,250.	0.			PUBLIC & SOCIETAL BENEFIT
DOROTHEA DIX PARK CONSERVANCY PO BOX 28575 RALEIGH, NC 27611	20-8421281	501(C)(3)	3,180,360.	0.			PUBLIC & SOCIETAL BENEFIT
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	6,500.	0.			EDUCATION
DREAM FETCHERS 8192 SANDCOVE CIRCLE #106 HUNTINGTON BEACH, CA 92646	20-1220759	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
DREAMS OF WILMINGTON, INC. 901 FANNING STREET WILMINGTON, NC 28401	56-2001053	501(C)(3)	7,500.	0.			ARTS, CULTURE & HUMANITIES
DUKE DEPARTMENT OF NEUROSURGERY 300 W. MORGAN STREET, SUITE1000 DURHAM, NC 27701	56-0532129	501(C)(3)	25,000.	0.			HEALTH

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DUKE UNIVERSITY MEDICAL CENTER BOX 3003 DURHAM, NC 27710	56-0532129	501(C)(3)	13,837.	0.			HEALTH
DUPLIN MEDICAL ASSOCIATION INC PO BOX 639 ROSE HILL, NC 28458	56-1414420	501(C)(3)	48,040.	0.			HEALTH
DURHAM ACADEMY INC 3601 RIDGE ROAD DURHAM, NC 27705-5599	56-0538019	501(C)(3)	37,500.	0.			EDUCATION
E4E RELIEF LLC 220 N TRYON ST CHARLOTTE, NC 28202-2137	87-3137387	501(C)(3)	150,000.	0.			PUBLIC & SOCIETAL BENEFIT
EAGLEBROOK SCHOOL PO BOX 7 DEERFIELD, MA 01342	04-2108341	501(C)(3)	12,000.	0.			EDUCATION
EAST CAROLINA UNIVERSITY - OFFICE OF STUDENT FINANCIAL AID - 2103 OLD CAFETERIA COMPLEX - GREENVILLE, NC 27858-4353	56-6000403	501(C)(3)	78,910.	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)	25,500.	0.			EDUCATION
EAST CHAPEL HILL ROTARY CLUB FOUNDATION - 3217 JONES FERRY RD - CHAPEL HILL, NC 27515	56-2161324	501(C)(3)	18,000.	0.			PUBLIC & SOCIETAL BENEFIT
EAST SURRY HIGH SCHOOL 801 W. MAIN STREET PILOT MOUNTAIN, NC 27041	56-6001117	GOVERNMENT	15,000.	0.			EDUCATION

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EAST TENNESSEE STATE UNIVERSITY-FINANCIAL AID - BOX 70722 - JOHNSON CITY, TN 37614	23-7092731	501(C)(3)	10,500.	0.			EDUCATION
EASTERN CAROLINA YOUNG MEN'S CHRISTIAN ASSOCIATION - 100 YMCA LANE - NEW BERN, NC 28560	58-1402035	501(C)(3)	13,000.	0.			PUBLIC & SOCIETAL BENEFIT
EASTERN NC SCHOOL FOR THE DEAF 1311 HWY 301 SOUTH WILSON, NC 27893	56-1492826	GOVERNMENT	9,440.	0.			EDUCATION
ECP BACKPACKS 1015 W. ELIZABETH STREET ELIZABETH CITY, NC 27906	56-1715284	501(C)(3)	40,000.	0.			HUMAN SERVICES
ECU HEALTH BEAUFORT HOSPITAL 628 EAST 12TH STREET WASHINGTON, NC 27889	56-0675676	501(C)(3)	16,890.	0.			HEALTH
ECU MEDICAL & HEALTH SCIENCES FOUNDATION, INC. - 2200 SOUTH CHARLES BOULEVARD, SUITE 1500 - GREENVILLE, NC 27858	23-7138921	501(C)(3)	7,660.	0.			HEALTH
EDENTON-CHOWAN FOOD PANTRY PO BOX 643 EDENTON, NC 27932	56-1724625	501(C)(3)	20,820.	0.			HUMAN SERVICES
EDGEcombe COUNTY PUBLIC SCHOOLS 2311 NORTH MAIN STREET TARBORO, NC 27886	56-6001023	GOVERNMENT	9,580.	0.			EDUCATION
EDGEcombe COUNTY PUBLIC SCHOOLS EDUCATIONAL FOUNDATION - 2311 N. MAIN STREET - TARBORO, NC 27886	84-1728782	501(C)(3)	55,540.	0.			YOUTH DEVELOPMENT

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EDUCATIONNC PO BOX 1636 RALEIGH, NC 27602	20-5625322	501(C)(3)	132,000.	0.			EDUCATION
EL CENTRO HISPANO 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
EL CENTRO HISPANO, INC. 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	52,500.	0.			PUBLIC & SOCIETAL BENEFIT
EL FUTURO, INC. 2020 CHAPEL HILL ROAD, SUITE 23 DURHAM, NC 27707	80-0122334	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
ELIZABETH CITY PASQUOTANK COUNTY PARKS AND RECREATION - 200 E WARD STREET - ELIZABETH CITY, NC 27909		GOVERNMENT	13,680.	0.			HUMAN SERVICES
ELON UNIVERSITY 2850 CAMPUS BOX ELON, NC 27244	56-0532303	501(C)(3)	253,500.	0.			EDUCATION
EMANCIPATE NC PO BOX 309 DURHAM, NC 27702	59-1755809	501(C)(3)	53,000.	0.			PUBLIC & SOCIETAL BENEFIT
EMMANUEL CONGREGATIONAL CHRISTIAN CHURCH - 1089 WILKINS DRIVE - SANFORD, NC 27330	56-1186936	501(C)(3)	26,340.	0.			RELIGION
ENLACE LATINO NC 1113 KINGMAN DRIVE KNIGHTDALE, NC 27545	87-2137153	501(C)(3)	75,000.	0.			PUBLIC & SOCIETAL BENEFIT

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ENON BAPTIST CHURCH 6321 OLD US 421 HWY E EAST BEND, NC 27018		501(C)(3)	7,210.	0.			RELIGION
EPIPHANY SCHOOL 2201 HENDERSON AVENUE NEW BERN, NC 28560	20-4329797	501(C)(3)	7,000.	0.			EDUCATION
EQUAL JUSTICE WORKS 1730 M ST NW, SUITE 800 WASHINGTON, DC 20036	52-1469738	501(C)(3)	10,000.	0.			HUMAN SERVICES
EQUITY BEFORE BIRTH 112 BROADWAY STREET, SUITE B DURHAM, NC 27701	85-2675630	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
ESPERANZA SHELTER, INC. 3130 RUFINA STREET SANTA FE, NM 87507	85-0313174	501(C)(3)	23,610.	0.			PUBLIC & SOCIETAL BENEFIT
EUSTRESS INC. 10150 MALLARD CREEK DRIVE, SUITE 10 CHARLOTTE, NC 28262	81-1374467	501(C)(3)	50,000.	0.			HEALTH
EXODUS HOMES PO BOX 3311 HICKORY, NC 28603	56-2109492	501(C)(3)	8,035.	0.			HUMAN SERVICES
F. A. R. M. CAFE, INC. 617 WEST KING STREET BOONE, NC 28607	45-1272884	501(C)(3)	26,000.	0.			HUMAN SERVICES
FALCON CHILDREN'S HOME PO BOX 39 FALCON, NC 28342	56-0582024	501(C)(3)	7,740.	0.			EDUCATION

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FAMILIES FIRST, INC. PO BOX 1776 WHITEVILLE, NC 28472	56-1858655	501(C)(3)	35,919.	0.			PUBLIC & SOCIETAL BENEFIT
FAMILY CARE CENTER OF CATAWBA VALLEY, INC. - 2875 HIGHLAND AVENUE NE - HICKORY, NC 28601	56-1857334	501(C)(3)	9,500.	0.			HUMAN SERVICES
FAMILY PROMISE OF THE LOWER CAPE FEAR - 20 N. 4TH STREET, SUITE 440 - WILMINGTON, NC 28401	56-1925967	501(C)(3)	5,150.	0.			HUMAN SERVICES
FEAST DOWN EAST PO BOX 55 BURGAU, NC 28425	32-0333038	501(C)(3)	45,000.	0.			HUMAN SERVICES
FEED MY LAMBS, INC. PO BOX 91 WADESBORO, NC 28170	56-2158694	501(C)(3)	55,000.	0.			HUMAN SERVICES
FEEDING AVERY FAMILIES 189 OLD VALE ROAD NEWLAND, NC 28657	45-2302126	501(C)(3)	25,000.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 5840 FARINGDON PLACE, SUITE 5A RALEIGH, NC 27609	44-0610626	501(C)(3)	11,250.	0.			RELIGION
FIGS OF WAKE COUNTY, INC. PO BOX 12821 RALEIGH, NC 27605	58-1474642	501(C)(3)	17,680.	0.			HEALTH
FIKE HIGH SCHOOL 500 HARRISON DRIVE WILSON, NC 27893	56-6001134	GOVERNMENT	7,310.	0.			EDUCATION

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FIRST BAPTIST CHURCH OF LENOIR 304 MAIN STREET NW LENOIR, NC 28645	56-0748123	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
FIRST BAPTIST CHURCH OF MOUNT GILEAD - PO BOX 207 - MOUNT GILEAD, NC 27306	56-1282403	501(C)(3)	6,150.	0.			RELIGION
FIRST PRESBYTERIAN CHURCH OF CHARLOTTE - 200 WEST TRADE STREET - CHARLOTTE, NC 28202		501(C)(3)	41,666.	0.			RELIGION
FIRST UNITED METHODIST CHURCH HICKORY - 311 THIRD AVENUE NE - HICKORY, NC 28601	56-2059331	501(C)(3)	6,623.	0.			RELIGION
FIRST UNITED METHODIST CHURCH OF WILSON - 100 GREEN STREET - WILSON, NC 27893	56-0649256	501(C)(3)	28,000.	0.			RELIGION
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA, INC. - 1924 CAPITAL BLVD. - RALEIGH, NC 27604	56-1283426	501(C)(3)	42,300.	0.			HUMAN SERVICES
FOOTHILLS CONSERVANCY OF NC PO BOX 3023 MORGANTON, NC 28680	56-1947390	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
FOREST EDUCATION AND CONSERVATION FOUNDATION - 1600 GLENWOOD AVENUE - RALEIGH, NC 27608	56-0515838	501(C)(3)	11,500.	0.			EDUCATION
FOREST HILL CHURCH 7224 PARK RD CHARLOTTE, NC 28210	56-0754698	501(C)(3)	360,000.	0.			RELIGION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION OF FIRST HEALTH, INC. 150 APPLECROSS ROAD PINEHURST, NC 28374	51-0191937	501(C)(3)	17,703.	0.			PUBLIC & SOCIETAL BENEFIT
FOUNDATION OF WAYNE COMMUNITY COLLEGE - PO BOX 8002 - GOLDSBORO, NC 27533	56-1556512	501(C)(3)	67,580.	0.			EDUCATION
FRANKLIN CHURCH OF CHRIST PO BOX 656 FRANKLIN, NC 28744-0656	56-6170402	501(C)(3)	9,430.	0.			EDUCATION
FREE WILL BAPTIST CHILDREN'S HOME PO BOX 249 MIDDLESEX, NC 27557	56-0636251	501(C)(3)	5,500.	0.			PUBLIC & SOCIETAL BENEFIT
FRIEND TO FRIEND PO BOX 1508 CARTHAGE, NC 28327	58-1779218	501(C)(3)	7,500.	0.			HEALTH
FRIENDS OF MADISON COUNTY ANIMALS PO BOX 191 MARSHALL, NC 28753	56-1865702	501(C)(3)	10,590.	0.			ENVIRONMENT & ANIMALS
FRIENDS OF THE BROWN LIBRARY 122 VAN NORDEN STREET WASHINGTON, NC 27889	56-1562589	501(C)(3)	10,130.	0.			EDUCATION
FRIENDS OF THE MOUNTAINS-TO-SEA TRAIL - 3509 HAWORTH DRIVE, SUITE 210 - RALEIGH, NC 27609	52-2204330	501(C)(3)	12,740.	0.			HUMAN SERVICES
FRIENDS OF THE NC MUSEUM OF NATURAL SCIENCES - 11 WEST JONES STREET - RALEIGH, NC 27601	56-1240806	501(C)(3)	5,500.	0.			ARTS, CULTURE & HUMANITIES

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FRIENDS OF VASS LIBRARY FOUNDATION, INC. - PO BOX 655 - VASS, NC 28394	56-2129708	501(C)(3)	30,000.	0.			EDUCATION
FUQUAY-VARINA WOMAN'S CLUB 5109 DOUGHTYMEWS LANE FUQUAY-VARINA, NC 27526	73-1685141	501(C)(3)	17,230.	0.			EDUCATION
GIRL SCOUTS - NORTH CAROLINA COASTAL PINES - 6901 PINECREST ROAD - RALEIGH, NC 27613	56-0791500	501(C)(3)	11,220.	0.			YOUTH DEVELOPMENT
GLENAIRE, INC. 4000 GLENAIRE CIRCLE CARY, NC 27511	56-1739542	501(C)(3)	5,860.	0.			PUBLIC & SOCIETAL BENEFIT
GLORY RIDGE PO BOX 363 MARSHALL, NC 28753	56-1407216	501(C)(3)	27,000.	0.			RELIGION
GOOD SHEPHERD MINISTRIES OF WILMINGTON, INC. - 811 MARTIN STREET - WILMINGTON, NC 28401	56-1566178	501(C)(3)	213,480.	0.			HUMAN SERVICES
GRACE CHRISTIAN SCHOOL PO BOX 1408 SANFORD, NC 27331	56-1157891	501(C)(3)	6,550.	0.			EDUCATION
GRACE EPISCOPAL CHURCH INCLUDING THE LUTHERANS OF CHRIST THE KING - 105 S MADISON STREET - WHITEVILLE, NC 28472	56-1187566	501(C)(3)	10,000.	0.			HUMAN SERVICES
GRAMERCY CHRISTIAN SCHOOL 8170 HIGHWAY 70 NEWPORT, NC 28570	56-1304781	501(C)(3)	6,200.	0.			EDUCATION

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GREATER GOOD CHARITIES 301 UNION STREET #21308 SEATTLE, WA 98111	20-4846675	501(C)(3)	13,000.	0.			ENVIRONMENT & ANIMALS
GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY - 31 FIRST AVENUE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	10,700.	0.			PUBLIC & SOCIETAL BENEFIT
GREENE COUNTY INTERFAITH VOLUNTEERS, INC. - PO BOX 1041 - SNOW HILL, NC 28580	56-2167138	501(C)(3)	56,200.	0.			PUBLIC & SOCIETAL BENEFIT
H.E.A.R.T.S. HELPING EACH ADOLESCENT REACH THEIR SPARK - 112 BROADWAY STREET, SUITE B - DURHAM, NC 27701	47-5563762	501(C)(3)	50,000.	0.			YOUTH DEVELOPMENT
HABITAT FOR HUMANITY - CALDWELL COUNTY - PO BOX 1341 - LENOIR, NC 28645	56-1760354	501(C)(3)	11,000.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY - CATAWBA VALLEY, INC. - PO BOX 9475 - HICKORY, NC 28603	58-1652358	501(C)(3)	11,250.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY - WATAUGA COUNTY - PO BOX 33 DTS - BOONE, NC 28607	56-1659213	501(C)(3)	35,000.	0.			HUMAN SERVICES
HANNAH'S PLACE, INC. PO BOX 1392 ROANOKE RAPIDS, NC 27870	56-1453167	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
HAPPY VALLEY FIDDLER'S CONVENTION PO BOX 186 PATTERSON, NC 28661	84-4739669	501(C)(3)	5,900.	0.			ARTS, CULTURE & HUMANITIES

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HARGRAVE MILITARY ACADEMY 200 MILITARY DRIVE CHATHAM, VA 24531	54-0584800	501(C)(3)	110,000.	0.			EDUCATION
HARRELLS COMMUNITY CENTER 1758 BLAND SCHOOL ROAD HARRELLS, NC 28444	38-3904085	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
HAVEN HOUSE SERVICES 1008 BULLARD COURT RALEIGH, NC 27615	56-1073632	501(C)(3)	104,749.	0.			PUBLIC & SOCIETAL BENEFIT
HAYWOOD COUNTY SCHOOL SYSTEM 1230 NORTH MAIN ST. WAYNESVILLE, NC 28786		GOVERNMENT	28,000.	0.			EDUCATION
HD REACH, INC. 2054 KILDAIRE FARM ROAD, SUITE 427 CARY, NC 27518	26-4826165	501(C)(3)	6,370.	0.			HEALTH
HEALING TRANSITIONS, INC. 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501(C)(3)	63,980.	0.			HEALTH
HEALTH EDUCATION FOUNDATION OF EASTERN NORTH CAROLINA INC. - POST OFFICE DRAWER 7368 - ROCKY MOUNT, NC 27804-0368	23-7338802	501(C)(3)	50,000.	0.			EDUCATION
HEBRON COLONY MINISTRIES, INC. 356 OLD TURNPIKE ROAD BOONE, NC 28607	56-0597086	501(C)(3)	6,000.	0.			HEALTH
HELPING HANDS CLINIC OF CALDWELL COUNTY, INC. - 810 HARPER AVENUE, NW - LENOIR, NC 28645	56-2076541	501(C)(3)	10,000.	0.			HEALTH

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HERITAGE BIBLE COLLEGE PO BOX 1628 DUNN, NC 28335	56-1212691	501(C)(3)	6,390.	0.			EDUCATION
HERTFORD COUNTY EDUCATIONAL FOUNDATION, INC. - 420 NC HWY 11 N - AHOSKIE, NC 27910-1008	56-0953943	501(C)(3)	67,080.	0.			EDUCATION
HICKORY COMMUNITY THEATRE 30 THIRD STREET NW HICKORY, NC 28601	56-0819493	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
HICKORY SOUP KITCHEN PO BOX 1431 HICKORY, NC 28603	56-1385956	501(C)(3)	10,500.	0.			HUMAN SERVICES
HIGH COUNTRY RODEO ASSOCIATION PO BOX 151 VILAS, NC 28692	88-1416612	501(C)(3)	80,000.	0.			HUMAN SERVICES
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	56-0529999	501(C)(3)	9,530.	0.			EDUCATION
HIGHER ED WORKS PO BOX 10463 RALEIGH, NC 27605	82-4082527	501(C)(3)	7,500.	0.			EDUCATION
HIGHTS PO BOX 865 CULLOWHEE, NC 28723	26-1566023	501(C)(3)	8,150.	0.			YOUTH DEVELOPMENT
HILL FAMILY FARM EDUCATION CENTER 9002 SPEIGHTS CHAPEL ROAD WHITAKERS, NC 27891	83-0954465	501(C)(3)	66,640.	0.			PUBLIC & SOCIETAL BENEFIT

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HISTORIC HOPE FOUNDATION, INC. 132 HOPE HOUSE ROAD WINDSOR, NC 27983	56-0959945	501(C)(3)	14,900.	0.			ARTS, CULTURE & HUMANITIES
HOBSON PITTMAN MEMORIAL GALLERY FOUNDATION., INC. - 130 BRIDGERS STREET - TARBORO, NC 27886	56-1458985	501(C)(3)	5,240.	0.			ARTS, CULTURE & HUMANITIES
HOKE COUNTY P.O. BOX 210 RAEFORD, NC 28376		GOVERNMENT	20,000.	0.			HEALTH
HOKE COUNTY DOMESTIC VIOLENCE AND SEXUAL ASSAULT CENTER, INC. - 225 S MAIN STREET - RAEFORD, NC 28376	26-2780222	501(C)(3)	33,880.	0.			PUBLIC & SOCIETAL BENEFIT
HOLA CAROLINA 801 FOURTH AVENUE EAST HENDERSONVILLE, NC 28792	82-2943079	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
HOPE CLINIC PO BOX 728 BAYBORO, NC 28515	56-2114681	501(C)(3)	46,150.	0.			HEALTH
HOPE MISSION OF CARTERET COUNTY, INC - PO BOX 1438 - MOREHEAD CITY, NC 28557	56-1757998	501(C)(3)	6,500.	0.			HUMAN SERVICES
HOPE OF GLORY MINISTRIES 103 E ARLINGTON BLVD, SUITE 106 GREENVILLE, NC 27858	31-1766003	501(C)(3)	7,500.	0.			PUBLIC & SOCIETAL BENEFIT
HOSPICE OF MADISON PO BOX 69 MARSHALL, NC 28753	56-0986537	501(C)(3)	5,220.	0.			PUBLIC & SOCIETAL BENEFIT

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IHS, THE INSTITUTE FOR HUMAN SERVICES - 546 KAAHI STREET - HONOLULU, HI 96817	99-0199107	501(C)(3)	7,853.	0.			HUMAN SERVICES
IN DEFENSE OF ANIMALS 3010 KERNER BLVD SAN RAFAEL, CA 94901	68-0008936	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
IN MY FATHERS HOUSE COMMUNITY SUPPORT SERVICES NETWORK - 111 EAST 1ST STREET PO BOX 912 - NEWTON, NC 28658	27-3990800	501(C)(3)	25,000.	0.			HUMAN SERVICES
INTERACT (THE FAMILY VIOLENCE PREVENTION CENTER, INC.) - 1012 OBERLIN ROAD - RALEIGH, NC 27605	58-1320613	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501(C)(3)	5,500.	0.			HUMAN SERVICES
INTERNATIONAL WIRE AND CABLE SYMPOSIUM - 6920-B BRADDOCK RD., PMB #650 - ANNANDALE, VA 22003	22-2137963	501(C)(3)	7,340.	0.			EDUCATION
IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501(C)(3)	15,000.	0.			PUBLIC & SOCIETAL BENEFIT
ISLA- IMMERSION FOR SPANISH LANGUAGE ACQUISITION - P.O. BOX 16278 - CHAPEL HILL, NC 27516-6278	45-5336885	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
J.Y. JOYNER FOUNDATION 2300 LOWDEN STREET RALEIGH, NC 27608	47-2167026	501(C)(3)	6,000.	0.			EDUCATION

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JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON, WY 83001	74-2138785	501(C)(3)	50,000.	0.			ENVIRONMENT & ANIMALS
JAMES SPRUNT COMMUNITY COLLEGE FOUNDATION - PO BOX 398 - KENANSVILLE, NC 28349	23-7405675	501(C)(3)	7,190.	0.			EDUCATION
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, 17TH FLOOR - NEW YORK, NY 10004	13-1624240	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
JMPRO TV 2385 HENDERSONVILLE ROAD ARDEN, NC 28704	86-1120732	501(C)(3)	75,000.	0.			PUBLIC & SOCIETAL BENEFIT
JO ANN CARTER HARRELSON CENTER, INC. - 20 NORTH 4TH STREET, SUITE 214 - WILMINGTON, NC 28401	20-3598248	501(C)(3)	12,000.	0.			PUBLIC & SOCIETAL BENEFIT
JOHN C. CAMPBELL FOLK SCHOOL ONE FOLK SCHOOL ROAD BRASSTOWN, NC 28902	56-0552780	501(C)(3)	13,890.	0.			ARTS, CULTURE & HUMANITIES
JOHNSON C. SMITH UNIVERSITY 100 BEATTIES FORD ROAD CHARLOTTE, NC 28216	25-0983069	501(C)(3)	5,060.	0.			EDUCATION
JOHNSTON COMMUNITY COLLEGE FOUNDATION - PO BOX 2350 - SMITHFIELD, NC 27577	58-1663605	501(C)(3)	23,390.	0.			EDUCATION
JOHNSTON COUNTY ARTS COUNCIL PO BOX 2019 SMITHFIELD, NC 27577	56-1089213	501(C)(3)	5,100.	0.			ARTS, CULTURE & HUMANITIES

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JOHNSTON COUNTY HERITAGE CENTER PO BOX 2709 SMITHFIELD, NC 27577	56-6000311	GOVERNMENT	27,290.	0.			ARTS, CULTURE & HUMANITIES
JONES COUNTY COMMUNITY HOPE, INC. 509 GREENTOWN ROAD TRENTON, NC 28585	81-3323723	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT
JONES SENIOR HIGH SCHOOL 1490 HIGHWAY 58 SOUTH TRENTON, NC 28585	56-6001056	GOVERNMENT	8,960.	0.			EDUCATION
JONESBORO UNITED METHODIST CHURCH PO BOX 2576 SANFORD, NC 27331	56-0727845	501(C)(3)	7,101.	0.			RELIGION
JUSTICEMATTERS, INC. PO BOX 199 DURHAM, NC 27702	27-1378558	501(C)(3)	30,000.	0.			HUMAN SERVICES
JW PARKER MIDDLE SCHOOL 1500 EAST VIRGINIA STREET ROCKY MOUNT, NC 27801	56-1766036	GOVERNMENT	7,500.	0.			EDUCATION
KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION - 300 KENAN CENTER DRIVE - CHAPEL HILL, NC 27599-3440	56-0771850	501(C)(3)	30,000.	0.			EDUCATION
KIDS FIRST, INC. 1825 WEST CITY DRIVE, SUITES A&B ELIZABETH CITY, NC 27909	58-1919028	501(C)(3)	12,000.	0.			HEALTH
KOINONIA COMMUNITY SOLUTIONS 610 OLD TAR VILLAGE ROAD, SUITE B WINTERVILLE, NC 28590	46-5737517	501(C)(3)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT

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LA SOCIETE DES QUARANTE 40 HOMMES ET 8 CHEVAUX - 2107 S. GLENBURNIE ROAD - NEW BERN, NC 28562	56-6076590	N/A	8,560.	0.			PUBLIC & SOCIETAL BENEFIT
LAURINBURG INSTITUTE 125 MCGIRTS BRIDGE ROAD LAURINBURG, NC 28352	56-6010464	501(C)(3)	23,120.	0.			EDUCATION
LEARNING TOGETHER 568 EAST LENOIR STREET, SUITE 204 RALEIGH, NC 27601	51-0161593	501(C)(3)	25,000.	0.			EDUCATION
LENOIR COUNTY SPCA PO BOX 1481 KINSTON, NC 28503	51-0185521	501(C)(3)	48,238.	0.			ENVIRONMENT & ANIMALS
LENOIR MEMORIAL HOSPITAL FOUNDATION - 100 AIRPORT RD. - KINSTON, NC 28501	58-1584139	501(C)(3)	10,000.	0.			HEALTH
LENOIR-GREENE UNITED WAY PO BOX 3000 KINSTON, NC 28502	23-7098805	501(C)(3)	35,000.	0.			PUBLIC & SOCIETAL BENEFIT
LENOIR-RHYNE UNIVERSITY 625 7TH AVENUE NE, LRU 7467 HICKORY, NC 28601	56-0556753	501(C)(3)	16,740.	0.			EDUCATION
LIBERTY UNIVERSITY 1971 UNIVERSITY BLVD. LYNCHBURG, VA 24502	54-0946734	501(C)(3)	10,700.	0.			EDUCATION
LIFE FELLOWSHIP CHURCH 20010 CHARTOWN DRIVE CORNELIUS, NC 28031	22-3877161	501(C)(3)	21,500.	0.			RELIGION

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LINCOLN HEIGHT COMMUNITY CENTER 34 LINCOLN STREET ROANOKE RAPIDS, NC 27870	56-1961894	501(C)(3)	33,333.	0.			HEALTH
LINEBERGER COMPREHENSIVE CANCER CENTER - PO BOX 1050 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	12,000.	0.			HEALTH
LOCAL MEDIA FOUNDATION PO BOX 450 LAKE CITY, MI 49651	36-4427750	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
LOGAN'S RUN RESCUE 3000 US HIGHWAY 64 WEST, SUITE 112 MURPHY, NC 28906	26-4607262	501(C)(3)	7,770.	0.			ENVIRONMENT & ANIMALS
LOUISBURG COLLEGE 501 NORTH MAIN STREET LOUISBURG, NC 27549	56-0547511	501(C)(3)	46,240.	0.			EDUCATION
LOVING FOOD RESOURCES 123 KENILWORTH ROAD ASHEVILLE, NC 28803	56-1823591	501(C)(3)	25,000.	0.			HUMAN SERVICES
LOWER CAPE FEAR LIFECARE 1414 PHYSICIAN'S DRIVE WILMINGTON, NC 28401	56-1216682	501(C)(3)	15,500.	0.			PUBLIC & SOCIETAL BENEFIT
MACON COUNTY HISTORICAL SOCIETY 36 WEST MAIN STREET FRANKLIN, NC 28734	58-1474825	501(C)(3)	43,566.	0.			ARTS, CULTURE & HUMANITIES
MACON COUNTY PUBLIC LIBRARY 149 SILER FARM ROAD FRANKLIN, NC 28734	56-6001950	501(C)(3)	22,890.	0.			EDUCATION

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MADE4ME, INC. 5540 ATLANTIC SPRINGS ROAD, SUITE 1 RALEIGH, NC 27616	81-5420009	501(C)(3)	14,000.	0.			PUBLIC & SOCIETAL BENEFIT
MADISON LIONS CLUB 318 ISLAND DRIVE MADISON, NC 27025	56-6062587	501(C)(4)	5,050.	0.			PUBLIC & SOCIETAL BENEFIT
MAGNIFY MINISTRIES, INC 1336 LONE HICKORY ROAD YADKINVILLE, NC 27055	27-1855954	501(C)(3)	10,500.	0.			PUBLIC & SOCIETAL BENEFIT
MAKE-A-WISH EASTERN NORTH CAROLINA 3809 COMPUTER DRIVE, SUITE 201 RALEIGH, NC 27609	58-1792140	501(C)(3)	7,710.	0.			HEALTH
MANTEO HIGH SCHOOL BOOSTERS PO BOX 1756 MANTEO, NC 27954	45-3436510	501(C)(3)	18,000.	0.			HUMAN SERVICES
MARCH OF DIMES 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	154,000.	0.			HEALTH
MARINE RAIDER FOUNDATION PO BOX 977 FISHERS, IN 46038	45-2913544	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
MARS HILL UNIVERSITY PO BOX 370 MARS HILL, NC 28754	56-0554207	501(C)(3)	38,080.	0.			EDUCATION
MASTERS SCHOOL 49 CLINTON AVE DOBBS FERRY, NY 10522	13-1740472	501(C)(3)	36,600.	0.			EDUCATION

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MDC, INC. 307 WEST MAIN STREET DURHAM, NC 27701	56-0894222	501(C)(3)	125,000.	0.			PUBLIC & SOCIETAL BENEFIT
MEALS ON WHEELS - WILMINGTON PO BOX 3593 WILMINGTON, NC 28406	58-1973171	501(C)(3)	6,000.	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
MECKLENBURG COUNTY 715 E. 4TH ST. CHARLOTTE, NC 28202		GOVERNMENT	70,000.	0.			HEALTH
MEDIATION CENTER OF EASTERN CAROLINA-DUPLIN - PO BOX 981 - KENANSVILLE, NC 28349	56-1669121	501(C)(3)	8,575.	0.			YOUTH DEVELOPMENT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE, 5TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	8,732.	0.			HEALTH
MERCI CLINIC 1315 TATUM DR. NEW BERN, NC 28560	56-2034052	501(C)(3)	12,757.	0.			HEALTH
MERCY SHIPS PO BOX 2020 LINDALE, TX 75771	26-2414132	501(C)(3)	11,000.	0.			HEALTH
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	32,290.	0.			EDUCATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MESSAGE MINISTRIES & MISSIONS INC. PO BOX 7158 ST. PETERSBURG, FL 33734-7158	20-8331536	501(C)(3)	10,000.	0.			RELIGION
METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET RALEIGH, NC 27605	56-0547482	501(C)(3)	32,000.	0.			PUBLIC & SOCIETAL BENEFIT
METHODIST UNIVERSITY 5400 RAMSEY STREET FAYETTEVILLE, NC 28311-1420	56-0657294	501(C)(3)	20,540.	0.			EDUCATION
MICHAEL'S ANGELS GIRLS CLUB 214 N. MAIN STREET TARBORO, NC 27886	81-2898219	501(C)(3)	25,000.	0.			EDUCATION
MIGRANT ROOTS MEDIA 816 YANCEY ST. DURHAM, NC 27701	86-1728504	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
MISERICORDIA HOME 6300 NORTH RIDGE AVE CHICAGO, IL 60660	36-2170153	501(C)(3)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT
MONTGOMERY CENTRAL HIGH SCHOOL 770 GLENN ROAD TROY, NC 27371		GOVERNMENT	13,078.	0.			EDUCATION
MONTGOMERY COMMUNITY COLLEGE- FINANCIAL AID - 1011 PAGE STREET - TROY, NC 27371	56-1834221	501(C)(3)	8,000.	0.			EDUCATION
MONTGOMERY COMMUNITY COLLEGE FOUNDATION - 1011 PAGE STREET - TROY, NC 27371	56-1834221	GOVERNMENT	28,982.	0.			EDUCATION

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MONTGOMERY COUNTY 102 E. SPRING STREET TROY, NC 27371		GOVERNMENT	69,854.	0.			HEALTH
MONTGOMERY COUNTY COUNCIL ON AGING PO BOX 425 TROY, NC 27371	56-1173830	501(C)(3)	6,500.	0.			PUBLIC & SOCIETAL BENEFIT
MONTPELIER PRESBYTERIAN CHURCH PO BOX 407 WAGRAM, NC 28396-0407	56-0933868	501(C)(3)	50,000.	0.			EDUCATION
MONTREAT RETREAT ASSOCIATION PO BOX 969 MONTREAT, NC 28757	56-0532142	501(C)(3)	40,500.	0.			RELIGION
MOORE BUDDIES MENTORING PO BOX 1966 SOUTHERN PINES, NC 28388	42-1576564	501(C)(3)	8,500.	0.			EDUCATION
MOORE COUNTY COMMUNITY BAND PO BOX 4662 PINEHURST, NC 28374	58-1563642	501(C)(3)	10,690.	0.			ARTS, CULTURE & HUMANITIES
MOORE FREE & CHARITABLE CLINIC 211 TRIMBLE PLANT ROAD, SUITE C SOUTHERN PINES, NC 28387	01-0781234	501(C)(3)	22,000.	0.			HEALTH
MOUNT AIRY PUBLIC LIBRARY 145 ROCKFORD STREET MOUNT AIRY, NC 27030	56-6021060	501(C)(3)	6,490.	0.			EDUCATION
MOUNT AIRY RESTORATION FOUNDATION PO BOX 447 MOUNT AIRY, NC 27030	58-1527292	501(C)(3)	5,540.	0.			ARTS, CULTURE & HUMANITIES

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MOUNTAIN PROJECTS 2177 ASHEVILLE ROAD WAYNESVILLE, NC 28786	56-0849092	501(C)(3)	9,450.	0.			PUBLIC & SOCIETAL BENEFIT
MT. CALVARY A.M.E. CHURCH PO BOX 1273 LELAND, NC 28451		501(C)(3)	24,760.	0.			RELIGION
MT. ZION FREE WILL BAPTIST CHURCH PO BOX 964 BAYBORO, NC 28515	58-1407142	501(C)(3)	10,257.	0.			RELIGION
MTW DISTRICT HEALTH AND THE HOPE EXCHANGE - 198 NC HWY. 45 N - PLYMOUTH, NC 27962		501(C)(3)	70,000.	0.			HEALTH
MULLIGANS FORE KIDS PO BOX 3413 WILSON, NC 27895	55-0883559	501(C)(3)	10,000.	0.			HUMAN SERVICES
MURFREESBORO HISTORICAL ASSOCIATION, INC. - PO BOX 3 - MURFREESBORO, NC 27855	56-6085460	501(C)(3)	178,970.	0.			ARTS, CULTURE & HUMANITIES
MY KID'S CLUB PO BOX 784 SELMA, NC 27576	83-2337004	501(C)(3)	6,660.	0.			YOUTH DEVELOPMENT
MY SISTER'S HOUSE PO BOX 7665 ROCKY MOUNT, NC 27804	56-1402172	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
NAMI WAKE COUNTY PO BOX 12562 RALEIGH, NC 27605	56-1552949	501(C)(3)	5,550.	0.			HEALTH

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NARRATIVE ARTS PO BOX 448 WILMINGTON, NC 28402	81-1408770	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
NC AGRICULTURAL FOUNDATION, INC. CAMPUS BOX 7207 RALEIGH, NC 27695	56-6049304	501(C)(3)	26,500.	0.			EDUCATION
NC FIELD, INC. 327 N. QUEEN STREET, SUITE #315 KINSTON, NC 28501	27-4618713	501(C)(3)	100,000.	0.			PUBLIC & SOCIETAL BENEFIT
NCSU STUDENT AID ASSOCIATION PO BOX 37100 RALEIGH, NC 27627	56-0650623	501(C)(3)	12,500.	0.			EDUCATION
NEW BERN - CRAVEN COUNTY PUBLIC LIBRARY - 400 JOHNSON STREET - NEW BERN, NC 28560	56-6003019	GOVERNMENT	8,732.	0.			EDUCATION
NEW BERN HISTORICAL SOCIETY FOUNDATION, INC. - 511 BROAD STREET - NEW BERN, NC 28560	56-0897292	501(C)(3)	5,320.	0.			EDUCATION
NEW BERN PRESERVATION FOUNDATION, INC. - PO BOX 207 - NEW BERN, NC 28563	23-7376105	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
NEW BRITTON BAPTIST CHURCH 4780 WHITEVILLE ROAD NW ASH, NC 28420	56-1421300	501(C)(3)	6,000.	0.			RELIGION
NEW HANOVER HUMANE SOCIETY INC. 2405 NORTH 23RD STREET WILMINGTON, NC 28405	56-0939608	501(C)(3)	8,500.	0.			ENVIRONMENT & ANIMALS

Schedule I (Form 990)

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NEW HANOVER REGIONAL MEDICAL CENTER FOUNDATION - 2001 SOUTH 17TH STREET - WILMINGTON, NC 28401	56-1752396	501(C)(3)	25,000.	0.			HEALTH
NEW RIVER YMCA 159 CHANEY AVENUE JACKSONVILLE, NC 28540	58-1402035	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
NOAH'S ARK 4084 SPRING ISLAND OKATIE, SC 29909	26-2553174	501(C)(3)	6,000.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA A&T STATE UNIVERSITY- FINANCIAL AID - 1601 EAST MARKET STREET - GREENSBORO, NC 27411	56-6000007	501(C)(3)	24,695.	0.			EDUCATION
NORTH CAROLINA A&T STATE UNIVERSITY FOUNDATION ADVANCEMENT OPERATIONS - 1601 EAST MARKET ST. - GREENSBORO, NC 27411	23-7055330	501(C)(3)	150,000.	0.			HEALTH
NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD COURT, SUITE 160 RALEIGH, NC 27604	56-1512990	501(C)(3)	29,020.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	56-0767805	501(C)(3)	6,254.	0.			HUMAN SERVICES
NORTH CAROLINA BETA CHAPTER OF PHI DELTA THETA - 210 N COLUMBIA ST - CHAPEL HILL, NC 27514	26-3266418	501(C)(3)	15,500.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 (OCEAN) NEWPORT, NC 28570	58-1494098	501(C)(3)	414,050.	0.			ENVIRONMENT & ANIMALS

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NORTH CAROLINA COASTAL LAND TRUST 3 PINE VALLEY DRIVE WILMINGTON, NC 28412	56-1791849	501(C)(3)	36,800.	0.			ENVIRONMENT & ANIMALS
NORTH CAROLINA HARM REDUCTION COALITION - 4024 BARRETT DRIVE, SUITE 101 - RALEIGH, NC 27609	20-3452075	501(C)(3)	333,334.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA HEALTH NEWS PO BOX 2573 CHAPEL HILL, NC 27515	45-3913463	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA IMMIGRATION LAW AND JUSTICE CENTER - 100 HAY STREET, SUITE 300 - FAYETTEVILLE, NC 28301	84-2937688	501(C)(3)	37,500.	0.			HUMAN SERVICES
NORTH CAROLINA MASONIC FOUNDATION 2921 GLENWOOD AVENUE RALEIGH, NC 27608	56-6049500	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
NORTH CAROLINA MUSEUM OF ART FOUNDATION - 4630 MAIL SERVICE CENTER - RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	38,000.	0.			ARTS, CULTURE & HUMANITIES
NORTH CAROLINA PUBLIC HEALTH ASSOCIATION - 222 NORTH PERSON STREET, SUITE 208 - RALEIGH, NC 27601	56-0786947	501(C)(3)	40,700.	0.			HEALTH
NORTH CAROLINA STATE UNIVERSITY-FINANCIAL AID - 2016 HARRIS HALL, BOX 7302 - RALEIGH, NC 27695-7302	56-6000756	501(C)(3)	180,440.	0.			EDUCATION
NORTH CAROLINA SYMPHONY 3700 GLENWOOD AVE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	45,460.	0.			ARTS, CULTURE & HUMANITIES

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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)	8,910.	0.			EDUCATION
NORTH EDGEcombe HIGH SCHOOL 7589 NC HWY 33 NW TARBORO, NC 27886	56-6001023	GOVERNMENT	6,000.	0.			EDUCATION
NORTHERN MOORE FAMILY RESOURCE CENTER - PO BOX 190 - ROBBINS, NC 27325	74-2745041	501(C)(3)	15,000.	0.			EDUCATION
NOTE IN THE POCKET 9650 STRICKLAND ROAD, SUITE 103-168 RALEIGH, NC 27615	46-2574332	501(C)(3)	8,000.	0.			HUMAN SERVICES
NOW SERVING, INC. PO BOX 27822 RALEIGH, NC 27611	88-3368787	501(C)(3)	80,000.	0.			HUMAN SERVICES
OBH DEVELOPMENT COUNCIL 4800 S. CROATAN HWY. NAGS HEAD, NC 27959	20-0777374	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
OBX ROOM IN THE INN PO BOX 1354 KILL DEVIL HILLS, NC 27948	45-5030512	501(C)(3)	34,250.	0.			HUMAN SERVICES
ODYSSEY SCHOOL 90 ZILLICOA STREET ASHEVILLE, NC 28801	64-0960363	501(C)(3)	15,000.	0.			EDUCATION

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OLD HICKORY COUNCIL, BOY SCOUTS OF AMERICA - 6600 SILAS CREEK PKWY - WINSTON SALEM, NC 27106	56-0529985	501(C)(3)	12,000.	0.			YOUTH DEVELOPMENT
OLD WAYNESBOROUGH COMMISSION, INC. PO BOX 839 GOLDSBORO, NC 27533-0839	23-7198536	501(C)(3)	5,060.	0.			ARTS, CULTURE & HUMANITIES
ONE PLACE 900 DENNIS ROAD JACKSONVILLE, NC 28546	56-2058409	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
ONslow COUNTY ANIMAL SERVICES 244 GEORGETOWN ROAD JACKSONVILLE, NC 28540	56-6000326	GOVERNMENT	7,310.	0.			ENVIRONMENT & ANIMALS
ONslow COUNTY PARTNERS FOR ANIMAL WELFARE, INC - PO BOX 745 - SNEADS FERRY, NC 28460	27-3062637	501(C)(3)	10,000.	0.			ENVIRONMENT & ANIMALS
ONslow MEMORIAL HOSPITAL FOUNDATION, INC. - 317 WESTERN BOULEVARD - JACKSONVILLE, NC 28546	58-1943240	501(C)(3)	53,610.	0.			HEALTH
OPICA - ADULT DAY PROGRAM AND COUNSELING CENTER - 11759 MISSOURI AVENUE - LOS ANGELES, CA 90025	95-3493725	501(C)(3)	10,000.	0.			HEALTH
OUR VOICE INC. 35 WOODFIN STREET ASHEVILLE, NC 28801	58-1491531	501(C)(3)	10,000.	0.			HEALTH
PAMLICO COMMUNITY COLLEGE 5049 HIGHWAY 306 SOUTH GRANTSBORO, NC 28529	58-1649441	GOVERNMENT	20,187.	0.			EDUCATION

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PARTNERS IN MINISTRY 12 3RD STREET LAURINBURG, NC 28352	26-1588298	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
PARTNERSHIP FOR CHILDREN & FAMILIES - 507 N. STEELE ST. - SANFORD, NC 27330	56-2009097	501(C)(3)	8,000.	0.			PUBLIC & SOCIETAL BENEFIT
PATRICK BEAVER LEARNING RESOURCE CENTER, INC. - PO BOX 255 - HICKORY, NC 28603	56-2160295	501(C)(3)	7,565.	0.			EDUCATION
PAWS 4 PURPOSE PO BOX 1213 SNEADS FERRY, NC 28460	84-3795818	501(C)(3)	15,000.	0.			ENVIRONMENT & ANIMALS
PAWS PLACE INC. PO BOX 67 WINNABOW, NC 28479	56-2146059	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
PBS NORTH CAROLINA (FORMERLY UNC-TV) - 10 UNC-TV DRIVE - RESEARCH TRIANGLE PARK, NC 27709	56-6001393	501(C)(3)	24,702.	0.			ARTS, CULTURE & HUMANITIES
PEACEMAKERS OF ROCKY MOUNT, INC. 2221 W RALEIGH BLVD ROCKY MOUNT, NC 27803	47-2453596	501(C)(3)	6,000.	0.			EDUCATION
PELETAH MINISTRIES PO BOX 14253 NEW BERN, NC 28561	61-1662965	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
PENDER COUNTY HUMANE SOCIETY PO BOX 626 BURGAW, NC 28425	56-2023827	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS

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PERQUIMANS COUNTY RESTORATION ASSOCIATION - PO BOX 103 - HERTFORD, NC 27944	23-7126274	501(C)(3)	6,170.	0.			ARTS, CULTURE & HUMANITIES
PERQUIMANS COUNTY SCHOOLS EDUCATION FOUNDATION - PO BOX 337 - HERTFORD, NC 27944	55-0788873	501(C)(3)	49,200.	0.			EDUCATION
PIEDMONT LAND CONSERVANCY PO BOX 4025 GREENSBORO, NC 27404	56-1704433	501(C)(3)	9,750.	0.			ENVIRONMENT & ANIMALS
PIGEON RIVER GARDEN CLUB 3409 S. LAKESHORE DR. LAKE JUNALUSKA, NC 28745	85-1194278	501(C)(3)	17,600.	0.			PUBLIC & SOCIETAL BENEFIT
PISGAH HIGH SCHOOL 1 BLACK BEAR DRIVE CANTON, NC 28716		GOVERNMENT	25,747.	0.			EDUCATION
PISGAH LEGAL SERVICES PO BOX 2276 ASHEVILLE, NC 28802	56-1191115	501(C)(3)	7,000.	0.			HUMAN SERVICES
PITT COUNTY COUNCIL ON AGING 4551 COUNTY HOME ROAD GREENVILLE, NC 27858	52-1042008	501(C)(3)	10,000.	0.			HUMAN SERVICES
PLEASANT GROVE UNITED METHODIST CHURCH - 4415 PLEASANT GROVE CHURCH ROAD - RALEIGH, NC 27613	56-6024161	501(C)(3)	10,000.	0.			RELIGION
PLYMOUTH UNITED METHODIST CHURCH 380 MARINERS DRIVE ROPER, NC 27970		501(C)(3)	14,700.	0.			RELIGION

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POPLAR SPRINGS UNITED METHODIST CHURCH - 1809 POPLAR SPRINGS CHURCH ROAD - SANFORD, NC 27330	56-6173567	501(C)(3)	13,840.	0.			RELIGION
POSSUMWOOD ACRES WILDLIFE SANCTUARY - 119 DOE DRIVE - HUBERT, NC 28539	20-0992910	501(C)(3)	23,500.	0.			ENVIRONMENT & ANIMALS
PRATT INSTITUTE 200 WILLOUGHBY AVENUE, MYRTLE HALL BROOKLYN, NY 11205	11-1630822	501(C)(3)	10,000.	0.			EDUCATION
PRESERVATION NC PO BOX 27644 RALEIGH, NC 27611-7644	56-1145386	501(C)(3)	57,900.	0.			ARTS, CULTURE & HUMANITIES
PRESSLEY RIDGE 5500 CORPORATE DRIVE PITTSBURGH, PA 15237	25-0965460	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
PRETTY IN PINK FOUNDATION 5171 GLENWOOD AVENUE, SUITE 360 RALEIGH, NC 27612	20-1162702	501(C)(3)	150,000.	0.			HEALTH
PREVENT BLINDNESS NORTH CAROLINA 4011 WESTCHASE BLVD, SUITE 180 RALEIGH, NC 27607	56-6088141	501(C)(3)	51,020.	0.			HEALTH
PUBLIC LIBRARY OF JOHNSTON COUNTY AND SMITHFIELD - 305 EAST MARKET STREET - SMITHFIELD, NC 27577	56-0858378	501(C)(3)	10,760.	0.			EDUCATION
PUBLIC RADIO EAST FOUNDATION 800 COLLEGE COURT, BARKER HALL, SUITE #101-C - NEW BERN, NC 28562-4900	56-1802728	501(C)(3)	76,120.	0.			ARTS, CULTURE & HUMANITIES

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QUEEN CITY COCOA B E A N S INCORPORATED - 10887 GARDEN OAKS LANE - CHARLOTTE, NC 28273	85-2912068	501(C)(3)	131,372.	0.			HEALTH
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVENUE CHARLOTTE, NC 28274	56-0530003	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
QUIET GIVERS PO BOX 95 BOONE, NC 28607	46-3923008	501(C)(3)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT
RAEFORD PRESBYTERIAN CHURCH 128 WEST EDINBOROUGH AVENUE RAEFORD, NC 28376	56-0562299	501(C)(3)	19,748.	0.			EDUCATION
RAFI - USA (RURAL ADVANCEMENT FOUNDATION INTERNATIONAL) - PO BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	35,000.	0.			PUBLIC & SOCIETAL BENEFIT
RALEIGH AREA LAND TRUST - CONSULTANT - P.O. BOX 28363 - RALEIGH, NC 26711	83-1319881	501(C)(3)	145,000.	0.			HUMAN SERVICES
RALEIGH CITY FARM 800 N. BLOUNT STREET RALEIGH, NC 27604	45-0603306	501(C)(3)	7,500.	0.			HUMAN SERVICES
RALEIGH FINE ARTS SOCIETY, INC. PO BOX 10614 RALEIGH, NC 27605	56-6073681	501(C)(3)	61,280.	0.			ARTS, CULTURE & HUMANITIES
RALEIGH LITTLE THEATRE 301 POGUE STREET RALEIGH, NC 27607	56-0662726	501(C)(3)	15,550.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RALEIGH RESCUE MISSION PO BOX 58634 RALEIGH, NC 27658	56-6024168	501(C)(3)	26,475.	0.			HUMAN SERVICES
RALEIGH YOUTH CHOIR, INC. 121 HILLSBOROUGH STREET RALEIGH, NC 27603	56-1169215	501(C)(3)	15,030.	0.			ARTS, CULTURE & HUMANITIES
RANDOLPH COUNTY SCHOOLS 2222-C SOUTH FAYETTEVILLE ST. ASHEBORO, NC 27205	56-6001100	GOVERNMENT	7,920.	0.			EDUCATION
RAPE CRISIS CENTER OF ROBESON COUNTY - PO BOX 1564 - LUMBERTON, NC 28358	56-1710155	501(C)(3)	30,000.	0.			HEALTH
RAVENSCROFT SCHOOL 7409 FALLS OF NEUSE ROAD RALEIGH, NC 27615-5316	56-6001583	501(C)(3)	71,952.	0.			EDUCATION
REFUGEE COMMUNITY PARTNERSHIP PO BOX 461 CARRBORO, NC 27510-0401	26-3608741	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
REGION A PARTNERSHIP FOR CHILDREN 116 JACKSON STREET SYLVA, NC 28779	56-1869575	501(C)(3)	313,251.	0.			YOUTH DEVELOPMENT
RELIGIOUS COMMUNITY SERVICES 919 GEORGE STREET NEW BERN, NC 28560	58-1553367	501(C)(3)	15,000.	0.			HUMAN SERVICES
REVIVING LIVES MINISTRIES OF NEW BERN, INC. (RLM) - P.O. BOX 98 - NEW BERN, NC 28563	56-1677995	501(C)(3)	12,000.	0.			HEALTH

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RIDGECROFT SCHOOL - OFFICE MANAGER 420 NC HIGHWAY 11 AHOSKIE, NC 27910	56-0953943	501(C)(3)	45,530.	0.			EDUCATION
RIPPLE EFFECT INC DBA IN HIS STEPS P.O. BOX 491 CORNELIUS, NC 28031	45-0510179	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
RIPPLE EFFECTS 900 FOREST HILL AVENUE ROCKY MOUNT, NC 27804	83-2618198	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT
RIVER CITY COMMUNITY DEVELOPMENT CORPORATION - 501 EAST MAIN STREET - ELIZABETH CITY, NC 27909	56-1709321	501(C)(3)	40,000.	0.			HUMAN SERVICES
ROANOKE CHOWAN CHRISTIAN WOMEN'S JOB CORPS INC. - PO BOX 344 - AHOSKIE, NC 27910	46-3164866	501(C)(3)	42,800.	0.			HUMAN SERVICES
ROANOKE ISLAND HISTORICAL ASSOCIATION - 1409 NATIONAL PARK ROAD - MANTEO, NC 27954	56-6002131	501(C)(3)	5,030.	0.			ARTS, CULTURE & HUMANITIES
ROANOKE ISLAND VOLUNTEER FIRE DEPARTMENT - PO BOX 1033 - MANTEO, NC 27954	56-1158659	501(C)(4)	20,000.	0.			HUMAN SERVICES
ROANOKE RAPIDS HIGH SCHOOL 800 HAMILTON STREET ROANOKE RAPIDS, NC 27870	56-6001103	GOVERNMENT	10,270.	0.			EDUCATION
ROBESON COUNTY CHURCH AND COMMUNITY CENTER, INC. - 600 W. 5TH STREET - LUMBERTON, NC 28358	56-0943895	501(C)(3)	44,300.	0.			PUBLIC & SOCIETAL BENEFIT

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ROBESON COUNTY PUBLIC LIBRARY PO BOX 988 LUMBERTON, NC 28359	56-0890453	GOVERNMENT	8,160.	0.			EDUCATION
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501(C)(3)	8,940.	0.			HEALTH
ROCKY MOUNT ACADEMY 1313 AVONDALE AVENUE ROCKY MOUNT, NC 27803	23-7005337	501(C)(3)	25,000.	0.			EDUCATION
RONES CHAPEL AREA COMMUNITY CENTER (RCACC) - 599 GARNER CHAPEL ROAD - MOUNT OLIVE, NC 28365	81-0686959	501(C)(3)	33,385.	0.			EDUCATION
ROOTS OF RECOVERY PO BOX 1479 HAMPSTEAD, NC 28443	81-2909744	501(C)(3)	43,800.	0.			HEALTH
ROSEBORO ELEMENTARY SCHOOL 180 BUTLER ISLAND ROAD ROSEBORO, NC 28382	56-6001109	GOVERNMENT	12,262.	0.			EDUCATION
ROSEBORO-SALEMBURG MIDDLE SCHOOL PO BOX 976 ROSEBORO, NC 28382	56-6001109	GOVERNMENT	5,840.	0.			EDUCATION
ROWAN COUNTY 1811 E. INNES STREET SALISBURY, NC 28146		GOVERNMENT	69,995.	0.			HEALTH
RUMPLE MEMORIAL PRESBYTERIAN CHURCH - PO BOX 393 - BLOWING ROCK, NC 28605	56-0906210	501(C)(3)	28,000.	0.			EDUCATION

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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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RUMPLE MEMORIAL PRESBYTERIAN CHURCH - PO BOX 393 - BLOWING ROCK, NC 28605	56-0906210	501(C)(3)	70,390.	0.			RELIGION
RUTH'S HOUSE, INC. P.O. BOX 2843 WASHINGTON, NC 27889	45-3028421	501(C)(3)	50,500.	0.			PUBLIC & SOCIETAL BENEFIT
SAFE HARBOR OF NC, INC. 210 SECOND STREET SE HICKORY, NC 28602	57-1215608	501(C)(3)	14,700.	0.			HUMAN SERVICES
SAFECHILD, INC. 864 WEST MORGAN STREET RALEIGH, NC 27603	56-1817816	501(C)(3)	17,500.	0.			PUBLIC & SOCIETAL BENEFIT
SAINT AUGUSTINE'S UNIVERSITY 1315 OAKWOOD AVENUE RALEIGH, NC 27610	56-0547478	501(C)(3)	8,670.	0.			EDUCATION
SAINT MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0532314	501(C)(3)	16,830.	0.			EDUCATION
SAINT PETER CATHOLIC SCHOOL 2606 E. FIFTH STREET GREENVILLE, NC 27858	53-0196617	501(C)(3)	6,159.	0.			EDUCATION
SAINT SAVIOUR'S CENTER DBA THE DIAPER TRAIN - 616 TUCKER STREET - RALEIGH, NC 27603	56-2265577	501(C)(3)	6,500.	0.			PUBLIC & SOCIETAL BENEFIT
SAINT STEPHEN'S EPISCOPAL CHURCH POST OFFICE BOX 984 GOLDSBORO, NC 27530		501(C)(3)	12,000.	0.			RELIGION

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SALEM ACADEMY 601 SOUTH CHURCH STREET WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	15,000.	0.			EDUCATION
SALEM PRESBYTERIAN CHURCH 3554 AVENTS FERRY ROAD SANFORD, NC 27330	56-1161107	501(C)(3)	12,140.	0.			RELIGION
SALEMBURG ELEMENTARY SCHOOL 404 EAST COLLEGE STREET SALEMBURG, NC 28385	56-6001109	GOVERNMENT	6,000.	0.			EDUCATION
SALUD SIN FRONTERAS, INC. 301 GOVERNMENT CENTER DR., SUITE 20 WILMINGTON, NC 28403	87-3885522	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
SALVATION ARMY OF CAPE FEAR PO BOX 90 WILMINGTON, NC 28402	58-0660607	501(C)(3)	6,976.	0.			PUBLIC & SOCIETAL BENEFIT
SALVATION ARMY OF IREDELL COUNTY PO BOX 91 STATESVILLE, NC 28678	13-5562351	501(C)(3)	100,000.	0.			PUBLIC & SOCIETAL BENEFIT
SALVATION ARMY OF LEE COUNTY 507 NORTH STEELE STREET SANFORD, NC 27330	58-0660607	501(C)(3)	50,836.	0.			PUBLIC & SOCIETAL BENEFIT
SALVATION ARMY OF WAKE COUNTY 1863 CAPITAL BLVD RALEIGH, NC 27604	94-1156347	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-2999	58-1437002	501(C)(3)	70,000.	0.			HUMAN SERVICES

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SAMPSON COMMUNITY COLLEGE FOUNDATION- FINANCIAL AID - PO BOX 318 - CLINTON, NC 28329	57-0834646	501(C)(3)	15,170.	0.			EDUCATION
SANDHILL BEAGLES RESCUE 2991 STALLING ROAD MACCLESFIELD, NC 27852	20-8418778	501(C)(3)	8,500.	0.			ENVIRONMENT & ANIMALS
SANDHILLS/MOORE COALITION FOR HUMAN CARE - 1500 W. INDIANA AVENUE - SOUTHERN PINES, NC 28387	56-1522956	501(C)(3)	6,800.	0.			HEALTH
SAVE THE CHILDREN FEDERATION, INC., APPALACHIAN FIELD OFFICE - 501 KINGS HIGHWAY EAST, SUITE 400 - FAIRFIELD, CT 06825	06-0726487	501(C)(3)	316,836.	0.			YOUTH DEVELOPMENT
SAVING DOGS 4 BETTY'S SAKE, INC. 555 WILLARD ROAD WILLARD, NC 28478	85-1582545	501(C)(3)	11,400.	0.			ENVIRONMENT & ANIMALS
SAVING GRACE ANIMALS FOR ADOPTION P.O. BOX 1649 WAKE FOREST, NC 27588	92-0186555	501(C)(3)	6,500.	0.			ENVIRONMENT & ANIMALS
SCHOOL FOR LIFE FOUNDATION 6466 NANCE STREET LOS ANGELES, CA 90045	47-4448616	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
SCIENCE MUSEUMS OF WILSON, INC. 224 NASH STREET SE WILSON, NC 27893	56-1638334	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
SE RALEIGH PROMISE, INC. 900 S. WILMINGTON STREET, SUITE 105 RALEIGH, NC 27601	82-0614057	501(C)(3)	219,000.	0.			PUBLIC & SOCIETAL BENEFIT

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SEASONS VILLAGE PO BOX 27264 RALEIGH, NC 27611-7264	84-3639725	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3330 SHOREFAIR DRIVE - WINSTON-SALEM, NC 27105	58-1457912	501(C)(3)	14,500.	0.			HUMAN SERVICES
SEEDS OF HOPE WILSON PO BOX 2262 WILSON, NC 27894	47-2242182	501(C)(3)	25,000.	0.			PUBLIC & SOCIETAL BENEFIT
SEWANEE, THE UNIVERSITY OF THE SOUTH - 735 UNIVERSITY AVENUE - SEWANEE, TN 37383	62-0475697	501(C)(3)	12,640.	0.			EDUCATION
SHALLOW FORD FOUNDATION PO BOX 567 CLEMMONS, NC 27012	04-3795285	501(C)(3)	21,880.	0.			PUBLIC & SOCIETAL BENEFIT
SHAW UNIVERSITY 118 EAST SOUTH STREET RALEIGH, NC 27601	56-0530235	501(C)(3)	54,370.	0.			EDUCATION
SHE ROCKS INC. PO BOX 7124 WILMINGTON, NC 28403	47-0975678	501(C)(3)	10,500.	0.			HEALTH
SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	38,749.	0.			HEALTH
SIPE'S ORCHARD HOME 4431 COUNTY HOME ROAD CONOVER, NC 28613	56-0547524	501(C)(3)	7,140.	0.			PUBLIC & SOCIETAL BENEFIT

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SMITHFIELD SELMA HIGH SCHOOL BAND 700 M. DURWOOD STEPHENSON PARKWAY SMITHFIELD, NC 27577	56-6001055	501(C)(3)	15,000.	0.			EDUCATION
SMITHFIELD-SELMA HIGH SCHOOL 700 M. DURWOOD STEPHENSON PARKWAY SMITHFIELD, NC 27577	56-6001055	501(C)(3)	65,464.	0.			EDUCATION
SMITHFIELD-SELMA HIGH SCHOOL ACADEMY OF HOSPITALITY & TOURISM - 700 M. DURWOOD STEPHENSON PARKWAY - SMITHFIELD, NC 27577	56-6001055	GOVERNMENT	5,478.	0.			EDUCATION
SMITHFIELD-SELMA HIGH SCHOOL NJROTC - 700 M DURWOOD STEPHENSON PKWY - SMITHFIELD, NC 27577	56-6001055	GOVERNMENT	10,000.	0.			EDUCATION
SOJOURNERS PO BOX 70730 WASHINGTON, DC 20024-0730	23-7380554	501(C)(3)	10,000.	0.			RELIGION
SOLUTIONS FOR ANIMALS, INC. PO BOX 2062 SOUTHERN PINES, NC 28388	56-2224404	501(C)(3)	11,435.	0.			ENVIRONMENT & ANIMALS
SOUTH BRUNSWICK INTERCHURCH COUNCIL - PO BOX 1461 - SHALLOTTE, NC 28459	56-1813267	501(C)(3)	14,250.	0.			RELIGION
SOUTH CALDWELL CHRISTIAN MINISTRIES - P O BOX 359 - GRANITE FALLS, NC 28630	56-1339800	501(C)(3)	11,200.	0.			PUBLIC & SOCIETAL BENEFIT
SOUTH COLUMBUS HIGH SCHOOL 40 STALLION DRIVE TABOR CITY, NC 28463	60-0832559	GOVERNMENT	12,010.	0.			EDUCATION

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SOUTHEASTERN REGIONAL MEDICAL CENTER FOUNDATION - PO BOX 1408 - LUMBERTON, NC 28359	56-1348528	501(C)(3)	7,850.	0.			EDUCATION
SOUTHERLY P.O. BOX 9162 LOUISVILLE, KY 40215	85-2638065	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
SOUTHPORT OAK ISLAND ANIMAL RESCUE (S.O.A.R.) - 3376 ST. CHARLES PLACE SE - SOUTHPORT, NC 28461	56-2107507	501(C)(3)	7,500.	0.			ENVIRONMENT & ANIMALS
SOUTHWESTERN COMMUNITY COLLEGE-FINANCIAL AID - 447 COLLEGE DRIVE - SYLVA, NC 28779	56-0894556	501(C)(3)	6,535.	0.			EDUCATION
SOUTHWESTERN COMMUNITY COLLEGE FOUNDATION - 447 COLLEGE DRIVE - SYLVA, NC 28779	23-7322352	501(C)(3)	5,370.	0.			EDUCATION
SPECIAL OLYMPICS NORTH CAROLINA 2200 GATEWAY CENTER BLVD, SUITE 201 MORRISVILLE, NC 27560	56-1149607	501(C)(3)	11,200.	0.			PUBLIC & SOCIETAL BENEFIT
SPONSORS FOR ACADEMIC TALENT, INC. PO BOX 233 JACKSONVILLE, NC 28541	56-1454833	501(C)(3)	19,090.	0.			EDUCATION
ST PAUL'S UNITED METHODIST CHURCH 300 HARPER AVE CAROLINA BEACH, NC 28428		501(C)(3)	10,000.	0.			RELIGION
ST. ANDREW'S COVENANT PRESBYTERIAN CHURCH - 1416 MARKET STREET - WILMINGTON, NC 28401	56-0538017	501(C)(3)	5,500.	0.			RELIGION

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ST. ANDREWS UNIVERSITY 1700 DOGWOOD MILE LAURINBURG, NC 28352-5598	56-0530240	501(C)(3)	5,220.	0.			EDUCATION
ST. DAVID'S SCHOOL 3400 WHITE OAK RD RALEIGH, NC 27609	23-7241145	501(C)(3)	12,000.	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)	132,500.	0.			RELIGION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	56,804.	0.			HEALTH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - CHARLOTTE - 301 HAWTHORNE LANE, SUITE 100 - CHARLOTTE, NC 28204	62-0646012	501(C)(3)	6,000.	0.			HEALTH
ST. LUKE'S UNITED METHODIST CHURCH 52 16TH AVENUE NW HICKORY, NC 28601	56-0773071	501(C)(3)	11,150.	0.			RELIGION
ST. MARY CATHOLIC CHURCH 217 SOUTH 4TH STREET WILMINGTON, NC 28401	56-0554204	501(C)(3)	11,180.	0.			EDUCATION
ST. MARY'S EPISCOPAL CHURCH 800 ROUNTREE ST. KINSTON, NC 28501	56-0567982	501(C)(3)	5,760.	0.			RELIGION

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ST. MICHAEL'S EPISCOPAL CHURCH 1520 CANTERBURY ROAD RALEIGH, NC 27608	58-1488885	501(C)(3)	8,000.	0.			RELIGION
ST. PAUL'S EPISCOPAL CHURCH OF BEAUFORT - 215 ANN STREET - BEAUFORT, NC 28516-2103	56-0940449	501(C)(3)	85,200.	0.			RELIGION
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	7,000.	0.			HUMAN SERVICES
STEPUP MINISTRY 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	12,950.	0.			RELIGION
STRENGTHENING THE BLACK FAMILY PO BOX 28716 RALEIGH, NC 27611	56-1595345	501(C)(3)	14,630.	0.			PUBLIC & SOCIETAL BENEFIT
STUDENT ACTION WITH FARMWORKERS 1317 W. PETTIGREW STREET DURHAM, NC 27705	56-1789014	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
STURGEON CITY OF JACKSONVILLE NC PO BOX 1056 JACKSONVILLE, NC 28541	56-2228246	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
SUPPORT THE PORT 1624 PRINCESS STREET WILMINGTON, NC 28401	81-1924435	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
SURRY ARTS COUNCIL PO BOX 141 MOUNT AIRY, NC 27030	56-0932530	501(C)(3)	16,370.	0.			ARTS, CULTURE & HUMANITIES

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SURRY MEDICAL MINISTRIES FOUNDATION, INC. - PO BOX 349 - MOUNT AIRY, NC 27030	56-1829347	501(C)(3)	25,000.	0.			HEALTH
SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC., NATIONAL OFFICE - PO BOX 801889 - DALLAS, TX 75380	75-1835298	501(C)(3)	250,500.	0.			HEALTH
SWISS BEAR, INC. PO BOX 597 NEW BERN, NC 28563	56-1255578	501(C)(3)	17,249.	0.			PUBLIC & SOCIETAL BENEFIT
TAR RIVER CHORAL & ORCHESTRAL SOCIETY - PO BOX 8255 - ROCKY MOUNT, NC 27804	56-1535223	501(C)(3)	30,990.	0.			ARTS, CULTURE & HUMANITIES
TAR RIVER LAND CONSERVANCY PO BOX 1161 LOUISBURG, NC 27549	31-1742900	501(C)(3)	21,520.	0.			ENVIRONMENT & ANIMALS
TARBORO COMMUNITY OUTREACH 701 CEDAR LANE TARBORO, NC 27886	56-1557200	501(C)(3)	13,000.	0.			PUBLIC & SOCIETAL BENEFIT
TEACH FOR AMERICA - EASTERN NORTH CAROLINA - 1151 FALLS ROAD, SUITE 2023 - ROCKY MOUNT, NC 27804	13-3541913	501(C)(3)	31,500.	0.			EDUCATION
TELLING THE TRUTH, INC. 450 N SUNNY SLOPE RD, SUITE 275 BROOKFIELD, WI 53005	26-3794383	501(C)(3)	15,000.	0.			RELIGION
TEMPLE THEATRE PO BOX 1391 SANFORD, NC 27330	58-1468163	501(C)(3)	7,683.	0.			ARTS, CULTURE & HUMANITIES

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TFBU FOUNDATION 105 WEST COMMERCE STREET OAK CITY, NC 27857	83-0717504	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT
THE ARC OF MOORE COUNTY PO BOX 773 SOUTHERN PINES, NC 28388	56-0960343	501(C)(3)	18,410.	0.			PUBLIC & SOCIETAL BENEFIT
THE ARTS COUNCIL OF WILSON, INC. 204 NASH STREET S WILSON, NC 27893	56-6091774	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
THE BLIND CENTER OF NORTH CAROLINA (BEAUFORT CO ASSOC FOR THE BLIND) - PO BOX 491 - WASHINGTON, NC 27889	58-1882851	501(C)(3)	13,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE CAROUSEL CENTER 1501 DOCK STREET WILMINGTON, NC 28401	56-2098739	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE CHILDREN'S PLAYHOUSE 400 TRACY CIRCLE BOONE, NC 28607	27-0065653	501(C)(3)	155,765.	0.			ARTS, CULTURE & HUMANITIES
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS - 50 EAST NORTH TEMPLE - SALT LAKE CITY, UT 84150	87-0234341	501(C)(3)	7,906.	0.			RELIGION
THE COMMUNITY KITCHEN PO BOX 513 CANTON, NC 28716	51-0605733	501(C)(3)	10,100.	0.			HUMAN SERVICES
THE CONGREGATION AT DUKE CHAPEL BOX 90974 DURHAM, NC 27708	56-1472890	501(C)(3)	7,000.	0.			RELIGION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CORNER TABLE 122 N MAIN STREET NEWTON, NC 28658	94-3418768	501(C)(3)	20,065.	0.			HUMAN SERVICES
THE ENRICHMENT CENTER OF LEE COUNTY - 1615 SOUTH 3RD STREET - SANFORD, NC 27330	58-1863088	501(C)(3)	13,043.	0.			PUBLIC & SOCIETAL BENEFIT
THE FRIENDS OF THE ARCHIVES, INC. 4614 MAIL SERVICE CENTER, 109 E. JO RALEIGH, NC 27699	56-1199071	501(C)(3)	10,768.	0.			ARTS, CULTURE & HUMANITIES
THE GENERAL WILLIAM C. LEE MEMORIAL COMMISSION, INC. - PO BOX 1111 - DUNN, NC 28335	58-1497383	501(C)(3)	55,200.	0.			ARTS, CULTURE & HUMANITIES
THE GREEN CHAIR PROJECT 1853 CAPITAL BOULEVARD RALEIGH, NC 27604	27-2323103	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE HILL CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	50,000.	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 INNOVATION STATE INC. 1101 HAYNES STREET, SUITE 102 RALEIGH, NC 27604	84-4902334	501(C)(3)	400,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE JESSE HELMS CENTER FOUNDATION, INC. - PO BOX 247 - WINGATE, NC 28174-0247	56-1613516	501(C)(3)	44,790.	0.			EDUCATION

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THE JOEL LANE HOUSE, INC. PO BOX 10884 RALEIGH, NC 27605	56-6133619	501(C)(3)	5,565.	0.			ARTS, CULTURE & HUMANITIES
THE JOHNSTON MEMORIAL HOSPITAL FOUNDATION - PO BOX 1376 - SMITHFIELD, NC 27577	56-1831806	501(C)(3)	18,180.	0.			HEALTH
THE LGBTQ CENTER OF DURHAM 112 W. MAIN STREET DURHAM, NC 27701	27-1277498	501(C)(3)	250,000.	0.			PUBLIC & SOCIETAL BENEFIT
THE MARITIME HERITAGE FOUNDATION OF BEAUFORT NC - PO BOX 685 - BEAUFORT, NC 28516	82-0790402	501(C)(3)	50,000.	0.			ENVIRONMENT & ANIMALS
THE MEDIATION CENTER OF EASTERN CAROLINA - 200 EASTBROOK DRIVE, SUITE A - GREENVILLE, NC 27858	56-1669121	501(C)(3)	7,500.	0.			PUBLIC & SOCIETAL BENEFIT
THE NATURE CONSERVANCY - WYOMING 258 MAIN STREET LANDER, WY 82520	53-0242652	501(C)(3)	52,000.	0.			ENVIRONMENT & ANIMALS
THE NATURE CONSERVANCY OF NORTH CAROLINA - 334 BLACKWELL STREET, SUITE 300 - DURHAM, NC 27701	53-0242652	501(C)(3)	17,200.	0.			ENVIRONMENT & ANIMALS
THE O'NEAL SCHOOL PO BOX 290 SOUTHERN PINES, NC 28388	23-7125932	501(C)(3)	14,990.	0.			EDUCATION
THE RALEIGH SCHOOL 1141 RALEIGH SCHOOL DRIVE RALEIGH, NC 27607	56-0729351	501(C)(3)	11,760.	0.			EDUCATION

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THE SALVATION ARMY DIVISION HEADQUARTERS - PO BOX 241808 - CHARLOTTE, NC 28224	58-0660607	501(C)(3)	37,436.	0.			PUBLIC & SOCIETAL BENEFIT
THE SALVATION ARMY OF ELIZABETH CITY - PO BOX 1967 - ELIZABETH CITY, NC 27906	58-0660607	501(C)(3)	7,906.	0.			PUBLIC & SOCIETAL BENEFIT
THE SAVE THE OLD SCHOOL COMMITTEE FOR A LIBRARY COMMUNITY CENTER - PO BOX 1169 - BISCOE, NC 27209	58-1839450	501(C)(3)	5,310.	0.			ARTS, CULTURE & HUMANITIES
THE SHEPHERD'S HOUSE PO BOX 1722 MOUNT AIRY, NC 27030	94-3420831	501(C)(3)	9,950.	0.			HUMAN SERVICES
THE SUPPER TABLE INC. 5 WEST HARGETT STREET, SUITE 212 RALEIGH, NC 27601	82-3054299	501(C)(3)	10,000.	0.			HUMAN SERVICES
THE UNIVERSITY OF MOUNT OLIVE 634 HENDERSON STREET MOUNT OLIVE, NC 28365	56-0623936	501(C)(3)	47,034.	0.			EDUCATION
THE WELL PO BOX 181 JOHNSON CITY, TN 37605	62-1845654	501(C)(3)	50,000.	0.			RELIGION
THOMASVILLE HIGH SCHOOL 410 UNITY STREET THOMASVILLE, NC 27360		GOVERNMENT	13,500.	0.			EDUCATION
TILLERY SPECTRUM CONNECTIONS, INC P.O. BOX 24 TILLERY, NC 27887	47-2393353	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT

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TOBACCO FARM LIFE MUSEUM PO BOX 88 KENLY, NC 27542	58-1544798	501(C)(3)	21,740.	0.			ARTS, CULTURE & HUMANITIES
TOWN OF CANTON 85 SUMMER STREET CANTON, NC 28716	56-6001192	GOVERNMENT	40,030.	0.			PUBLIC & SOCIETAL BENEFIT
TOWN OF ORIENTAL PO BOX 472 ORIENTAL, NC 28571-0472	56-1092769	GOVERNMENT	11,046.	0.			HEALTH
TOWN OF SMITHFIELD PO BOX 761 SMITHFIELD, NC 27577	56-6001335	GOVERNMENT	6,780.	0.			PUBLIC & SOCIETAL BENEFIT
TOWN OF TABOR CITY 1108 EAST 5TH STREET TABOR CITY, NC 28463		GOVERNMENT	83,333.	0.			HUMAN SERVICES
TOXIC FREE NC 115 SOUTH ST. MARY'S ST, SUITE D RALEIGH, NC 27603	59-1715833	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	20,630.	0.			PUBLIC & SOCIETAL BENEFIT
TRIANGLE LAND CONSERVANCY 514 SOUTH DUKE STREET DURHAM, NC 27701	58-1514406	501(C)(3)	58,492.	0.			ENVIRONMENT & ANIMALS
TRIANGLE SOUTH LITERACY WORKS 600 S. MAGNOLIA AVE. DUNN, NC 28334	56-1626281	501(C)(3)	25,000.	0.			EDUCATION

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TRIED BY FIRE INC. P.O. BOX 12691 NEW BERN, NC 28560	46-1880085	501(C)(3)	14,370.	0.			PUBLIC & SOCIETAL BENEFIT
TRINITY CENTER 618 SALTER PATH ROAD PINE KNOLL SHORES, NC 28512	56-0552784	501(C)(3)	7,000.	0.			RELIGION
TRINITY LUTHERAN CHURCH 525 CARTHAGE STREET SANFORD, NC 27330	56-1163475	501(C)(3)	6,280.	0.			YOUTH DEVELOPMENT
TRINITY MUSIC ACADEMY 239 NORTH RUSSELL STREET TROY, NC 27371	56-0773370	501(C)(3)	7,000.	0.			ARTS, CULTURE & HUMANITIES
TRINITY UNITED METHODIST CHURCH OF JACKSONVILLE - 301 MARINE BOULEVARD - JACKSONVILLE, NC 28540	56-0660475	501(C)(3)	15,640.	0.			RELIGION
TRINITY UNITED METHODIST CHURCH OF TROY - PO BOX 502 - TROY, NC 27371	56-0773370	501(C)(3)	25,730.	0.			RELIGION
TRINITY UNITED METHODIST CHURCH OF WILMINGTON - 1403 MARKET STREET - WILMINGTON, NC 28401	56-0547467	501(C)(3)	25,000.	0.			RELIGION
TROSA (TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS, INC.) - 1820 JAMES STREET - DURHAM, NC 27707	56-1861158	501(C)(3)	32,000.	0.			HEALTH
TRUE RIDGE 10 EDNEY STREET HENDERSONVILLE, NC 28792	82-1094679	501(C)(3)	42,800.	0.			PUBLIC & SOCIETAL BENEFIT

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TRYON PALACE FOUNDATION, INC. 529 S. FRONT STREET NEW BERN, NC 28562	56-1795949	501(C)(3)	75,353.	0.			ARTS, CULTURE & HUMANITIES
UNC HEALTH FOUNDATION 123 WEST FRANKLIN STREET, SUITE 510 CHAPEL HILL, NC 27517	56-6057494	501(C)(3)	32,500.	0.			HEALTH
UNC HEALTH SOUTHEASTERN P.O. BOX 1408 LUMBERTON, NC 28359	56-0530233	501(C)(3)	10,000.	0.			HEALTH
UNC LAW FOUNDATION, INC. CAMPUS BOX 3380 CHAPEL HILL, NC 27599	56-0934173	501(C)(3)	11,570.	0.			EDUCATION
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - 123 W. FRANKLIN STREET, SUITE 510 - CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	30,000.	0.			HEALTH
UNC SCHOOL OF GOVERNMENT FOUNDATION - CAMPUS BOX 3330 - CHAPEL HILL, NC 27599-3330	56-1966429	501(C)(3)	235,000.	0.			EDUCATION
UNC WILMINGTON CAMERON SCHOOL OF BUSINESS - 601 SOUTH COLLEGE ROAD - WILMINGTON, NC 28403	56-1258660	GOVERNMENT	648,998.	0.			EDUCATION
UNC-CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT - PO BOX 309 - CHAPEL HILL, NC 27514-0309	56-6001393	GOVERNMENT	15,000.	0.			EDUCATION
UNITED ARTS COUNCIL OF CATAWBA COUNTY - 243 THIRD AVENUE NE, BOX 5 - HICKORY, NC 28601	56-6065114	501(C)(3)	8,100.	0.			ARTS, CULTURE & HUMANITIES

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UNITED COMMUNITY MINISTRIES PO BOX 2624 ROCKY MOUNT, NC 27802	56-1559128	501(C)(3)	10,500.	0.			HUMAN SERVICES
UNITED WAY OF ONSLOW COUNTY 403 NORTH BAYSHORE BOULEVARD JACKSONVILLE, NC 28540	23-7356577	501(C)(3)	23,500.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY OF RANDOLPH COUNTY, INC. - PO BOX 597 - ASHEBORO, NC 27204-0597	56-6017883	501(C)(3)	18,000.	0.			PUBLIC & SOCIETAL BENEFIT
UNITED WAY OF WAYNE COUNTY PO BOX 10893 GOLDSBORO, NC 27532	56-0611553	501(C)(3)	19,551.	0.			PUBLIC & SOCIETAL BENEFIT
UNIVERSITY OF ALABAMA 105 STUDENT SERVICES CENTER, BOX 87 TUSCALOOSA, AL 35487-0120	63-0803491	501(C)(3)	7,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE FOUNDATION, INC. - CPO #3800, UNC ASHEVILLE, 1 UNIVERSITY HEIGHTS - ASHEVILLE, NC 28804-8507	23-7073829	501(C)(3)	23,173.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE, OFFICE OF FINANCIAL AID - CPO #1330, ONE UNIVERSITY HEIGHTS - ASHEVILLE, NC 28804	23-7073829	501(C)(3)	8,963.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - DEPT. OF PSYCHIATRY - CAMPUS BOX 7160 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - DEVELOPMENT OFFICE - PO BOX 309 - CHAPEL HILL, NC 27514	56-6001393	GOVERNMENT	88,000.	0.			EDUCATION

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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)	196,920.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE- FINANCIAL AID - CASHIER'S OFFICE, 9201 UNIVERSITY CITY BOULEVARD - CHARLOTTE, NC	56-0791228	501(C)(3)	58,925.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT GREENSBORO - FINANCIAL AID - PO BOX 26170 - GREENSBORO, NC 27402	56-6001468	501(C)(3)	23,500.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT PEMBROKE FOUNDATION, INC. - PO BOX 1510 - PEMBROKE, NC 28372	58-1592230	501(C)(3)	151,000.	0.			HEALTH
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON - 601 SOUTH COLLEGE ROAD - WILMINGTON, NC 28403-5990	56-1258660	GOVERNMENT	40,524.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT WILMINGTON- FINANCIAL AID - 601 S. COLLEGE ROAD - WILMINGTON, NC 28403-5951	56-1258660	501(C)(3)	78,520.	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)	11,490.	0.			EDUCATION
UNIVERSITY OF SOUTH CAROLINA - COLUMBIA - 1714 COLLEGE STREET - COLUMBIA, SC 29208	57-6017985	501(C)(3)	9,140.	0.			EDUCATION
UNIVERSITY OF TENNESSEE - KNOXVILLE- FINANCIAL AID - 211 STUDENT SERVICES BLDG. - KNOXVILLE, TN 37996-0225	62-6001636	501(C)(3)	6,500.	0.			EDUCATION

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UNIVERSITY RADIO FOUNDATION, INC. 8801 JM KEYNES DRIVE, SUITE 91 CHARLOTTE, NC 28262	56-1803808	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
UPSTREAM WORKS COLLABORATORS 106 DRAYTON COURT CHAPEL HILL, NC 27516	82-5298960	501(C)(3)	50,000.	0.			HUMAN SERVICES
UWHARRIE HARM REDUCTION 1000 N FIRST ST., SUITE 3 ALBEMARLE, NC 28001		GOVERNMENT	59,405.	0.			HEALTH
VANCEBORO CHRISTIAN HELP CENTER PO BOX 268 VANCEBORO, NC 28586	56-2183148	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
VECINOS, INC. FARMWORKER HEALTH PROGRAM - 173 HHS BUILDING, WCU, 3971 LITTLE SAVANNAH ROAD - CULLOWHEE, NC 28723	57-1192063	501(C)(3)	92,800.	0.			HEALTH
VIDANT HEALTH FOUNDATION 690 MEDICAL DRIVE GREENVILLE, NC 27835	20-0777374	501(C)(3)	20,257.	0.			HEALTH
VIDANT WELLNESS CENTER OF WASHINGTON - 1375 COWELL FARM ROAD - WASHINGTON, NC 27889	56-0675676	501(C)(3)	12,980.	0.			EDUCATION
VOCATIONAL OPPORTUNITIES OF CHEROKEE, INC. - PO BOX 653 - CHEROKEE, NC 28719	56-1059214	501(C)(3)	18,840.	0.			EDUCATION
W.A.M.Y. COMMUNITY ACTION 225 BIRCH STREET, SUITE 2 BOONE, NC 28607	56-0816296	501(C)(3)	162,600.	0.			PUBLIC & SOCIETAL BENEFIT

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WACCAMAW SIOUAN INDIAN TRIBE PO BOX 69 BOLTON, NC 28423	59-1739024	501(C)(3)	33,250.	0.			EDUCATION
WAKE CHRISTIAN ACADEMY 5500 WAKE ACADEMY DRIVE RALEIGH, NC 27603	56-0862396	501(C)(3)	30,000.	0.			EDUCATION
WAKE FOREST UNIVERSITY FOUNDATION PO BOX 7227 WINSTON-SALEM, NC 27109-7227	56-0532138	501(C)(3)	150,000.	0.			EDUCATION
WAKE FOREST UNIVERSITY SCHOOL OF LAW - PO BOX 7227 - WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	50,000.	0.			EDUCATION
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE- FINANCIAL AID - PO BOX 571021 - WINSTON-SALEM, NC 27157	22-3849199	501(C)(3)	10,000.	0.			EDUCATION
WAKE TECHNICAL COMMUNITY COLLEGE FOUNDATION - 9101 FAYETTEVILLE ROAD - RALEIGH, NC 27603	23-7017752	501(C)(3)	6,570.	0.			EDUCATION
WAKEMED FOUNDATION 3000 NEW BERN AVENUE RALEIGH, NC 27610	56-1916549	501(C)(3)	20,000.	0.			HEALTH
WARRIOR ATHLETIC FOUNDATION INC 500 MILITARY TRAIL JUPITER, FL 33458	87-2151948	501(C)(3)	50,000.	0.			HUMAN SERVICES
WASH AWAY UNEMPLOYMENT INC. PO BOX 12274 NEW BERN, NC 28561	27-2192978	501(C)(3)	39,000.	0.			PUBLIC & SOCIETAL BENEFIT

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WATAUGA HIGH SCHOOL 300 GO PIONEERS DRIVE BOONE, NC 28607	56-6001130	GOVERNMENT	12,690.	0.			EDUCATION
WATAUGA HUMANE SOCIETY PO BOX 1835 BOONE, NC 28607	23-7128331	501(C)(3)	43,765.	0.			ENVIRONMENT & ANIMALS
WATTS COLLEGE OF NURSING 2828 CROASDAILE DRIVE, SUITE 200 DURHAM, NC 27705	83-3076664	501(C)(3)	7,000.	0.			EDUCATION
WAYNE COUNTRY DAY SCHOOL 480 COUNTRY DAY ROAD GOLDSBORO, NC 27530	56-0935016	501(C)(3)	11,660.	0.			EDUCATION
WAYNE PREGNANCY CENTER 3501 EAST ASH STREET GOLDSBORO, NC 27534	56-2219398	501(C)(3)	11,000.	0.			HEALTH
WESTERN CAROLINA UNIVERSITY- FINANCIAL AID - 1 UNIVERSITY WAY, 110 CORDELIA CAMP BUILDING - CULLOWHEE, NC 28723	56-6001440	501(C)(3)	49,420.	0.			EDUCATION
WESTERN WASHINGTON UNIVERSITY STUDENT BUSINESS ONLINE, MS9004, 516 HIGH STREET - BELLINGHAM, WA 98225		501(C)(3)	20,000.	0.			EDUCATION
WESTERN YOUTH NETWORK, INC. 155 WYN WAY BOONE, NC 28607	56-1454674	501(C)(3)	26,620.	0.			PUBLIC & SOCIETAL BENEFIT
WHISKERING PINES DOG SANCTUARY 2901 NORTH MCCULLEN ROAD FAISON, NC 28341	87-3035687	501(C)(3)	14,400.	0.			ENVIRONMENT & ANIMALS

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WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608	51-0153363	501(C)(3)	97,080.	0.			RELIGION
WIG BANK OF CALDWELL COUNTY 226 MULBERRY ST., SW LENOIR, NC 28645	30-0183522	501(C)(3)	7,500.	0.			PUBLIC & SOCIETAL BENEFIT
WILKES COMMUNITY COLLEGE FOUNDATION - PO BOX 120 - WILKESBORO, NC 28697	23-7338790	501(C)(3)	134,960.	0.			EDUCATION
WILKES COUNTY PUBLIC LIBRARY 215 10TH STREET NORTH WILKESBORO, NC 28659	56-0768739	501(C)(3)	6,920.	0.			EDUCATION
WILKES EDUCATION FOUNDATION BENSON, BELVINS & ASSOCIATES PLLC NORTH WILKESBORO, NC 28659	58-1652979	501(C)(3)	10,330.	0.			EDUCATION
WILLIAM PEACE UNIVERSITY 15 EAST PEACE STREET RALEIGH, NC 27604-1194	56-0529988	501(C)(3)	18,310.	0.			EDUCATION
WILMINGTON AREA REBUILDING MINISTRY, INC. - 5058 WRIGHTSVILLE AVENUE - WILMINGTON, NC 28403	56-2076795	501(C)(3)	10,500.	0.			HUMAN SERVICES
WILMINGTON CARENET COUNSELING CENTER INC - 610 S COLLEGE RD - WILMINGTON, NC 28403-3202	20-3220796	501(C)(3)	20,000.	0.			HEALTH
WILSON COUNTY HUMANE SOCIETY PO BOX 7064 WILSON, NC 27895	51-0141533	501(C)(3)	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON COUNTY INTERFAITH SERVICES 309 GOLDSBORO STREET EAST WILSON, NC 27893	56-1542631	501(C)(3)	9,240.	0.			PUBLIC & SOCIETAL BENEFIT
WILSON FAMILY YOUNG MEN'S CHRISTIAN ASSOCIATION - 233 NASH STREET N - WILSON, NC 27893	56-2220375	501(C)(3)	35,000.	0.			PUBLIC & SOCIETAL BENEFIT
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)	6,500.	0.			EDUCATION
WNC HEALTH NETWORK 1 HAYWOOD ST, SUITE 425 ASHEVILLE, NC 28801	56-1889715	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
WNCU 90.7 FM NC CENTRAL UNIVERSITY, BOX 19875 DURHAM, NC 27707	56-6000730	501(C)(3)	50,000.	0.			PUBLIC & SOCIETAL BENEFIT
WOMEN'S CENTER OF WAKE COUNTY 2200 NEW BERN AVE RALEIGH, NC 27610	58-1316004	501(C)(3)	12,890.	0.			HEALTH
WORKING FILMS 624 1/2 S. 7TH ST. WILMINGTON, NC 28401	56-2168107	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
WORKING LANDS TRUST-BOARD TREASURER - 1600 GLENWOOD AVENUE, SUITE 1 - RALEIGH, NC 27608-2356	46-2913344	501(C)(3)	18,220.	0.			ENVIRONMENT & ANIMALS
WOUNDED HEALERS OF NORTH CAROLINA 5180 NC 56 HWY FRANKLINTON, NC 27525	85-2939673	501(C)(3)	50,000.	0.			HUMAN SERVICES

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	7,900.	0.			PUBLIC & SOCIETAL BENEFIT
WRIGHTSVILLE BEACH BAPTIST CHURCH PO BOX 21 WRIGHTSVILLE BEACH, NC 28480		501(C)(3)	21,000.	0.			RELIGION
WUNC RADIO 120 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	56-6001393	501(C)(3)	21,500.	0.			ARTS, CULTURE & HUMANITIES
YADKIN ARTS COUNCIL PO BOX 667 YADKINVILLE, NC 27055	51-0162387	501(C)(3)	17,080.	0.			ARTS, CULTURE & HUMANITIES
YADKIN COUNTY YMCA 6540 SERVICE ROAD YADKINVILLE, NC 27055	56-0530015	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
YATES MILL ASSOCIATES, INC. PO BOX 10512 RALEIGH, NC 27605	56-1673878	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
YMCA CAMP SEAGULL AND YMCA CAMP SEAFARER - 801 CORPORATE CENTER DRIVE, SUITE 200 - RALEIGH, NC 27607	56-0591307	501(C)(3)	22,253.	0.			PUBLIC & SOCIETAL BENEFIT
YMCA OF CATAWBA VALLEY 315 1ST AVE NW, SUITE 104 HICKORY, NC 28601	56-0928743	501(C)(3)	8,000.	0.			PUBLIC & SOCIETAL BENEFIT
YMCA OF SOUTH HAMPTON ROADS 920 CORPORATE LANE CHESAPEAKE, VA 23320	54-0445205	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT

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 noncash 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)	230,710.	0.			PUBLIC & SOCIETAL BENEFIT
YOU CAN VOTE 2726 CROASDAILE DRIVE, SUITE 201 DURHAM, NC 27705	83-2882290	501(C)(3)	30,000.	0.			PUBLIC & SOCIETAL BENEFIT
YOUNG HARRIS COLLEGE PO BOX 98 YOUNG HARRIS, GA 30582	58-0593414	501(C)(3)	47,970.	0.			EDUCATION
YOUNG LIFE CRYSTAL COAST PO BOX 461 MOREHEAD CITY, NC 28516	84-0385934	501(C)(3)	11,000.	0.			RELIGION
YOUNG LIFE WILD RIDGE PO BOX 365 MOUNT NEBO, WV 26679	84-0385934	501(C)(3)	40,000.	0.			RELIGION
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHEASTERN NORTH CAROLINA, INC. - PO BOX 3467 - WILMINGTON, NC 28406	56-0532317	501(C)(3)	34,500.	0.			PUBLIC & SOCIETAL BENEFIT
YWCA OF THE LOWER CAPE FEAR INC. 2815 SOUTH COLLEGE ROAD WILMINGTON, NC 28412	56-0556766	501(C)(3)	12,000.	0.			PUBLIC & SOCIETAL BENEFIT

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. GRANTEEES MAY BE 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.

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

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

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

Schedule J (Form 990) 2022

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 and/or 1099-NEC 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)	238,602.	25,000.	600.	16,449.	25,143.	305,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILSON SIMMONS CFO	(i)	148,720.	400.	600.	8,990.	10,164.	168,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHRYN R HOLDING VICE PRESIDENT OF PHILANTHROPIC SERV	(i)	130,915.	650.	600.	8,258.	14,668.	155,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(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.

Area for supplemental information with horizontal lines.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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	34	2,291,437.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....)				
26 Other (.....)				
27 Other (.....)				
28 Other (.....)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2022

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)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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 SIGNIFICANT ACTIVITIES:

THE NCCF IS THE SINGLE STATEWIDE COMMUNITY FOUNDATION SERVING NORTH CAROLINA AND HAS ADMINISTERED ALMOST \$275 MILLION IN GRANTS SINCE ITS INCEPTION IN 1988. NCCF SUSTAINS OVER 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 1, DESCRIPTION OF ORGANIZATION MISSION:

WE SUCCEED THROUGH A STATEWIDE NETWORK OF AFFILIATES AND PARTNERSHIPS THAT STRENGTHEN OUR COMMUNITIES THROUGH MEASURABLE, SUSTAINABLE STRATEGIES THAT BENEFIT ALL. OUR COMMITMENT TO EXCELLENCE SUPPORTS STEWARDSHIP THROUGH OUR TRANSPARENCY, INTEGRITY AND ACCOUNTABILITY.

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, 2023, THE NETWORK GENERATED SERVICE REVENUE OF \$321,544

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

Schedule O (Form 990) 2022

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

FROM MEMBERSHIP INCOME, CONFERENCE/SEMINAR REGISTRATION PAYMENTS, AND
FEE-FOR-SERVICE REVENUE.

EXPENSES \$ 730,553. INCLUDING GRANTS OF \$ 0. REVENUE \$ 321,544.

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

EXPENSES \$ 3,531,367. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,879,597.

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 OVER 1,200 COMPONENT FUNDS
ESTABLISHED TO PROVIDE LONG-TERM SUPPORT OF A BROAD RANGE OF OUR
DONORS' PHILANTHROPIC GOALS, INCLUDING COMMUNITY NEEDS, NONPROFIT
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.

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

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

LEVERAGES THE COLLECTIVE POWER OF LOCAL LEADERSHIP TO EFFECT MEANINGFUL
CHANGE THROUGHOUT NORTH CAROLINA.

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

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

WHAT WE DO:

FOR DONORS: DURING OUR FISCAL YEAR ENDING MARCH 31, 2023, DONORS GAVE
OVER \$22 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,

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

TESTAMENTARY GIFTS, LIFE INSURANCE AND CHARITABLE REMAINDER OR LEAD TRUSTS.

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

ADDITIONAL BENEFITS TO NCCF DONORS INCLUDE:

CHOICE

PERMANENCE

TAX DEDUCTIONS

SECURITY

PUBLIC ACCOUNTABILITY

COMMEMORATION

SIMPLICITY AND CONVENIENCE

VALUE

FOR COMMUNITIES: AS OF MARCH 31, 2023, 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

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

AREAS OF INVESTMENTS, LEGAL MATTERS, BOARDSMANSHIP, COMMUNITY
LEADERSHIP, MARKETING AND PUBLIC RELATIONS.

SPONSORED PROGRAMS:

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

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

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

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, 2023, ARE OUTLINED ON OUR WEBSITE AND IN THE NCCF 2022 IMPACT REPORT, AVAILABLE ONLINE AT WWW.NCCOMMUNITYFOUNDATION.ORG

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

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

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

OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED AT LEAST ANNUALLY TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS. INDIVIDUALS COVERED UNDER THE CONFLICT OF INTEREST POLICY ARE REQUIRED TO SIGN A 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.

Name of the organization

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700

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 990S AND NONPROFIT SECTOR COMPENSATION SURVEYS OF SIMILAR SIZED FOUNDATIONS. IN ADDITION, THE COMPENSATION AMOUNTS 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. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE AT WWW.NCCOMMUNITYFOUNDATION.ORG.

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

CHANGE IN CSV OF INSURANCE POLICIES	65,730.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-1,563,245.
TOTAL TO FORM 990, PART XI, LINE 9	-1,497,515.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

For calendar year 2022 or other tax year beginning **APR 1, 2022**, and ending **MAR 31, 2023**.Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Print or Type NORTH CAROLINA COMMUNITY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 3737 GLENWOOD AVENUE, 460 City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 27612		58-1661700 E Group exemption number (see instructions)	
		C Book value of all assets at end of year 403,436,279.		F <input type="checkbox"/> Check box if an amended return.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university					
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439					
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>					
J Enter the number of attached Schedules A (Form 990-T) 1					
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.					
L The books are in care of WILSON SIMMONS Telephone number 919-828-4387					

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>160,061.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	901101	\$ 380,153.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	PAULA WENDLING			PTIN
	Firm's name	Firm's EIN		
	CHERRY BEKAERT ADVISORY LLC	88-2730877		
	Firm's address	Phone no.		
	3800 GLENWOOD AVE, SUITE 200	919-782-1040		
	RALEIGH, NC 27612			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/16	5,615.	0.	5,615.	5,615.
03/31/17	23,545.	0.	23,545.	23,545.
03/31/18	130,901.	0.	130,901.	130,901.
NOL CARRYOVER AVAILABLE THIS YEAR			160,061.	160,061.

CLIENT COPY

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization <div style="text-align: center; font-weight: bold;">NORTH CAROLINA COMMUNITY FOUNDATION</div>	B Employer identification number <div style="text-align: center; font-weight: bold;">58-1661700</div>
C Unrelated business activity code (see instructions) <div style="text-align: center; font-weight: bold;">901101</div>	D Sequence: <div style="text-align: center; font-weight: bold;">1</div> of <div style="text-align: center; font-weight: bold;">1</div>

E Describe the unrelated trade or business **INVESTMENTS IN PARTNERSHIPS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	22,628.		22,628.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 2	-30,933.		-30,933.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	-8,305.		-8,305.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	52,354.
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 3	14	1,000.
15 Total deductions. Add lines 1 through 14	15	53,354.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-61,659.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-61,659.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2022

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 0.

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
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FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
----------------	---------------------------------	-------------

DESCRIPTION	NET INCOME OR (LOSS)
FEG PRIVATE OPPORTUNITIES FUND II LP - OTHER INCOME (LOSS)	76,566.
FEG PRIVATE OPPORTUNITIES FUND III LP - OTHER INCOME (LOSS)	-107,499.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-30,933.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
----------------	------------------	-------------

DESCRIPTION	AMOUNT
ACCOUNTING FEES	1,000.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,000.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 4
-------------	--	-------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/19	159,039.	0.	159,039.	159,039.
03/31/20	74,530.	0.	74,530.	74,530.
03/31/21	69,790.	0.	69,790.	69,790.
03/31/22	76,794.	0.	76,794.	76,794.
NOL CARRYOVER AVAILABLE THIS YEAR			380,153.	380,153.

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 22,628.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 22,628.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	22,628.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	22,628.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

NORTH CAROLINA COMMUNITY FOUNDATION**58-1661700**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 5							
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 22,628.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 22,628.

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 5

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FEG PRIVATE OPPORTUNITIES FUND II LP						6,583.
FEG PRIVATE OPPORTUNITIES FUND III LP						16,045.
TOTAL TO 4797, PART I, LINE 2						22,628.

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**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name

NORTH CAROLINA COMMUNITY FOUNDATION

Employer identification number

58-1661700Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 22,628.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 22,628.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	22,628.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	22,628.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

NORTH CAROLINA COMMUNITY FOUNDATION**58-1661700**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a**1b****1c****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 6							
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 22,628.
Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 22,628.

Part II Ordinary Gains and Losses (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7						11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable						12
13	Gain, if any, from line 31						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17	Combine lines 10 through 16						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions						18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation. See instructions	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 6

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FEG PRIVATE OPPORTUNITIES FUND II LP						6,583.
FEG PRIVATE OPPORTUNITIES FUND III LP						16,045.
TOTAL TO 4797, PART I, LINE 2						22,628.

CLIENT COPY

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

OMB No. 1545-0026

► Go to www.irs.gov/Form926 for instructions and the latest information.
► Attach to your income tax return for the year of the transfer or distribution.

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor

NORTH CAROLINA COMMUNITY FOUNDATION

Identifying number (see instructions)

58-1661700

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No
- b** Did the transferor remain in existence after the transfer? ☒ Yes ☐ No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☒ No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☐ No
- c** Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☐ No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)

HARBOURVEST PARTNERS CO-INVESTMENT VI FEEDER FUND L.P

5a Identifying number, if any

98-1565676

6 Address (including country)

**190 ELGIN AVENUE, GEORGE TOWN
GRAND CAYMAN KY1-9005 CAYMAN ISLANDS**

5b Reference ID number

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)

CAYMAN ISLANDS EXEMPTED CO

- 9** Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III Information Regarding Transfer of Property (see instructions)**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,250,000.		

- 10** Was cash the only property transferred? ☒ Yes ☐ No
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ☐ Yes ☐ No
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ☐ Yes ☐ No
If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ☐ Yes ☐ No
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? ☐ Yes ☐ No
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .303 % (b) After .210 %
- 17** Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
- | | | |
|--|------------------------------|--|
| a Gain recognition under section 904(f)(3) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b Gain recognition under section 904(f)(5)(F) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c Recapture under section 1503(d) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d Exchange gain under section 987 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
- 19** Did this transfer result from a change in entity classification? ☐ Yes ☒ No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 (Rev. 11-2018)