Anne Marie Hanna, CPA, LLC 1801-C W Evans Street Florence, South Carolina 29501 Telephone: (843) 673-9700

November 15, 2023

Eastern Carolina Community Foundation 154 W Evans St Florence, SC 29501

Eastern Carolina Community Foundation:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Anne Marie Hanna, CPA, LLC

| Form 8879-TE   | ***** THIS IS NOT A FILEABLE COPY *****<br>IRS e-file Signature Authorization<br>for a Tax Exempt Entity  | -   | OMB No. 1545-0047  |
|--|---|---|--|
|  | For calendar year 2022, or fiscal year beginning, 2022, and ending, 2   | 20  | 2022   |
| Department of the Treasury   | Do not send to the IRS. Keep for your records.  |   | LULL   |
| Internal Revenue Service   | Go to www.irs.gov/Form8879TE for the latest information.  |   |  |
| Name of filer  |   | EIN or SSN  |  |
|  | N CAROLINA COMMUNITY FOUNDATION   | 20-4654   | 4550   |
| Name and title of officer or pe  | rson subject to tax Belle Zeigler   |   |  |
| Part I Type of   | EXECUTIVE DIRECTOR Return and Return Information  |   |  |
| 51   |   |   |  |
| Form 5330 filers may enter or <b>10a</b> below, and the amo  | rn for which you are using this Form 8879-TE and enter the applicable amount, if any, fror<br>r dollars and cents. For all other forms, enter whole dollars only. If you check the box on li<br>bunt on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> ,<br>ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable   | ne 1a, 2a, 3a,<br>3b, 4b, 5b, 6b,                                     | 4a, 5a, 6a, 7a, 8a, 9a,<br>, 7b, 8b, 9b, or 10b,                           |
| 1a Form 990 check h  | nere <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)  | 1b  | 853,373.   |
| 2a Form 990-EZ che   |   |   |  |
| 3a Form 1120-POL   |   |   |  |
| 4a Form 990-PF che   | ck here <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)   | 4b  |  |
| 5a Form 8868 check   |   |   |  |
| 6a Form 990-T chec   |   |   |  |
| 7a Form 4720 check   |   |   |  |
| 8a Form 5227 check   |   |   |  |
| 9a Form 5330 check   |   |   |  |
| 10a Form 8038-CP ch  |   | ne 22) 10   | b  |
|  | tion and Signature Authorization of Officer or Person Subject to Tax<br>I declare that $\boxed{X}$ I am an officer of the above entity or $$ I am a person subject to ta  |   |  |
| entry to the financial instit<br>financial institution to deb<br>later than 2 business days<br>payment of taxes to receive | e, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic<br>ution account indicated in the tax preparation software for payment of the federal taxes o<br>t the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ<br>prior to the payment (settlement) date. I also authorize the financial institutions involved i<br>e confidential information necessary to answer inquiries and resolve issues related to the<br>nber (PIN) as my signature for the electronic return and, if applicable, the consent to elect | wed on this re<br>cial Agent at 1-<br>in the process<br>payment. I ha | turn, and the<br>888-353-4537 no<br>ing of the electronic<br>ve selected a |
|  | ne Marie Hanna, CPA, LLC to   | enter my PIN  | 54550  |
|  | ERO firm name   |   | inter five numbers, but  |
|  | on the tax year 2022 electronically filed return. If I have indicated within this return that a ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor   | copy of the re  | •  |
| on the return's o  | lisclosure consent screen.  |   |  |
| return. If I have  | person subject to tax with respect to the entity, I will enter my PIN as my signature on the ndicated within this return that a copy of the return is being filed with a state agency(ies) rogram, I will enter my PIN on the return's disclosure consent screen.   |   |  |
| Signature of officer or person subje   | ct to tax **** THIS IS NOT A FILEABLE COPY **** tion and Authentication   | Date  |  |
|  |   |   |  |
|  | your five-digit self-selected PIN. 57615212567<br>Do not enter all zeros  |   |  |
| -  | neric entry is my PIN, which is my signature on the 2022 electronically filed return indicate<br>ecordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for Au  |   |  |
| ERO's signature <b>ANN</b>   | E MARIE HANNA, CPA Date 11/2  | 15/23   |  |
|  | ERO Must Retain This Form - See Instructions  |   |  |
|  | Do Not Submit This Form to the IRS Unless Requested To Do   | So  |  |
| LHA For Privacy Act and  | Paperwork Reduction Act Notice, see instructions.   |   | orm <b>8879-TE</b> (2022)  |

### (Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

#### File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or   | Name of exempt organization or other filer, see instru   | ctions.                                       |   | Taxpayer                 | ridentification numb  | oer (TIN)   |
|---|--|---|---|--------------------------|---|-------------|
| print<br>EASTERN CAROLINA COMMUNITY FOUNDATION  |  | 20-4654550                                    |   |                          |   |             |
| File by the<br>due date for<br>filing your  | In by the ladate for Number, street, and room or suite no. If a P.O. box, see instructions.  |   |   |                          |   |             |
| return. See instructions.   | City, town or post office, state, and ZIP code. For a for FLORENCE, SC 29501   | oreign add                                    | Iress, see instructions.  |                          |   |             |
| Enter the   | Return Code for the return that this application is for (file  | e a separa                                    | ate application for each return)  |                          |   | 01          |
| Applicati   | on   | Return  | Application   |                          |   | Return      |
| Is For  |  | Code  | Is For  |                          |   | Code        |
| Form 990  | or Form 990-EZ   | 01  | Form 1041-A   | 08                       |   |             |
| Form 472  | 0 (individual)   | 03  | Form 4720 (other than individual)   | dividual)                |   |             |
| Form 990  | -PF  | 04  | Form 5227   |                          |   | 10          |
| Form 990  | -T (sec. 401(a) or 408(a) trust)   | 05  | Form 6069   |                          |   | 11          |
| Form 990  | -T (trust other than above)  | 06  | Form 8870   |                          |   | 12          |
| Form 990  | T (corporation)<br>The Organizatio   | 07  |   |                          |   |             |
| <ul> <li>If the c</li> <li>If this i</li> <li>box ▶ [</li> <li>1 I rea</li> <li>the</li> <li>▶ [</li> </ul> | none No. ► <u>843-667-1131</u><br>organization does not have an office or place of business<br>s for a Group Return, enter the organization's four digit<br>If it is for part of the group, check this box ► [ | Group Exe<br>and atta<br>Nover<br>anization's | emption Number (GEN) In the names and TINs of mber 15, 2023 , to file a return for: | f this is fo<br>all memb | r the whole group, c<br>ers the extension is<br>npt organization retu | for.        |
|   | nis application is for Forms 990-PF, 990-T, 4720, or 6069<br>nonrefundable credits. See instructions.  | , enter the                                   | e tentative tax, less   | 3a                       | \$  | 0.          |
| b lfth  | is application is for Forms 990-PF, 990-T, 4720, or 6069   |   |   |                          | •   | 0           |
|   | mated tax payments made. Include any prior year overp  |   |   | 3b                       | \$  | 0.          |
|   | ance due. Subtract line 3b from line 3a. Include your pa   |   |   | 0.                       | ¢   | 0.          |
|   | ng EFTPS (Electronic Federal Tax Payment System). See<br>If you are going to make an electronic funds withdrawal<br>ns.  |   |   | 453-TE an                | l <b>⊅</b><br>ld Form 8879-TE for                                     |             |
|   | or Privacy Act and Paperwork Reduction Act Notice,<br>Mail to: Department  | c of t<br>Revent                              | the Treasury<br>ue Service Center   |                          | Form <b>8868</b> (Re  | ev. 1-2022) |

Department of the Treasury Internal Revenue Service

# Extended to November 15, 2023 Return of Organization Exempt From Income Tax

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.



| Α                              | For the              | e 2022 calendar year, or tax year beginning and  | ending      |   |                             |  |  |  |
|--------------------------------|----------------------|--|-------------|---|-----------------------------|--|--|--|
| В                              | Check if<br>applicab | C Name of organization D Employer identification number  |             |   |                             |  |  |  |
|                                | Addre                | EASTERN CAROLINA COMMUNITY FOUNDATION  |             |   |                             |  |  |  |
|                                | Name<br>chang        |  |             | 20-4654550                              |                             |  |  |  |
|                                | Initial<br>return    |  | Room/suite  | E Telephone number                      |                             |  |  |  |
|                                | Final<br>return      |  |             | 843-667-                                |                             |  |  |  |
|                                | termir<br>ated       |  |             | G Gross receipts \$                     | 1,071,775.                  |  |  |  |
|                                | Amen<br>return       | ded ET OPENCE CC 29501   |             | H(a) Is this a group re                 |                             |  |  |  |
|                                | Applic tion          | <sup>ca-</sup> F Name and address of principal officer: BELLE ZEIGLER  |             | for subordinates? Yes X No              |                             |  |  |  |
|                                | pendi                | PO BOX 1615, FLORENCE, SC 29503  |             | H(b) Are all subordinates in            | Included? Yes No            |  |  |  |
| I                              | Tax-ex               | empt status: 🔀 501(c)(3) 🚺 501(c) ( ) (insert no.) 🚺 4947(a)(1)  | or 📃 527    | lf "No," attach a                       | list. See instructions      |  |  |  |
| J                              | Websi                | te: easterncarolinacf.org  |             | H(c) Group exemption                    | n number                    |  |  |  |
| ĸ                              | Form of              | f organization: 🔀 Corporation 🗌 Trust 🗌 Association 🗌 Other  | L Year      | of formation: 2006 N                    | State of legal domicile: SC |  |  |  |
| Ρ                              | art I                | Summary  |             |   |                             |  |  |  |
| e                              | 1                    | Briefly describe the organization's mission or most significant activities: ADMI   | NISTER      | ING GIFTS,                              | GRANTS, AND                 |  |  |  |
| anc                            |                      | BEQUESTS TO NON-PROFIT ORGANIZATIONS IN  | THE PE      | E DEE REGIO                             | N OF SC.                    |  |  |  |
| ern (                          | 2                    | Check this box if the organization discontinued its operations or dispos   | sed of more | than 25% of its net as                  |                             |  |  |  |
| No.                            | 3                    |  |             |   | 19                          |  |  |  |
| ي<br>م                         | 4                    | Number of independent voting members of the governing body (Part VI, line 1b)  |             |   | 19                          |  |  |  |
| es                             | 5                    | Total number of individuals employed in calendar year 2022 (Part V, line 2a) $\hfill \ldots$                                     |             |   | 2                           |  |  |  |
| iviti                          | 6                    | Total number of volunteers (estimate if necessary)   |             | 0                                       |                             |  |  |  |
| Activities & Governance        | 7 a                  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12   |             |   | 0.                          |  |  |  |
|                                | b                    | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <u></u>     |   | 0.                          |  |  |  |
|                                |                      |  |             | Prior Year                              | Current Year                |  |  |  |
| ne                             | 8                    | Contributions and grants (Part VIII, line 1h)  |             | 871,879.                                | 694,028.                    |  |  |  |
| Revenue                        | 9                    | Program service revenue (Part VIII, line 2g)   |             | 16,103.                                 | 26.                         |  |  |  |
| Re                             | 10                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |             | 352,333.                                | 159,319.                    |  |  |  |
|                                |                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |             | 0.                                      | 0.                          |  |  |  |
|                                |                      | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |             | 1,240,315.                              | 853,373.                    |  |  |  |
|                                |                      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |             | 630,942.                                | 522,918.                    |  |  |  |
|                                | 14                   | Benefits paid to or for members (Part IX, column (A), line 4)  |             | 0.<br>71,265.                           | <u> </u>                    |  |  |  |
| Expenses                       | 15                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |             |   |                             |  |  |  |
| en:                            | 16a                  | Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) 49, 9 |             | 0.                                      | 0.                          |  |  |  |
| Ă                              | 0                    |  | 20.         | 97,519.                                 | 93,718.                     |  |  |  |
| _                              |                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |             | 799,726.                                | 707,993.                    |  |  |  |
|                                |                      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |             | 440,589.                                | 145,380.                    |  |  |  |
| L v                            |                      | Revenue less expenses. Subtract line 18 from line 12   |             | ginning of Current Year                 | End of Year                 |  |  |  |
| Net Assets or<br>Fund Balances | 20                   | Total assets (Part X, line 16)   |             | 17,714,699.                             | 16,875,107.                 |  |  |  |
|                                | 20                   |  |             | 10,568,991.                             | 10,710,963.                 |  |  |  |
| Net,                           | 22                   | Total liabilities (Part X, line 26)<br>Net assets or fund balances. Subtract line 21 from line 20                                |             | 7,145,708.                              | 6,164,144.                  |  |  |  |
|                                | art II               | Signature Block  |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 0,101,111.                  |  |  |  |
| _                              |                      |  |             |   |                             |  |  |  |

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

| Sign<br>Here                        | Signature of officer<br>BELLE ZEIGLER, EXECUTIVE<br>Type or print name and title                   | E DIRECTOR           | D      | ate              |           |  |  |
|-------------------------------------|--|----------------------|--------|------------------|-----------|--|--|
|                                     | Print/Type preparer's name   | Preparer's signature | Date   | Check X          | PTIN      |  |  |
| Paid                                | Anne Marie Hanna, CPA  |                      | 11/15/ | 23 self-employed | P00377369 |  |  |
| Preparer                            | Firm's name Anne Marie Hanna   | a, CPA, LLC          | Fi     | rm's EIN 58-     | 2479335   |  |  |
| Use Only                            | Firm's address 1801-C W Evans S  | Street               |        |                  |           |  |  |
| Florence, SC 29501 Phone no. (843)6 |  |                      |        |                  |           |  |  |
| May the II                          | May the IRS discuss this return with the preparer shown above? See instructions X Yes No           |                      |        |                  |           |  |  |
| 232001 12-1                         | 23200112-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022) |                      |        |                  |           |  |  |

|    |  | ge <b>2</b> |
|----|--|-------------|
| Pa | rt III Statement of Program Service Accomplishments  |             |
|    | Check if Schedule O contains a response or note to any line in this Part III   |             |
| 1  | Briefly describe the organization's mission:   |             |
|    | The Eastern Carolina Community Foundation improves the quality of life   | e e         |
|    | in this area of South Carolina through inspired philanthropy and   |             |
|    | innovative community programs.   |             |
|    |  |             |
|    |  |             |
| 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?                                 | 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 |             |
|    |  |             |
| 4. |  | 5.)         |
| 4a |  | <b>)</b> •) |
|    | GRANTS TO SUPPORT PHILANTRHOPIC ENDEAVORS IN THE SEVEN COUNTY PEE DEE  |             |
|    | REGION OF SOUTH CAROLINA.  |             |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | )           |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  | )           |
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| 4d | Other program services (Describe on Schedule O.)   |             |
| ÷υ |  |             |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |             |
| 4e | Total program service expenses 522,918.  |             |
|    | Form <b>990</b> (2   | 2022)       |

| 232003 | 12-13-22 |
|--------|----------|
| 202000 | 12 10 22 |

| Form 990 ( |                |             |        | COMMUNITY | FOUNDATION |
|------------|----------------|-------------|--------|-----------|------------|
| Part IV    | Checklist of R | equired Sch | edules |           |            |

|          |   |           | Yes | No       |
|----------|---|-----------|-----|----------|
| 1        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |           | 100 |          |
| •        | If "Yes," complete Schedule A   | 1         | х   |          |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors? 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   |           |     |          |
| Ũ        | public office? If "Yes," complete Schedule C, Part I  | 3         |     | х        |
| 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? If "Yes," complete Schedule C, Part II   | 4         |     | х        |
| 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? If "Yes," complete Schedule C, Part III   | 5         |     | х        |
| 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? If "Yes," complete Schedule D, Part I  | 6         | х   |          |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |           |     |          |
| -        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7         |     | Х        |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  | -         |     |          |
| -        | Schedule D, Part III  | 8         |     | Х        |
| 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?   |           |     |          |
|          | If "Yes," complete Schedule D, Part IV  | 9         | х   |          |
| 10       | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |           |     |          |
|          | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10        |     | Х        |
| 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.  |           |     |          |
| а        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |           |     |          |
|          | Part VI   | 11a       | Х   |          |
| 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? If "Yes," complete Schedule D, Part VII   | 11b       |     | Х        |
| с        | 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? If "Yes," complete Schedule D, Part VIII  | 11c       |     | Х        |
| 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? If "Yes," complete Schedule D, Part IX   | 11d       |     | Х        |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e       | Х   |          |
| 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)? If "Yes," complete Schedule D, Part X  | 11f       |     | Х        |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |           |     |          |
|          | Schedule D, Parts XI and XII  | 12a       | Х   |          |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year?   |           |     |          |
|          | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b       |     | <u>X</u> |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13        |     | X        |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a       |     | Х        |
| 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  |           |     | 37       |
|          | or more? If "Yes," complete Schedule F, Parts I and IV  | 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   | 45        |     | v        |
|          | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 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  |           |     | v        |
| 47       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16        |     | X        |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47        |     | v        |
| 10       | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions  | 17        |     | X        |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 10        |     | Х        |
| 10       | 1c and 8a? If "Yes," complete Schedule G, Part II<br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18        |     | - 12     |
| 19       |   | 19        |     | Х        |
| 20a      | complete Schedule G, Part III   | 19<br>20a |     | X        |
| zua<br>b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20a       |     | - 43     |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   | 200       |     |          |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21        | х   |          |

Form **990** (2022)

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| 22       Dit the organization export more than 55.000 of grants or other assistance to or for domestic individuals on part X, benn VI, ben 27 if X <sup>-1</sup> secondate Schedule / Part X, down A, lins 3, 4, or 5, about compensation of the organization current and former others, titratese, key employees, and highest compensation of the organization current and former others, titratese, key employees, and highest compensation of the organization to current Schedule / Web, 'complete Schedule / Part / 'Web, 'complete Schedule / Part / Web, 'complete Schedule / Pa                               |        |  |     | Yes | No       |
|--|--------|--|-----|-----|----------|
| 23       Did the organization arswer "Ves" to Park UN, Section A, Ind 3, 4, or 5, about compensation of the organization is surent and former offees, directors, trustees, key employees, and highest compensated employees? If "Ves," complete Schedule J, and the organization have at lax exempt bond is sure with an outsating principal emount of more than \$10000 as of the Schedule J, No, 19 to Ine 256.       23       X         24a Did the organization invest ary proceeds of tax-exempt bond is beyond a temporary period exception?       24a       24b         2 Did the organization invest ary proceeds of tax-exempt bonds beyond a temporary period exception?       24d       24b         2 Did the organization arise at a in on behal of issuer for bonds outstanding at any time during the year' to defeese any tax-exempt bonds?       24d       24d         2 So Section 50(16)(3), 50(16)(4), and 50(16)(29) organization. Did the cognization are period in a prior year, and that the transaction have that int enginged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction poot any amount on Part X, lins 5 or 22, lor recolvables form or payables to any current or former ordine, director, trustee, key employee, caredor or tomar equilation are gained by complete Schedule L, Part I       26       X         2 Did the organization provide a grant or other assistance to any or any target and the organization approve thereof, a grant selection committee member, or a 35% controlled entity or tarally member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         2 Did the organization provide a grant or other assistance to tomar or fricer, director, trustee, key e  | 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on              |     |     |          |
| and former officers, directors, trustees, key employees, and highest compensated employees? # 'Yes, ' complete<br>Schedule V, Yos,' go to line 25ee     X       24a     Did the organization have a taxe exempt bond issue with an outblanding principal amount of more than \$10,000 as of the<br>schedule V, Yos,' go to line 25ee     X       24b     Did the organization invest any proceeds of taxe exempt bonds beyond a temporary period exception?     24a       24b     Did the organization invest any proceeds of taxe exempt bonds beyond a temporary period exception?     24a       25a     Section \$01(c)(3), 501(c)(4), and \$01(c)(2) organizations. Dul the organization engage in a excess benefit<br>transaction what a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in any other organization or paybiles to any current<br>or former officing, director, trustee, key employee, creator of former differ, director, trustee, key employee, creator of former differ, clearch, trustee,  |        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | Х        |
| Schedule J         Za         X           24a Dot the organization have a tax exempt bond souw with an outstanding principal amount of more than \$100.000 as of the set day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, M" No. group to line 25a         Za         Za           24b Dot the organization mentaria an escrew account of ther than a retunding escrew at any time during the year to defease any tax-exempt bonds?         Zeb         Zeb         Zeb           25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization and the angaged in an access benefit transaction with a disqualified person during the year?         Zed  | 23     |  |     |     |          |
| 24a Dit the organization have a taxe-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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No" go to line 25a.       24a       X         24b Dit the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         24b Dit the organization mixet any neacrow account ther than a refurding scrow at any time during the year to defease any trax-exempt bonds?       24d       24d         25a Section 501(c)(3), 501(c)(3), and 501(c)(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person this a prior year, and that the transaction has not been reported on any of the organization or 500 e 900-221 If "sign", complete Schedule L, Part I       25a       X         27       Did the organization marken as not been reported on any of the organization is plor Forms 980 or 980-221 If "sign", complete Schedule L, Part I       25a       X         27       Did the organization provide any of these spectron 21 M'sign" complete Schedule L, Part II       26a       X         27       Did the organization provide any of these spectron 21 M'sign" complete Schedule L, Part II       26a       X         28       Did the organization mary to any and or the assistant to any current or forme officer, director, trustes key and provide mark to any of these persons? If "res," complete Schedule L, Part II       26a       X         27       Did the organization apply   |        |  |     |     |          |
| is day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete       24b         b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24b         c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24d         d Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?       24d         d Did the organization and a distric(290 organizations. Did the companization and the time tangaged in an excess benefit transaction with a disqualified person in an prory year, and that the transaction has not been reported on any of the organization or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26b       X         27       Did the organization avare that it is outines association with a discussion with a discusis and with a discussion with a discussion with a discus   |        |  | 23  |     | X        |
| Schedule K. If 'No,''op to fine 25a       24a       X         b Dd the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt boots?       24b       24b         c Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt boots?       24c       24d         25a Section 501(c)(3), 501(c)(4), and 501(c)(2)) organizations. Did the organization mappe in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a singular the substantial contributor, or 359       25b       X         26 Ud the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former forting, director, trustee, key employee, creator or founder, substantial contributor, or 359, controlled entity of number of any of these persons? 11 ''Ks', complete Schedule L, Part I       26       X         27 Dd the organization provide ag and no of the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 359, controlled entity of nome or forting, director, trustee, key employee, creator or founder, or substantial contributor? 11       28       X         28 W as the organization provide ag and or often assistant or ony controlled registration and molyone substantial contributor? 11       28       X         29 Dd the organization in provide supployee, creator or founder, substantial contrib  | 24a    |  |     |     |          |
| b       Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception?       246         c       Did the organization matrial an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24d         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         d       Did the organization acts as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         d       Did the organization access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization acqualified person in a prior year, and that the transaction time of any of these person? If "Yes," complete Schedule L, Part I       25b       X         27       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 orthity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization specifies, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28b       X         28       Was the organization report early individual described in line 28a of Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive enrol holidus and/or organ   |        |  | 240 |     | v        |
| c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax evemption bonds?       24d         23a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argae in an excess benefit transaction with a disqualified person during the year?       25a         24b       List the organization avane that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may anot that 1 engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction may amount on Part X, line 5 or 22, for resolvables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of churds, and substantial contributor, or 35% controlled entity of churds, and substantial contributor, or 55% controlled entity of churds, and substantial contributor, or 55% controlled entity of churds, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of churds, rustee, key employee, creator or founder, substantial contributor? If 'rs,' complete Schedule L, Part II.       28       X         28       A current or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'rs,' complete Schedule L, Part II.       28a       X         29       D A tensity member of any or threse paracros? If 'rs,' complete Schedule L, Part II.       28a       X         29       D A tensity member of any or threse paracros? If 'rs,' complete Schedule L, Part II.       28a       X <td< td=""><td>h</td><td>-</td><td></td><td></td><td><u> </u></td></td<>  | h      | -  |     |     | <u> </u> |
| any tax-esempt bonds?     24c       d Did the organization acts an "on behalf of issuer for bonds sulstanding 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 (any of the organization access benefit frazentiation access benefit frazentiation ware that the transaction has not been reported on any of the organization's prior Forms 980 or 980-E27 if 'Yes,' complete Schedule L, Part I     25a       25     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 tamily member of any of these person? If 'Yes,' complete Schedule L, Part 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 or a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     28     X       28     Was the organization provide a grant or or disorder organization described in line 28a/ If 'Yes,' complete Schedule L, Part IV     28a     X       29     Did the organization reperson or more individual standor organization contributions? If 'Yes,' complete Schedule L, Part IV     28a     X       20     Did the organization neeves more than 252,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV     28a <t< td=""><td></td><td></td><td>240</td><td></td><td></td></t<>  |        |  | 240 |     |          |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?       24d         25a Section 501(x)3, 501(x)4, and 501(c)(2)0 organizations. Dubt the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction name of been reported on any of the organization's prior Forms 900 or 900 E27. If 'Yes,' complete Schedule L, Part I       25a         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 founding an employee and grant or other assistance to any current or former, ofter, director, trustee, key employee, creator or founder, substantial contributor or any of these persons // 'Yes,' complete Schedule L, Part II       26       X         28 Was the organization provide thereofy a grant selection committee member, or to a 35% controlled entity (including an employee, we prokyce, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II.       27       X         28 Was the organization provide thereofy a family member of any of these persons? If 'Yes,' complete Schedule L, Part IV.       28a       X         29 A A current former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28a       X         20 A Complete Schedule L, Part IV       28a       X       28a       X         21 A current former officer, director, trustee, key employee, creator or founder, or substantial contributor? If '  | •      |  | 24c |     |          |
| transaction with a disqualified person during the year? If Yes," complete Schedule L, Part I       Zsa       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 900 or 900-527 if Yes," complete Schedule L, Part I       Z90       X         controlled entity or family member of any of these persons? If Yes," complete Schedule L, Part I       Z61       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 35% controlled entity (including an employee thereof, a grant selection committee Schedule L, Part II       Z6       X         28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule L, Part II       Z8         28       Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II)       Z8       X         29       A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule L, Part II       Z8       X         20       Da the moment of any individual describer or founder, or substantial contributor? If Yes, "complete Schedule L, Part IV       Z8       Z8         21       Da tamity member of any individual describer oro tonu   | d      |  |     |     |          |
| b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a proreation provide a grant or been reported on any of the organization is prior Forms 990 or 990-E27 If 'Yes,' complete Schedule I, Part 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, trustes, key employee, creator or founder, substantial contributor or 55% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III)       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV)       28       X         29       Was the organization receive more than (Sc. conditions, and exceptions):       a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? II 'Yes,' complete Schedule M.       29       X         20       Did the organization receive contributions of a thistorical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule M.       20       X         20       Did the organization receive contributions of a thistorical treasures, or other similar assets, or qualified conse  | 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit               |     |     |          |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 'Yes,' complete       25b       X         25D 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 (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       Z6       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 a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.       Z7       X         28       Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ''res,' complete Schedule L, Part III.       Z8       X         29       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If ''res,' complete Schedule I, Part II       28       X         30       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conservation contributions? If ''res,' complete Schedule I, Part I       30       X         31       Did the organization receive contributions of ant, historical treasures, or other assets? If ''res,' complete Schedule N, Part I       31 <t< td=""><td></td><td>transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I</td><td>25a</td><td></td><td>Х</td></t<>  |        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                              | 25a |     | Х        |
| Schedule L, Part 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, trustes, key employee, creator or founder, substantial contributor, 35%, controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27 Did the organization provide a grant or othese assistance to any ourcent 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 or anginization a provide to a stransaction with one of the following parties (see the Schedule L, Part IV, isstructions for applicable filing thresholds, conditions, and exceptions? II "Yes," complete Schedule L, Part IV, isstructions for applicable filing diresholds, conditions, and exceptions? II "Yes," complete Schedule L, Part IV       28a       X         28 A trainity member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV       28b       X         29 Did the organization a provide contributions? II "Yes," complete Schedule M, Part II       28c       X         20 Did the organization neaves contributions? II "Yes," complete Schedule M, Part II       301       X         30 Did the organization neaves contributions? II "Yes," complete Schedule M, Part II       301       X         31 Did the organization neaves contributions? II "Yes," complete Schedule M, Part II       301       X         31 Did the organization neaverage on trunsfer more than 25% of the net asets?/II   | b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and |     |     |          |
| 25       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? If "Yes," complete Schedule L, Part II       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 amployee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II).       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         20       DA family member or any individual described in line 28a or 28b?/If "Yes," complete Schedule L, Part IV.       28b       X         20       Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part I       28c       X         20       Did the organization receive contributions of art, historical trassures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       20       X  |        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete      |     |     |          |
| or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%     26     X       27     Did the organization provide a grant or there 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 three) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     27     X       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):     28a     X       c A 55% controlled entity of an orine individuals and/or organization described in line 28a or 28b?/If 'Yes,' complete Schedule L, Part IV.     28b     X       29     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.     29     X       30     Did the organization inquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule M.     29     X       31     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.     30     X       32     Did the organization with acknange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I     31     X </td <td></td> <td></td> <td>25b</td> <td></td> <td>X</td>  |        |  | 25b |     | X        |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       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? If "Yes," complete Schedule L, Part III.       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? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more individuals and/or organizations described in line 28a or 28b?/If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization sell, excharge, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization sell, excharge, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       X       Did the organization sell, excharge, dispose of, or  | 26     |  |     |     |          |
| 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? If "xes," complete Schedule L, Part II.       Zr       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       Zei       X         29       Did the organization controlled entity (including unspecified) of one or more individuals and/or organizations described in line 28a ? If "Yes," complete Schedule L, Part IV.       Zei       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       Zei       X         30       X       30       X       30       X         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I       30       X         32       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         33       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule N, Part I       33       X  |        |  |     |     | 37       |
| creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled<br>entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 07     |  | 26  |     | X        |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the tollowing parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions);       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28a       X         b A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV.       28a       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule A, Part II       32       X         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Sched  | 27     |  |     |     |          |
| 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 to rommer officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         c       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/If "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization receive contributions of art, historical treasures, or taugalified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         34       Wast the organization neate any transfer more ragage in  |        |  | 27  |     | x        |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 32 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 33 JX 34 Was the organization neal dot on any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 35a Did the organization ado17701.37 "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a JX 35b Jf "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)? 35b Jf "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 38 X 39 Did the organization complete Schedule R, Part V, line 2 39 Did the organization complete Schedule R, Part V, line 2 30 Did the organization complete Schedule R, Part V, line 2 30 Did the organization complete Schedule R, Part V, line 2 31 X 32 Did the organization complete Schedule R, Part V, line 2 33 Did the organizat | 28     |  | 21  |     |          |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/If       "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       X       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I       33       X         34       Was the organization receive any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         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)?       Yes," complete Schedule R, Part V, line 2 <t< td=""><td>_0</td><td></td><td></td><td></td><td></td></t<>   | _0     |  |     |     |          |
| "Yes," complete Schedule L, Part IV     28a     X       b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV     28b     X       c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV     28c     X       29     Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M     20     X       30     Did the organization individual, eterminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I     31     X       31     Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I     33     X       34     Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X       35a     Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     34     X       35a     Did the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1     35a     X       36     Did the organization science any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?     35a     X       37     Did the  | а      |  |     |     |          |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         ° A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization incuivate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         33       Did the organization all, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete       32       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       X         37       Did the organization co   |        |  | 28a |     |          |
| "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization on sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         bid 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? If "Yes," complete Schedule R, Part V       36       X         35a       X       X       X       35b       X <td>b</td> <td></td> <td>28b</td> <td></td> <td>Х</td>  | b      |  | 28b |     | Х        |
| 29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization solit constraints. Cib(Di(3)?       35a       X         35a       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37  | с      | ,  |     |     |          |
| 30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part 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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization controlled entity within the meaning of section 512(b)(13)?       35a       X         b If "Yes," complete Schedule R, Part V, line 2       35b       35a         36       Station 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule C on provide explanations on Schedule C organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I.       37       X         38       Did the organization complete Schedule   |        |  |     |     | X        |
| contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         34       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O <td< td=""><td></td><td></td><td>29</td><td>X</td><td><u> </u></td></td<>  |        |  | 29  | X   | <u> </u> |
| 31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       37         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization complete Schedule O and provide explanations on Sched  | 30     | -  | 00  |     | v        |
| 32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       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? If "Yes," complete Schedule R, Part VI, Iine 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       X         39       Did the organization complete Schedule O.       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compli   | 21     |  |     |     | X        |
| Schedule N, Part II       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1       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)? If "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9   | 32     |  | 01  |     |          |
| 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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       7       38       X         14       1a       1a       1a       1a       1       1b       0         15       Check if Schedule O contains a response or note to any line in this Part V       1a  | -      |  | 32  |     | Х        |
| 34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       Yes       Yes         0       Check if Schedule O contains a response or note to any line in this Part V       Yes       Yes         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <t< td=""><td>33</td><td></td><td></td><td></td><td></td></t<>   | 33     |  |     |     |          |
| Part V, line 1       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       28       X       28         1a       1  |        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | Х        |
| 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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a  | 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |     |     |          |
| 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)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36         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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       1b       0       1c       X         14       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X  |        |  | 34  |     |          |
| within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V        Yes       No         1a       1a       1 <td< td=""><td></td><td></td><td>35a</td><td></td><td>X</td></td<>   |        |  | 35a |     | X        |
| 36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?<br>If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1a       1a       1       1       1       1       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable<br>(gambling) winnings to prize winners?       Yes for reportable payments to vendors and reportable gaming<br>(gambling) winnings to prize winners?       1c       X   | b      |  |     |     |          |
| If "Yes," complete Schedule R, Part V, line 2       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         1       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       1       1         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X   | ~~     |  | 35b |     | <u> </u> |
| 37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization<br>and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Yes       No         1a       1       1       1       1         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1       1         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X   | 36     | ···· · · · ·   | 00  |     | v        |
| and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X<br>38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br>Note: All Form 990 filers are required to complete Schedule O<br>Part V Statements Regarding Other IRS Filings and Tax Compliance<br>Check if Schedule O contains a response or note to any line in this Part V<br>1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable<br>b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable<br>c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming<br>(gambling) winnings to prize winners?<br>1c X   | 27     |  | 30  |     |          |
| 38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         98       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes         1a       1         1b       0         b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1         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   | 57     |  | 37  |     | x        |
| Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Check if Schedule 0 contains a response or note to any line in this Part V       Image: Check if Schedule 0 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       1       Image: Check if Schedule 0 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       1       Image: Check if Schedule 0       Image: Chec   | 38     |  | 01  |     |          |
| Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       1         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       1         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   |        | • • • • •  | 38  | х   |          |
| Ia       Ia <thia< th="">       Ia       Ia       <thi< td=""><td>Par</td><td></td><td></td><td></td><td></td></thi<></thia<>   | Par    |  |     |     |          |
| 1a       1a       1         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   |        | Check if Schedule O contains a response or note to any line in this Part V   |     |     |          |
| 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       1c       X         (gambling) winnings to prize winners?       1c       X  |        | 1 1 -  |     | Yes | No       |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |        |  |     |     |          |
| (gambling) winnings to prize winners?  |        |  | 2   |     |          |
|  | С      |  | 10  | v   |          |
|  | 232004 |  |     |     | (2022)   |

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Form 990 (2022)
Part V Sta

# D22) EASTERN CAROLINA COMMUNITY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued)

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|        |  |     | 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   |     |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Х   |    |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |
| 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  |     | Х  |
| 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  |     | Х  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | Х  |
| С      | 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  |     | Х  |
| 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). Did the exercises provided to the party of $0.25$ mode party as a contribution and party for goods and convises provided to the party of $0.25$ mode party of | -   |     | v  |
| 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?  |     |     | X  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |    |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  | 70  |     | х  |
| Ч      | to file Form 8282?   | 7c  |     | Λ  |
| d<br>e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | х  |
| 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   |     | Х  |
| 9      | Sponsoring organizations maintaining donor advised funds.  |     |     |    |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | Х  |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     | Х  |
| 10     | Section 501(c)(7) organizations. Enter:  |     |     |    |
| а      | 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:   |     |     |    |
| а      | Gross income from members or shareholders  | -   |     |    |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against  |     |     |    |
|        | amounts due or received from them.)  | _   |     |    |
|        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | -   |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 10- |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |    |
| b      | Enter the amount of reserves the organization is required to maintain by the states in which the   |     |     |    |
| D      | organization is licensed to issue qualified health plans   |     |     |    |
| с      | Enter the amount of reserves on hand   |     |     |    |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | х  |
| 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  |     | İ – | 1  |
|        | excess parachute payment(s) during the year?   | 15  |     | х  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.   |     | 1   |    |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16  |     | х  |
|        | If "Yes," complete Form 4720, Schedule O.  |     |     |    |
| 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?   | 17  |     |    |
|        | If "Yes," complete Form 6069.  |     |     |    |

Form **990** (2022)

Own website

154 WEST EVANS STREET,

| _   | tion A. Governing Body and Management   |                    | -    |     | Yes |
|-----|---|--------------------|------|-----|-----|
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                   | 1a                 | 19   |     |     |
|     | If there are material differences in voting rights among members of the governing body, or if the governing           |                    |      |     |     |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                 |                    |      |     |     |
| b   | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b                 | 19   |     |     |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi              |                    |      |     |     |
|     | officer, director, trustee, or key employee?  |                    |      | 2   |     |
| 3   | Did the organization delegate control over management duties customarily performed by or under th                     |                    | sion |     |     |
| -   | of officers, directors, trustees, or key employees to a management company or other person?                           |                    |      | 3   |     |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form S                   |                    |      | 4   |     |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's as                 |                    |      | 5   |     |
| 6   | Did the organization have members or stockholders?  |                    |      | 6   |     |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or a                     |                    |      |     |     |
| •   | more members of the governing body?   |                    |      | 7a  |     |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   |                    |      |     |     |
|     | persons other than the governing body?  |                    |      | 7b  |     |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |                    |      |     |     |
| a   | The governing body?   | -                  |      | 8a  | Х   |
| 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 rea             |                    |      |     |     |
| •   | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |                    |      | 9   |     |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                  |                    |      |     |     |
|     |   | •                  |      |     | Yes |
| 10a | Did the organization have local chapters, branches, or affiliates?  |                    |      | 10a |     |
|     | If "Yes," did the organization have written policies and procedures governing the activities of such cl               |                    |      |     |     |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                       |                    |      | 10b |     |
| 11a |   |                    |      | 11a | Х   |
| 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 | Х   |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |                    |      | 12b | Х   |
| с   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 |                    |      |     |     |
|     | on Schedule O how this was done   |                    |      | 12c |     |
| 13  | Did the organization have a written whistleblower policy?   |                    |      | 13  |     |
| 14  | Did the organization have a written document retention and destruction policy?  |                    |      | 14  |     |
| 15  | Did the process for determining compensation of the following persons include a review and approva                    |                    |      |     |     |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |                    |      |     |     |
| а   | The organization's CEO, Executive Director, or top management official  |                    |      | 15a | Х   |
| b   | Other officers or key employees of the organization   |                    |      | 15b | Х   |
|     | 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 arranger           | ment with a        |      |     |     |
|     | taxable entity during the year?   |                    |      | 16a |     |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua              | te its participati | on   |     |     |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 | nization's         |      |     |     |
|     | exempt status with respect to such arrangements?  |                    |      | 16b |     |
| Sec | tion C. Disclosure  |                    |      |     |     |
| 17  | List the states with which a copy of this Form 990 is required to be filed SC   |                    |      |     |     |

#### EASTERN CAROLINA COMMUNITY FOUNDATION

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

No

Х

Х

Х

Х

Х

Х

Х

Х

No

Х

Х

Х

Х

Х

X Upon request \_\_\_\_ Another's website Other (explain on Schedule O) 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.

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

| 20 | State t | he name, a | address, and | d telephone nun | nber of the person w | ho poss | esses the organization's books and records |
|----|---------|------------|--------------|-----------------|----------------------|---------|--|
|    | The     | Organ      | nizatio      | on - 843        | -667-1131            |         |  |
|    | 154     | WEST       | EVANS        | STREET,         | Florence,            | SC      | 29503                                      |

for public inspection. Indicate how you made these available. Check all that apply.

Х

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20-4654550

| Form 990 ( | 2022)      | EAS  |
|------------|------------|------|
| Dart VI    | Governance | Mana |

18

19

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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)                           | (B)                    |                                |                       | (0      | C)           |                                 |        | (D)                 | (E)                              | (F)                      |  |
|-------------------------------|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|--|
| Name and title                | Average                | (do                            |                       | Pos     |              | 1<br>than                       | one    | Reportable          | Reportable                       | Estimated                |  |
|                               | hours per              | box                            | , unles               | ss pe   | rson         | is bot                          | h an   | compensation        | compensation                     | amount of                |  |
|                               | week                   |                                |                       | uau     | necic        | J/ ii us                        | iee)   | from                | from related                     | other                    |  |
|                               | (list any<br>hours for | lirecto                        |                       |         |              | -                               |        | the<br>organization | organizations<br>(W-2/1099-MISC/ | compensation<br>from the |  |
|                               | related                | e or c                         | stee                  |         |              | Isated                          |        | (W-2/1099-MISC/     | 1099-NEC)                        | organization             |  |
|                               | organizations          | trust                          | ıal tru               |         | oyee         | om pel                          |        | 1099-NEC)           | ,                                | and related              |  |
|                               | below                  | Individual trustee or director | Institutional trustee | er      | Key employee | Highest compensated<br>employee | ner    |                     |                                  | organizations            |  |
|                               |                        | Indi                           | Insti                 | Officer | Key          | High<br>emp                     | Former |                     |                                  |                          |  |
| (1) BELLE ZEIGLER             | 40.00                  |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| CURRENT EXECUTIVE DIRECTOR    |                        |                                |                       | Х       |              |                                 |        | 78,338.             | 0.                               | 0.                       |  |
| (2) MIKE MILLER               | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| CHAIR                         |                        | Х                              |                       | Х       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (3) THOMAS KENNEDY            | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| VICE CHAIR                    |                        | Х                              |                       | Х       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (4) CONRAD SEASTRUNK          | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TREASURER                     |                        | Х                              |                       | Х       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (5) LANE GILPIN               | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| SECRETARY                     |                        | Х                              |                       | Х       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (6) RICKY COXE                | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       |                        | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (7) EDWIN DARGAN              | 1.00                   |                                |                       |         |              |                                 |        | _                   | _                                | _                        |  |
| TRUSTEE                       |                        | Х                              |                       | -       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (8) PAUL DEMARCO              | 1.00                   |                                |                       |         |              |                                 |        | _                   | _                                | _                        |  |
| TRUSTEE                       |                        | Х                              |                       | -       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (9) BRIAN FAST                | 1.00                   |                                |                       |         |              |                                 |        |                     | _                                |                          |  |
| TRUSTEE                       |                        | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (10) GLENN GREENE             | 1.00                   |                                |                       |         |              |                                 |        |                     | _                                |                          |  |
| TRUSTEE                       | 1                      | X                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (11) KYLE GUNTER              | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       |                        | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (12) GREG HENDRICK            | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       | 1 0 0                  | X                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (13) WILLIAM JOE MCMILLAN, JR | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       | 1 0 0                  | X                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (14) DAN MCNIEL               | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       | 1 00                   | Х                              |                       | -       |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (15) SARAH SPRUILL            | 1.00                   |                                |                       |         |              |                                 |        |                     |                                  |                          |  |
| TRUSTEE                       | 1 0 0                  | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (16) CHARISSE REICHENBACH     | 1.00                   |                                |                       |         |              |                                 |        |                     | ~                                | •                        |  |
| TRUSTEE                       | 1 0 0                  | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |
| (17) TIFFANY STRAUS           | 1.00                   |                                |                       |         |              |                                 |        | •                   | _                                | •                        |  |
| TRUSTEE                       |                        | Х                              |                       |         |              |                                 |        | 0.                  | 0.                               | 0.                       |  |

Form 990 (2022)

|                  |   | CAROLINA   | A (                            | 201                   | MM          | JN           | ITY                             | (       | FOUNDATION  | 20-465   | <u>4550</u>     | Pa  | age <b>8</b>   |
|------------------|---|--|--------------------------------|-----------------------|-------------|--------------|---------------------------------|---------|---|--|-----------------|---|----------------|
| Part V           | VII Section A. Officers, Directors, Trus  | tees, Key Em   | ploy                           | ees                   | , and       | d Hi         | ighe                            | st C    | Compensated Employe                                 | es (continued)   |                 |   |                |
|                  | (A)<br>Name and title   | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not c<br>, unle       | Pos<br>heck | more<br>rson | ן<br>than<br>is bot<br>or/trus  | h an    | <b>(D)</b><br>Reportable<br>compensation<br>from    | <b>(E)</b><br>Reportable<br>compensation<br>from related |                 | (F)<br>stimate<br>nount o<br>other                    |                |
|                  |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated<br>employee | Former  | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC)            | fr<br>org<br>an | ipensa<br>rom the<br>ganizati<br>d relate<br>anizatio | e<br>ion<br>ed |
|                  | MARY FINKLEA  | 1.00   |                                |                       |             |              |                                 |         | 0   | 0  |                 |   |                |
| PAST C           |   | 1 0 0  | Х                              |                       |             |              | <u> </u>                        |         | 0.  | 0  | •               |   | 0.             |
| (19) C<br>TRUSTE | CAROLINE TONIOLO<br>SE  | 1.00   | x                              |                       |             |              |                                 |         | 0.  | 0  | •               |   | 0.             |
|                  |   |  |                                |                       |             |              |                                 |         |   |  |                 |   |                |
|                  |   |  |                                |                       |             |              |                                 |         |   |  |                 |   |                |
|                  |   |  |                                |                       |             |              |                                 |         |   |  |                 |   |                |
|                  |   |  |                                |                       |             |              |                                 |         | 78,338.   | 0  | _               |   |                |
|                  | ubtotal<br>otal from continuation sheets to Part V  |  |                                |                       |             |              |                                 |         | 0.  | 0  |                 |   | 0.             |
| dΤ               | otal (add lines 1b and 1c)  |  |                                |                       |             |              |                                 |         | 78,338.   | 0  | •               |   | 0.             |
|                  | otal number of individuals (including but r   | not limited to th  | lose                           | liste                 | ed al       | oove         | e) wł                           | no r    | eceived more than \$100                             | ,000 of reportable                                       |                 |   | 0              |
| C                | ompensation from the organization   |  |                                |                       |             |              |                                 |         |   |  |                 | Yes   | <u>0</u><br>No |
|                  | id the organization list any <b>former</b> officer,<br>ne 1a? If "Yes," complete Schedule J for s |  |                                |                       |             |              |                                 |         | phest compensated emp                               |  | 3               | 105   | x              |
|                  | or any individual listed on line 1a, is the sind related organizations greater than \$15          |  | le co                          | omp                   | ensa        | atior        | n and                           | d otl   | her compensation from                               | the organization   |                 |   | x              |
| <b>5</b> D       | id any person listed on line 1a receive or  | accrue comper  | nsat                           | ion f                 | rom         | any          | / unr                           | elat    | ed organization or indivi                           | idual for services                                       |                 |   |                |
|                  | endered to the organization? <i>If "Yes," con</i>   | plete Schedule   | e J f                          | or si                 | uch         | pers         | son .                           | <u></u> |   |  | . 5             | <u> </u>  | X              |
|                  | on B. Independent Contractors<br>complete this table for your five highest co                     | mpensated inc  | lone                           | ande                  | ont c       | ontr         | racto                           | ne t    | that received more than                             | \$100.000 of compa                                       | neation         | from  |                |
|                  | ne organization. Report compensation for  | -  | -                              |                       |             |              |                                 |         |   |  |                 |   |                |
|                  | (A)<br>Name and business  | address  | N                              | ONI                   | E           |              |                                 |         | (B)<br>Description of s                             | services   | (C<br>Compe     | <b>C)</b><br>Insation                                 | n              |
|                  |   |  |                                |                       |             |              |                                 |         |   |  |                 |   |                |
|                  |   |  |                                |                       |             |              |                                 |         |   |  |                 |   |                |
|                  |   | in all offices the t   |                                |                       | -1.         | 11-          |                                 |         |   |  |                 |   |                |
|                  | otal number of independent contractors (<br>100.000 of compensation from the organi               | •  | ot III                         | nite                  | u to        |              | se lis<br>0                     | stec    | a above) who received in                            | lore than  |                 |   |                |

\$100,000 of compensation from the organization

Form **990** (2022)

| Form 990 (20 | 22)       | E  | <u>ASTERN</u> |
|--------------|-----------|----|---------------|
| Part VIII    | Statement | of | Revenue       |

# EASTERN CAROLINA COMMUNITY FOUNDATION 20-4654550 Page 9

|   |        | Check if Schedule O contains a response                               | or noto to onv lin | o in this Dart VIII |                   |                  |                        |
|---|--------|---|--------------------|---------------------|-------------------|------------------|------------------------|
|   |        | Check II Schedule O contains a response                               | or note to any in  | (A)                 | (B)               | (C)              | (D)                    |
|   |        |   |                    | Total revenue       | Related or exempt |                  | Revenue excluded       |
|   |        |   |                    | rotarrotorido       |                   | business revenue | from tax under         |
|   |        |   |                    |                     |                   |                  | sections 512 - 514     |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1 a    | Federated campaigns 1a  |                    |                     |                   |                  |                        |
| àra<br>oui  | b      | Membership dues 1b  |                    |                     |                   |                  |                        |
| Ω°.   | с      | Fundraising events 1c   |                    |                     |                   |                  |                        |
| ar /  |        | Related organizations 1d  |                    |                     |                   |                  |                        |
| s,<br>Dil   |        | Government grants (contributions) <b>1e</b>                           |                    |                     |                   |                  |                        |
| Si  | f      |   |                    |                     |                   |                  |                        |
| her   |        |   | 694,028.           |                     |                   |                  |                        |
| QI  |        |   | 60,000.            |                     |                   |                  |                        |
| u pu  | -      | Noncash contributions included in lines 1a-1f                         |                    | 694,028.            |                   |                  |                        |
| a O   | n      | Total. Add lines 1a-1f  |                    | 094,020.            |                   |                  |                        |
|   |        |   | Business Code      | 0.6                 | 0.0               |                  |                        |
| ce  | 2 a    | OTHER INCOME  | 561000             | 26.                 | 26.               |                  |                        |
| ervi  | b      |   |                    |                     |                   |                  |                        |
| enu<br>Senu   | с      |   |                    |                     |                   |                  |                        |
| eve   | d      |   |                    |                     |                   |                  |                        |
| Program Service<br>Revenue                                | е      |   |                    |                     |                   |                  |                        |
| Ъ   | f      | All other program service revenue                                     |                    |                     |                   |                  |                        |
|   |        | Total. Add lines 2a-2f  |                    | 26.                 |                   |                  |                        |
|   | 3      | Investment income (including dividends, intere                        | est and            | 200                 |                   |                  |                        |
|   | U      |   |                    | 131,821.            |                   |                  | 131,821.               |
|   |        | other similar amounts)<br>Income from investment of tax-exempt bond p |                    | 131,021.            |                   |                  | 131,021.               |
|   | 4      |   |                    |                     |                   |                  | <br>                   |
|   | 5      | Royalties   |                    |                     |                   |                  |                        |
|   |        |   | (ii) Personal      |                     |                   |                  |                        |
|   | 6 a    |   |                    |                     |                   |                  |                        |
|   | b      | Less: rental expenses 6b  |                    |                     |                   |                  |                        |
|   | с      | Rental income or (loss) 6c  |                    |                     |                   |                  |                        |
|   | d      | Net rental income or (loss)   |                    |                     |                   |                  |                        |
|   | 7 a    | Gross amount from sales of (i) Securities                             | (ii) Other         |                     |                   |                  |                        |
|   |        | assets other than inventory <b>7a 245</b> , <b>900</b> .              |                    |                     |                   |                  |                        |
|   | b      | Less: cost or other basis   |                    |                     |                   |                  |                        |
| е   |        | and sales expenses 7b 218,402.  |                    |                     |                   |                  |                        |
| evenue  | ~      | Gain or (loss)  |                    |                     |                   |                  |                        |
|   |        | Net gain or (loss)  | 1                  | 27,498.             |                   |                  | 27,498.                |
| er R  |        | Gross income from fundraising events (not                             |                    | 27,490.             |                   |                  | 27,490.                |
| Other   | 8 a    |   |                    |                     |                   |                  |                        |
| 0   |        | including \$ of   |                    |                     |                   |                  |                        |
|   |        | contributions reported on line 1c). See                               |                    |                     |                   |                  |                        |
|   |        | Part IV, line 18 8a   |                    |                     |                   |                  |                        |
|   | b      | Less: direct expenses 8b  |                    |                     |                   |                  |                        |
|   | С      | 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  |                    |                     |                   |                  |                        |
|   |        |   |                    |                     |                   |                  |                        |
|   |        | Gross sales of inventory, less returns                                |                    |                     |                   |                  |                        |
|   |        | and allowances <b>10a</b>   |                    |                     |                   |                  |                        |
|   | Ь      | Less: cost of goods sold 10b  |                    |                     |                   |                  |                        |
|   |        | -   |                    |                     |                   |                  | <u>.</u>               |
| -+  | С      | Net income or (loss) from sales of inventory                          | Business Code      |                     |                   |                  |                        |
| sn  |        |   | Dusiness Code      |                     |                   |                  |                        |
| ne o  | 11 a   |   |                    |                     |                   |                  |                        |
| eni   | b      |   |                    |                     |                   |                  |                        |
| lev<br>Sev  | с      |   |                    |                     |                   |                  |                        |
| Miscellaneous<br>Revenue                                  | d      | All other revenue   |                    |                     |                   |                  |                        |
| _   | е      | Total. Add lines 11a-11d  |                    |                     |                   |                  |                        |
|   | 12     | Total revenue. See instructions                                       |                    | 853,373.            | 26.               | 0.               | 159,319.               |
| 23200   | 9 12-1 | 3-22  |                    |                     |                   |                  | Form <b>990</b> (2022) |

| 6       Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons discribed in section 4958(r)(3)(8)       6       527.       3, 263.       3, 264.         7       Other salaries and vages       6       527.       3, 263.       3, 264.         8       Person flast-contributions (include section 401(k) and 403(b) employer contributions)       6       527.       3, 263.       3, 264.         9       Other employee benefits       6       422.       3, 246.       3, 246.         10       Payoit taxes       6       492.       3, 246.       3, 246.         11       Fees for services (nonemployees):       a       6       4.92.       3, 246.       3, 246.         a Management       begal       22, 700.       22, 700.       22, 700.       22, 700.         chortsming       22, 700.       22, 700.       24, 700.       24, 700.       24, 700.         4       Lobbying and promotion       24, 249.       4, 249.       4, 249.       4, 249.         13       Office expenses       56, 103.       66, 103.       66, 103.       56, 103.         14       Information technology       50       50       50       50         14       Royatines       50  | Sect | ion 501(c)(3) and 501(c)(4) organizations must com   | olete all columns. All oth | er organizations must co | mplete column (A). |             |
|--|------|--|----------------------------|--------------------------|--------------------|-------------|
| 76, 66, 66, and 10b of Pert VIII.         Total expenses         Program service         Maragement and<br>segentises         Periodicating<br>segentises           1         Grants and other assistance to domestic<br>and domestic uprominents. See Area VI, Ime 21         522,918.         522,918.         522,918.           2         Grants and other assistance to domestic<br>individuals. See Part V, Ime 21         522,918.         522,918.         522,918.           3         Grants and other assistance to foreign<br>organization, freeign quements, and foreign<br>individuals. See Part V, Ime 21         533,169.         39,169.           4         Benefits action of current officers, directors,<br>trustees, and key employees         78,338.         39,169.           6         Organization, reliable of the solin 450(N)(N) and<br>persons description is solin 450(N)(N) and<br>person description is solin 450(N)(N) and<br>persons description is solin 450(N)(N) and<br>persons description is solin 450(N)(N) and<br>person description is solin 450(N)(N) and<br>person description 450(N)(N) and<br>person description is solin 450(N)(N) and<br>person description is solin 450(N)(N)<br>person description is solin 450(N)(N)<br>person description 450(N)(N)<br>person description 450(N)(N)<br>person description is solin 450(N)<br>person description is solin 450(N)<br>person description is solin 450(N)<br>periotis not many description and meetings<br>person descrip  |      | Check if Schedule O contains a respon  | se or note to any line in  | this Part IX             |                    |             |
| ad domesic governments. See Part IV, line 21       522, 918.       522, 918.         2 Grants and other assistance to domesic<br>individuals. See Part IV, line 22       522, 918.       522, 918.         3 Grants and other assistance to domesic<br>individuals. See Part IV, line 15 and 16       6         4 Benefits paid to of formembers       5         5 Compensation of current officers, directors,<br>trustees, and key employees       78, 338.         6 Compensation of individuals. See Part IV, line 15 and 16       6         9 Parson (in acculta and contributions)       6         9 Parson (in acculta and contributions)       6         9 Other employee benefits       6         9 Other employee       6   |      |  |                            | Program service          | Management and     | Fundráising |
| 2       Grants and other assistance to domestic<br>individuals. See Part IV, lines 15 and 16         3       Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16         4       Benefits paid to or for members.         5       Compensation of current officers, directors,<br>trustees, and key employees         7       Compensation individual back to disquilified<br>presses (as defined under section 4956)(V3)(b)         7       Other sabelizes and wages         9       Other employee benefits         9       Other employee benefits         9       Payrol taxes         6       , 492.         9       And a030 employees         9       Other employee benefits         9       Other management Hese         9       Other management Hese         9       Other (If the T1 gamout acceds 10% of the 25, 0000         10       Hese State 110, 1000         11       Fees for services (nonemployees):         12       Advertising and promotion         14       Information technology         15       Rogalities         9       Other explores see         16       Gold and 10% employees see for any federal, state, or local public officials, 10%         16       Payments to   | 1    | Grants and other assistance to domestic organizations  |                            |                          |                    |             |
| individuals. See Part V, line 22         intervent           3 Grants and other assistance to freeign<br>organization, foreign overments, and foreign<br>individuals. See Part V, line 15 and 16         intervent           4 Benefits paids to or for members         intervent         intervent           5 Componisation of current officers, directors,<br>trustess, and key employees         intervent         intervent           6 Omponisation not include above to disgualized<br>persons (as difficult under section 49860(11) and<br>persons described in section 49860(11) and<br>person described in sectin 49860(11) and<br>person described in sectin 49860(11) and   |      | and domestic governments. See Part IV, line 21   | 522,918.                   | 522,918.                 |                    |             |
| 3       Grants and other assistance to foreign<br>individuals. See Part M. Ines 15 and 16  | 2    | Grants and other assistance to domestic  |                            |                          |                    |             |
| organizations, foreign governments, and foreign<br>individuals. See Part V, lines 15 and 16  |      | individuals. See Part IV, line 22  |                            |                          |                    |             |
| Individuals. See Part IV, lines 15 and 16         Image: Compensation of Current of Indices, directors, trustees, and key employees         78, 338.         39, 169.         39, 169.           Compensation of Current of Indices, directors, trustees, and key employees         78, 338.         39, 169.         39, 169.         39, 169.           7 Other sataries and wages         6, 527.         3, 263.         3, 264.           8 Person plan acculate and combutions (include section 49(k)(1)) and person description 49(k)(1) and angement flaws         6, 492.         3, 246.         3, 246.           9 Other employee benefits         6, 492.         3, 246.         3, 246.         3, 246.           14 East for services (nonemployees):         a Management         6, 492.         3, 246.         3, 246.           14 East for services (nonemployees):         a Management         6, 492.         3, 246.         3, 246.           15 Regrammed and promotion         6, 492.         10, 4, 249.         4, 249.         4, 249.           16 Occupancy         66, 103.         66, 103.         10, 4, 249.         10, 4, 249.         10, 4, 249.         10, 4, 249.         10, 4, 2   | 3    | Grants and other assistance to foreign   |                            |                          |                    |             |
| 4         Benefits paid to of to members         78,338.         39,169.         39,169.           5         Compensation of current officers, directors, trustees, and key employees         78,338.         39,169.         39,169.           6         Compensation not included above to disqualified persons (as direle lunder section 4850(1)) and person described in action 4850(1) and 4850(1) and person described in action 4850(1) employees         6,527.         3,263.         3,264.           7         Other salaries and wages         6,492.         3,246.         3,246.         3,246.           9         Other employee benefits         6,492.         3,246.         3,246.         3,246.           10         Payrol taxes         6,492.         3,246.         3,246.         3,246.           10         Fayrol taxes         6,492.         3,246.         3,246.         3,246.           11         Fees for services (nonemployees):         a         a         4.249.         4.249.           4         Lobbying         22,700.         22,700.         22,700.         22,700.           2         Avertaing and promotion         4,249.         4,249.         4,249.           3         Other exponses         66,103.         666,103.         666,103.           14         In   |      | organizations, foreign governments, and foreign  |                            |                          |                    |             |
| 5         Compensation of current officers, directors,<br>trustees, and key employees         78,338.         39,169.         39,169.           6         Compensation not include above to disqualified<br>persons described in section 4988(7(1)) and<br>persons described in section 4988(7(1)) and<br>section 401(1) and 403(b) employee contributions<br>of ther employee benefits         6,527.         3,263.         3,246.           9         Other employee contributions<br>of ther employee benefits         6,492.         3,246.         3,246.           10         Pavoi Taxes         6,492.         3,246.         3,246.           11         Fees for services (nonemployees):<br>a Management         6,492.         3,246.         3,246.           11         Fees for services (nonemployees):<br>a Management         6,492.         3,246.         3,246.           12         Advertising and promotion         6,492.         4,249.         6,4,249.           12         Advertising and promotion         66,103.         66,103.         66,103.           13         Forgaties         66,103.         66,103.         66,103.           14         Information technology         1         1         1           14         Information technology         66,6.0         666.         666.           14         Information technology         1   |      | individuals. See Part IV, lines 15 and 16  |                            |                          |                    |             |
| trustees, and key employees         78,338.         39,169.         39,169.         39,169.           6         Compensation on included above to disqualified persons (as defined under section 4580(f)) and persons described in saccrus and contributions (include section 401(k) and 403(b) employee contributions (include section 401(k) and 403(b) employees):         6,492.         3,263.         3,264.           8         Person plan accrus and contributions (include section 401(k) and 403(b) employees):         6,492.         3,246.         3,246.           10         Payrol taxes         6,492.         3,246.         3,246.           11         Fees for services (nonemployees):         6,492.         3,246.         3,246.           a Management         6,492.         3,246.         3,246.         3,246.           b Legal         22,700.         22,700.         22,700.         22,700.           c Accounting         1         1         1         1         1           g Other (If line 11g amount exceeds 10% of line 25, outurn (A), amount, list line 11g expenses on 50.01         4,249.         4,249.         4,249.           13         Office expenses         66,103.         1         1         1         1           14         Information technology         1         1         1         1         1 <td< td=""><td>4</td><td>Benefits paid to or for members</td><td></td><td></td><td></td><td></td></td<>   | 4    | Benefits paid to or for members  |                            |                          |                    |             |
| 6       Compensation not included above to disqualified persons (as defined under section 4958(f(1))) and persons described in section 4958(f(1)) and persons described in dombinions (additional complexity) and a contributions (include section 401(k) and 403(b) employer contributions)       6 , 527.       3 , 263.       3 , 264.         7       Other enployee benefits       6 , 527.       3 , 246.       3 , 246.         9       Other enployee benefits       6 , 492.       3 , 246.       3 , 246.         9       Cher enployee benefits       6 , 492.       3 , 246.       3 , 246.         9       Cher enployee benefits       6 , 492.       3 , 246.       3 , 246.         9       Cher enployee benefits       6 , 492.       3 , 246.       3 , 246.         9       Cher enployee benefits       6 , 492.       4 , 249.       -         9       Cher (Illine Tig amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, 10 a.       -       -       -         10       Ordice expenses.       6 6 , 10 3 a.       -  | 5    | Compensation of current officers, directors,   |                            |                          |                    |             |
| persons (as defined under section 4958(f)(1)) and<br>persons described in section 4958(r)(3)(8)         7           7 Other salaries and wages         6,527.         3,263.         3,264.           8 Pension plan accruats and contributions<br>of the ension all undraising services. See Part IV, line 17<br>in lowestment fees         6,492.         3,246.         3,246.           a Management         22,700.         22,700.         22,700.           c Accounting         22,700.         22,700.           d Lobbying         22,700.         24,249.           of the r. (Il in F1g anount access 10% of line 25,<br>column (A), anount, list In 1g expenses on Sch 0.         4,249.         4,249.           16 Occupancy         66,103.         666,103.         666.           17 Travel         10         10         10           18 Payments of Taxel or entertainment expenses<br>for any federal, state, or tocal public officials.         666.         6666.           19 Conterences, conventions, and meetings         10         10         10         10   |      | trustees, and key employees  | 78,338.                    |                          | 39,169.            | 39,169.     |
| persons described in section 4968(c)(3)(B)         6,527.         3,263.         3,264.           7 Other salaries and vages         6,527.         3,263.         3,264.           9 Person plane acruals and contributions (include<br>section 401(k) and 403(b) employer contributions)         9         0         9         0           9 Other employee benefits         6,492.         3,246.         3,246.           11 Fees for services (nonemployees):         a management         22,700.         22,700.           a Management   | 6    | Compensation not included above to disqualified  |                            |                          |                    |             |
| 7       Other salaries and wages       6,527.       3,263.       3,264.         8       Pension plan accruats and contributions (include section 401(k) and 403(b) employee contributions)       6,492.       3,246.       3,246.         9       Other employee benefits       6,492.       3,246.       3,246.       3,246.         10       Payrol taxes       6,492.       3,246.       3,246.       3,246.         10       Payrol taxes       6,492.       3,246.       3,246.       3,246.         11       Fes for services (nonemployees):       6,492.       3,246.       3,246.       3,246.         14       Fes for services (nonemployees):       22,700.       22,700.       22,700.       22,700.         14       Legal       22,700.       22,700.       22,700.       22,700.       22,700.         15       Royaties       66,103.       66,103.       66,103.       66,103.       66,103.         16       Occupancy       10       10       10       10       10       10         16       Occupancy       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |      |  |                            |                          |                    |             |
| 8       Persion plan accruals and contributions (include section 401(k) and 430(b) employer contributions)         9       Other employee benefits       6,492.       3,246.       3,246.         10       Payrol taxes       6,492.       3,246.       3,246.         11       Fees for services (nonemployees):       a       a  |      | persons described in section 4958(c)(3)(B)   |                            |                          |                    |             |
| section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting C Accounti           | 7    | Other salaries and wages   | 6,527.                     |                          | 3,263.             | 3,264.      |
| 9       Other employee benefits       6,492.       3,246.       3,246.         10       Payrolitaxes       6,492.       3,246.       3,246.         11       Fees for services (nonemployees):       6,492.       3,246.       3,246.         a Management       22,700.       22,700.       22,700.         c Accounting       22,700.       22,700.       22,700.         d Lobbying       22,700.       22,700.       22,700.         e Professional fundrating services. See Part IV, line 17       9       9       10         f Investment management fees       9       9       10       10         g Other, (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.0       4,249.       4,249.       4,249.         a Advertising and promotion       4,249.       10       10       10         18       Office expenses       66,103.       10       10       10         19       Conferences, conventions, and meetings       10   | 8    | Pension plan accruals and contributions (include   |                            |                          |                    |             |
| 10       Payroll taxes       6,492.       3,246.       3,246.         11       Fees for services (nonemployees):       a       a       a         a Management       b       Legal       22,700.       22,700.         c Accounting       22,700.       22,700.       22,700.         d Lobbying  |      | section 401(k) and 403(b) employer contributions)  |                            |                          |                    |             |
| 11       Fees for services (nonemployees):         a Management  | 9    | Other employee benefits  |                            |                          |                    |             |
| a Management   | 10   | Payroll taxes  | 6,492.                     |                          | 3,246.             | 3,246.      |
| b Legal   c Accounting   d Lobbying   e Professional fundraising services. See Part IV, line 17   f Investment management fees   g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list In 11g expenses on Sch 0.   12 Advertising and promotion   13 Office expenses   14 Information technology   15 Royaties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials.   19 Porferences, conventions, and meetings   10 Information excenses on line 24e. If line 24e expenses on Schedule 0.)   20 Dher expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)   a  | 11   | Fees for services (nonemployees):  |                            |                          |                    |             |
| c Accounting       22,700.         d Lobbying       22,700.         e Professional fundraising services. See Part IV, line 17       1         f Investment management fees       9         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       4,249.         13 Office expenses       66,103.         14 Information technology       66,103.         15 Royaties       66,103.         16 Occupancy       1         17 Travel       1         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       1         10 Conferences, conventions, and meetings       1         11 Insurance       666.       666.         20 Interest       1         21 Payments to affiliates       666.       666.         22 Depreciation, depletion, and amortization       666.       666.         11 Insurance       666.       666.         23 Office expenses.       1       2       2         24 Other expenses.       1       2       4         25 Total functional expenses. Add lines 1 through 24e       707, 993.       522, 918.       135, 147.       49, 928.         26 Joint costs. Complete this line only if the organization reoprote th costs  | а    | Management   |                            |                          |                    |             |
| d Lobbying       Professional fundraising services. See Part IV, line 17         f Investment management fees       9         g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       4, 249 •         12 Advertising and promotion       4, 249 •         13 Office expenses       66, 103 •         14 Information technology       66         15 Royalties       66         16 Occupancy       0         17 Travel       0         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       0         19 Conferences, conventions, and meetings       0         11 Interest       1         21 Payments to affiliates       666 ·         22 Depreciation, depletion, and amortization       666 ·         10 Interest       0         21 Payments to affiliates       0         22 Depreciation, depletion, and amortization dove. (List miscellaneous expenses on line 24e. If line 24e anount exceed 510% of line 25, column (A), amount exceed 510  | b    | Legal  |                            |                          |                    |             |
| <ul> <li>Professional fundraising services. See Part IV, line 17</li> <li>Investment management fees</li> <li>g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)</li> <li>Advertising and promotion</li> <li>Advertising and promotion</li> <li>Royatties</li> <li>Gocupancy</li> <li>Travel</li> <li>Payments of travel or entertainment expenses for any federal, state, or local public officials</li> <li>Payments of affiliates</li> <li>Depreciation, depletion, and amortization</li> <li>Amount, list line 2xpenses. Inter expenses on schedule 0.)</li> <li>All other expenses</li> <li>All other exp</li></ul> | С    | Accounting   | 22,700.                    |                          | 22,700.            |             |
| f       Investment management fees         g       Urber. (II line 11 g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)         13       Office expenses         14       Information technology         15       Royaties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         10       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         16       666.         11       Interest         22       Depreciation, depletion, and amortization         16       2666.         11       Insurance         24       Uther expenses         25       Total functional expenses. Add lines 1 through 24e         26       Joint costs. Complete this line only if the organization reported in column (A) joint costs from a combined educational campaign and fundraising solicitation.   | d    | Lobbying   |                            |                          |                    |             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       4,249.       4,249.         12 Advertising and promotion       4,249.       4,249.         13 Office expenses       66,103.       66,103.         14 Information technology   | е    | Professional fundraising services. See Part IV, line 17  |                            |                          |                    |             |
| column (A), amount, list line 11g expenses on Sch 0.)       4,249.       4,249.         12       Advertising and promotion       4,249.       4,249.         13       Office expenses       66,103.       66,103.         14       Information technology       66,103.       66,103.         15       Royaltis       66,103.       66,103.         16       Occupancy       1       1         17       Travel       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1         19       Conferences, conventions, and meetings       1         20       Interest       1         21       Payments to affiliates       1         22       Depreciation, depletion, and amortization       666.         23       Insurance       1         24       Other expenses not covered above. (List miscellaneous expenses on Schedule 0.)       1         a  | f    | Investment management fees   |                            |                          |                    |             |
| 12       Advertising and promotion       4,249.       4,249.         13       Office expenses       66,103.       66,103.         14       Information technology       66,103.       66,103.         15       Royatties       66,103.       66,103.         16       Occupancy       0       0         17       Travel       0       0       0         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0       0         19       Conferences, conventions, and meetings       0       0       0         21       Payments to affiliates       0       0       0         22       Depreciation, depletion, and amortization line 24e. If line 24e arount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       0       0       0         a   | g    | Other. (If line 11g amount exceeds 10% of line 25,   |                            |                          |                    |             |
| 13       Office expenses       66,103.       66,103.         14       Information technology   |      | column (A), amount, list line 11g expenses on Sch 0.)  |                            |                          |                    |             |
| 14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses<br>for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         24       Other expenses internize expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)         a  | 12   | Advertising and promotion  |                            |                          |                    | 4,249.      |
| 15 Royalties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses<br>for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)   a  | 13   |  | 66,103.                    |                          | 66,103.            |             |
| 16       Occupancy   | 14   | Information technology   |                            |                          |                    |             |
| 17       Travel       Image: Conferences, conventions, and meetings         19       Conferences, conventions, and meetings       Image: Conferences, conventions, and meetings         20       Interest       Image: Conferences, conventions, and meetings         21       Payments to affiliates       Image: Conferences, conventions, and meetings         21       Payments to affiliates       Image: Conferences, conventions, and meetings         22       Depreciation, depletion, and amortization       6666.         23       Insurance       Image: Conferences, Itemize expenses on toovered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)       Image: Conferences, Convention (A), amount, list line 24e expenses on Schedule 0.)         a  | 15   |  |                            |                          |                    |             |
| 18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest  | 16   | Occupancy  |                            |                          |                    |             |
| for any federal, state, or local public officials  | 17   | F  |                            |                          |                    |             |
| 19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   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 0.)   a  | 18   | -  |                            |                          |                    |             |
| 20       Interest  |      |  |                            |                          |                    |             |
| 21       Payments to affiliates  | 19   |  |                            |                          |                    |             |
| 22       Depreciation, depletion, and amortization       666.       666.         23       Insurance  | 20   |  |                            |                          |                    |             |
| 23       Insurance   | 21   |  | 666                        |                          | 666                |             |
| 24       Other expenses. Itemize expenses on toovered 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 0.) <ul> <li>a</li> <li>b</li> <li>c</li> <li>d</li> <li>e</li> <li>All other expenses</li> <li>d</li> <li>d</li> <li>fotal functional expenses. Add lines 1 through 24e</li> <li>707,993.</li> <li>522,918.</li> <li>135,147.</li> <li>49,928.</li> </ul> <li>26</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li>  |      |  | 000.                       |                          | 000.               |             |
| above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.)  a  |      |  |                            |                          |                    |             |
| b  | 24   | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                            |                          |                    |             |
| c  |      |  |                            |                          |                    |             |
| d  |      |  |                            |                          |                    |             |
| e       All other expenses   | -    |  |                            |                          |                    |             |
| 25       Total functional expenses. Add lines 1 through 24e       707,993.       522,918.       135,147.       49,928.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.       6       135,147.       49,928.  |      |  |                            |                          |                    |             |
| 26 Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.  |      |  | 707 002                    | F00 010                  | 125 147            | 10 000      |
| reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.   |      | · · · · ·  | 101,993.                   | 544,910.                 | 100,14/.           | 49,940.     |
| educational campaign and fundraising solicitation.   | 20   |  |                            |                          |                    |             |
|  |      |  |                            |                          |                    |             |
|  |      | Check here if following SOP 98-2 (ASC 958-720)   |                            |                          |                    |             |

#### EASTERN CAROLINA COMMUNITY FOUNDATION Part IX Statement of Functional Expenses ...

Form 990 (2022)

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| EASTERN CAROLINA COMMUNITY FOUNDATION |
|---------------------------------------|
|---------------------------------------|

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| Beginning of year         End of           1         Savings and temporary cash investments         339,894,1         3           2         Savings and temporary cash investments         3         3           3         Pledges and grants receivable, net         3         4           4         Accounts receivables from any current or former officer, director, trustee, key employee, creator or tounder, substantial contrbutor, or 35% controlled entity or family member of any of these persons         5         5           6         Loans and other receivables from other disqualified persons (as defined under section 4958(r)(3)(6)         6         6           9         Prepard expenses and deferred charges         10,184.         6         6           10a         Land, buildings, and equipment: cost or other basis. Complete Part Viol Schedule D         10         6,998.         3,852.         10ce           11         Investments - program-related. See Part IV, line 11         13         14         14         14         14         14         14         16,998.         10,223.         11         16,4         10         16         10,564,864.         20         20         20         21         20         20         20         20         21         23         22         20         22         20         22<   |     | Check if Schedule O contains a response or note to   | o any line in this Part X |             |             |                           |
|--|-----|--|---------------------------|-------------|-------------|---------------------------|
| 2       Savings and temporary cash investments       2         3       Piedges and grants receivable, net       3         4       Accounts receivable, net       4         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 49580(r1)), and persons described in section 49580(c)(3)(B)       6         7       Notes and loans receivable, net       7       7         10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10, 184.       8         9       Prepaid expenses and deferred charges       10, 10, 184.       10         11       Investments - publicly traded securities       17, 360, 223.       11       16, 44         13       Investments - publicly traded securities       11       13       14       13         14       Intragible assets       0.       15       16       1   |     |  |                           |             |             | <b>(B)</b><br>End of year |
| 2       Savings and temporary cash investments       2         3       Pledges and grants receivable, net       3         4       Accounts receivable, net       3         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 49580(r)(1), and persons described in section 4958(r)(3)(B)       6         7       Notes and loans receivable, net       7       8         9       Prepaid expenses and deferred charges       10, 730. 9       9         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       10, 184.       9         11       Investments - orbitly traded securities       17, 360, 223. 11       16, 4         11       Investments - orbitly traded securities       17, 714, 699. 16       16, 8         13       Investments - orbitly to maint or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled ently or namily member or any of these persons       20       10, 564, 864. 21       10, 6         14       15       Other assets. See Part IV, line 11       13       14       15         16  | 1   | Cash - non-interest-bearing                          |                           | 339,894.    | 1           | 381,713.                  |
| 4       Accounts receivable, net       4         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 4556(r)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use.       9         9       Prepaid expenses and deferred charges       100, 184.         10a       10, 184.       10         11       Investments - publicly traded securities       17, 360, 223.       11         11       Investments - program related. See Part IV, line 11       12       13         12       Investments - the securities. See Part IV, line 11       0.       15         13       Investments - program related. See Part IV, line 11       0.       15         14       Intrangible assets       4, 12.7.       17         17       Accounts payable and accruel expenses       4, 12.7.       17         18       Grants payable       11       10, 564, 864.       11       0, 64, 864.         19       Defered revenue       19       20       22       22       22<   | 2   |  |                           | 2           |             |                           |
| 4       Accounts receivable, net       4         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 4556(r)(3)(B)       6         7       Notes and loans receivable, net       7         8       Inventories for sale or use.       9         9       Prepaid expenses and deferred charges       100, 184.         10a       10, 184.       10         11       Investments - publicly traded securities       17, 360, 223.       11         11       Investments - program related. See Part IV, line 11       12       13         12       Investments - the securities. See Part IV, line 11       0.       15         13       Investments - program related. See Part IV, line 11       0.       15         14       Intrangible assets       4, 12.7.       17         17       Accounts payable and accruel expenses       4, 12.7.       17         18       Grants payable       11       10, 564, 864.       11       0, 64, 864.         19       Defered revenue       19       20       22       22       22<   | 3   | Pledges and grants receivable, net                   |                           | 3           |             |                           |
| S       Loars 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       Loars and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8)       6         7       Notes and loars receivable, etc.       7         8       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       10, 730. 9         10a       Lod, bit of schedule D       10a         11       Investments - publicly traded securities       17, 7360, 223. 11         11       Investments - program-related. See Part IV, line 11       13         114       Intragible assets       14         12       Investments - program-related. See Part IV, line 11       13         14       Intragible assets       11         17       Accounts payable and accrued expenses       4, 127. 17         18       Total assets. Acd lines 1 through 15 (must equal line 33)       17, 714, 699. 16         17       Accounts payable and accrued expenses       24         18       Deferred revenue       19         20       Tax exempt bond liabilities       20         21       Es   | 4   |  |                           |             | 4           |                           |
| sector       5         sector       100         sector       100 </th <td>5</td> <td>Loans and other receivables from any current or fo</td> <td></td> <td></td> <td></td>  | 5   | Loans and other receivables from any current or fo   |                           |             |             |                           |
| 6       Loans and other receivables from other disqualified persons (as defined<br>under section 4956(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       10,730.9         10a       Lod, publicly tade depreciation       10a       10,1844.         b       Less: accumulated depreciation       10b       6,998.3,852.10c         11       Investments - publicly traded securities       17,360,223.11       16,41         12       Investments - publicly traded securities       17,714,699.16       16,41         13       Investments - program-related. See Part IV, line 11       13       14         14       Intrangible assets       4,127.17       16         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,83         19       Deferred revenue       19       10,564,864.21       10,60         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,60         22       Loans and other payable to urrelated third parties       22       22       22         23       Ecured mortagas and notes payable to urrelated thi  |     | trustee, key employee, creator or founder, substan   | tial contributor, or 35%  |             |             |                           |
| state         index         index         index         index         index           state         index         ind  |     | controlled entity or family member of any of these p | persons                   |             | 5           |                           |
| 9       7       Notes and loans receivable, net       7         8       inventories for sale or use       8         9       Prepaid expenses and deferred charges       10,730.9         10a       10,184.       9         b       Less; accumulated depreciation       10a       10,184.         11       Investments - publicly traded securities       17,360,223.11       16,4         12       Investments - other securities. See Part IV, line 11       12       12         13       Investments - publicly traded securities       14       14         14       Intangible assets       14       14         15       Other assets. See Part IV, line 11       0.15       16         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         19       Deferred revenue       19       20       10,564,864.21       10,6         21       Excrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6       20         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       22         23       Secured mortgages and notes payab   | 6   | Loans and other receivables from other disqualified  | d persons (as defined     |             |             |                           |
| 88       Inventories for sale or use       8         9       Prepaid expenses and deferred charges       10,730.9         10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10       10,184.         b Less: accumulated depreciation       10       6,998.3,852.10c         11       Investments: publicly traded securities       17,360,223.11       16,4         12       Investments: other securities. See Part IV, line 11       13       13         14       Intargible assets       14       15         15       Other assets. See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17       17         18       Grants payable       19       20       10,564,864.21       10,6         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6       20         23       Secured mortgages and notes payable to unrelated third parties       23       22       23         23       Secured mortgages and notes payable to unrelated third parties       24       24       25         24       Unsecured notes and loans payable to unrelat   |     | under section 4958(f)(1)), and persons described in  | n section 4958(c)(3)(B)   |             | 6           |                           |
| 10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10, 184.         10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10, 184.         11       Investments - publicly traded securities       17, 360, 223.         11       Investments - other securities. See Part IV, line 11       12         13       Investments - other securities. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 33)       17, 714, 699.       16       16, 8         17       Accounts payable and accrued expenses       4, 127.       17       18         18       Grants payable and accrued expenses       4, 127.       17         19       Deferred revenue       19       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10, 564, 864.       21       10, 6         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         23       Secured motgages and notes payable to unrelated third parties       24       24       24         24       Unsecured n  | 7   |  |                           |             | 7           |                           |
| 10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10, 184.         10       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10, 184.         11       Investments - publicly traded securities       17, 360, 223.         11       Investments - other securities. See Part IV, line 11       12         13       Investments - other securities. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 33)       17, 714, 699.       16       16, 8         17       Accounts payable and accrued expenses       4, 127.       17       18         18       Grants payable and accrued expenses       10, 564, 864.       21       10, 6         21       Escrew or custodial account liability. Complete Part IV of Schedule D       10, 564, 864.       21       10, 6         22       Loans and other payable to unrelated third parties       23       24       10, 568, 991.       24         25       Other liabilities (ncluding tederal income tax, payables to related third parties       24       24       24         26       Total liabilities. Add lines 17 through 25       10, 568, 991.       26       10, 7         28       Their liabi  | 8   |  |                           |             |             |                           |
| basis. Complete Part VI of Schedule D         10a         10., 184.           b         Less: accumulated depreciation         10b         6,998.         3,852.         10c           11         Investments - publicly traded securities         17,360,223.         11         16,4           12         Investments - other securities. See Part IV, line 11         12         12         11         16,4           13         Investments - other securities. See Part IV, line 11         13         13         14           14         Intangible assets         14         15         0.         15           16         Total assets. Add lines 1 through 15 (must equal line 33)         17,714,699.         16         16,8           17         Accounts payable and accrued expenses         4,127.         17         18         Grants payable         18         19         20         22         20         22         20         22         20         22         20         22         20         22         20         22         20         22         20         22         20         22         23         Secured mortgages and notes payable to unrelated third parties         22         23         24         10,564,864.         21         10,7           <  | : 9 | Prepaid expenses and deferred charges                |                           | 10,730.     | 9           | 8,957.                    |
| 11       Investments - publicly traded securities       17,360,223.11       16,4.         12       Investments - other securities. See Part IV, line 11       13         13       Investments - program-related. See Part IV, line 11       13         14       Intargible assets       14         15       Other assets. See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       10,564,864.21       10,6         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         22       Loans and other payables to any current of 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         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7  | 10a | Land, buildings, and equipment: cost or other        |                           |             |             |                           |
| 11       Investments - publicly traded securities       17,360,223.11       16,4.         12       Investments - other securities. See Part IV, line 11       13         13       Investments - program-related. See Part IV, line 11       13         14       Intargible assets       14         15       Other assets. See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       10,564,864.21       10,6         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         22       Loans and other payables to any current of 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         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7  |     | basis. Complete Part VI of Schedule D 1              | <u>0a 10,184.</u>         |             |             |                           |
| 12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. Add lines 1 through 15 (must equal line 33)       17,714,699.       16       16,8         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.       16       16,8         17       Accounts payable and accrued expenses       4,127.       17       18         18       Grants payable       19       20       20         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.       21       10,60         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 mether of any of these persons       22         23       Secured notes and loans payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       25         24       Unsecured notes and loans payable to unrelated third parties       24       25         25       Total liabilities. Add  | b   |  |                           | 3,852.      | 10c         | 3,186.                    |
| 13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       0.15         16       Total assets. See Part IV, line 11       0.15         17       Accounts payable and accrued expenses       17,714,699.16       16,8         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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 morts and loans payable to unrelated third parties       23       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities not included on lines 17-24). Complete Part X       0.25         26       Total liabilities, Add lines 17 through 25       10,568,991.26       10,7         Organizations that follow FASB ASC 958, check here       24       25       26         27       Net assets with donor restrictions       28 <td>11</td> <td></td> <td></td> <td></td> <td>11</td> <td>16,447,644.</td> | 11  |  |                           |             | 11          | 16,447,644.               |
| 14       Intangible assets       14         15       Other assets. See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17       18         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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, Add lines 17 through 25       10,568,991.26       10,7         0       secured mortgages and at       28       0.25       28         0       Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,1         27       Net assets with donor restrictions       28       29       29       29 <t< th=""><td>12</td><td></td><td></td><td>12</td><td></td></t<>             | 12  |  |                           | 12          |             |                           |
| 15       Other assets. See Part IV, line 11       0.15         16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17       17         18       Grants payable       18       19         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         0rganizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,1         28       Net assets with donor restrictions       28       29       29        | 13  |  |                           |             |             |                           |
| 16       Total assets. Add lines 1 through 15 (must equal line 33)       17,714,699.16       16,8         17       Accounts payable and accrued expenses       4,127.17         18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,66         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         23       Secured mortgages and notes payable to unrelated third parties       23       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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         28       Met assets with donor restrictions       7,145,708.27       6,1         29       Capital stock or trust principal, or current funds       28       28         00       225       28       29       29         29       Paid-in or capital surplus, or land, building, or equipment fund                                       | 14  |  |                           |             |             |                           |
| 17       Accounts payable and accrued expenses       4,127.17       17         18       Grants payable       18       18         19       Deferred revenue       19       20         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,60         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         23       Secured mortgages and notes payable to unrelated third parties       23       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       20       25         26       Total liabilities, Add lines 17 through 25       10,568,991.26       10,77         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,11         28       Net assets with donor restrictions       7,145,708.27       6,11         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, buiding, or equipment fund       30<           | 15  |  |                           |             |             | 33,607.                   |
| 18       Grants payable       18         19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         27       Net assets with donor restrictions       7,145,708.27       6,1         28       Organizations that follow FASB ASC 958, check here and complete lines 29 through 33.       28       0         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31  |     |  |                           |             | 16,875,107. |                           |
| 19       Deferred revenue       19         20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,77         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,11         27       Net assets with donor restrictions       28       29       29         29       Capital stock or trust principal, or current funds       30       30         31       Retained earnings, endowment, accumulated income, or other funds       31  |     |  | 4,127.                    |             | 9,350.      |                           |
| 20       Tax-exempt bond liabilities       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,6         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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,1         27       Net assets with donor restrictions       28       28       29         0       capital stock or trust principal, or current funds       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31  |     |  |                           |             |             |                           |
| 21       Escrow or custodial account liability. Complete Part IV of Schedule D       10,564,864.21       10,60         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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708.27       6,1         27       Net assets with donor restrictions       7,145,708.27       6,1         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       29         29       Capital stock or trust principal, or current funds       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31   |     |  |                           |             |             |                           |
| 22       Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>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<br>parties, and other liabilities not included on lines 17·24). Complete Part X<br>of Schedule D       0. 25         26       Total liabilities. Add lines 17 through 25       10,568,9911. 26       10,7         0       0. 25       10,708. 27       6,1         28       Organizations that follow FASB ASC 958, check here<br>and complete lines 27, 28, 32, and 33.       7,145,708. 27       6,1         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31  |     |  |                           | 10 564 964  |             | 10 669 006                |
| trustee, key employee, creator or founder, substantial contributor, or 35%       22         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       0. 25         26       Total liabilities. Add lines 17 through 25       10,568,991. 26       10,7         Organizations that follow FASB ASC 958, check here X       31       30         27       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here 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       31   |     |  |                           | 10,564,864. | 21          | 10,668,006.               |
| 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       0. 25         26       Total liabilities. Add lines 17 through 25       10,568,991. 26       10,7         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708. 27       6,1         27       Net assets with donor restrictions       28       28         0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31   | 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       0. 25         26       Total liabilities. Add lines 17 through 25       10,568,991. 26       10,7         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       7,145,708. 27       6,1         27       Net assets with donor restrictions       28       28         0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31   | 2   |  |                           |             | 00          |                           |
| 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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       27       Net assets without donor restrictions       7,145,708.27       6,1         28       Net assets with donor restrictions       28       28       0       28         0 rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30       31       31  |     |  |                           |             |             |                           |
| 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       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.       27       10,145,708.27       6,1         28       Organizations that do not restrictions       28       28       28         Organizations that do not follow FASB ASC 958, check here 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  |     |  |                           |             |             |                           |
| parties, and other liabilities not included on lines 17-24). Complete Part X       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26         26       Total liabilities. Add lines 17 through 25       10,568,991.26         Organizations that follow FASB ASC 958, check here       X         and complete lines 27, 28, 32, and 33.       7,145,708.27         27       Net assets without donor restrictions       7,145,708.27         28       Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         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  |     |  |                           |             | 24          |                           |
| of Schedule D       0.25         26       Total liabilities. Add lines 17 through 25       10,568,991.26         Organizations that follow FASB ASC 958, check here       X         and complete lines 27, 28, 32, and 33.       7,145,708.27         27       Net assets without donor restrictions       7,145,708.27         28       Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31  | 25  |  |                           |             |             |                           |
| 26       Total liabilities. Add lines 17 through 25       10,568,991.26       10,7         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       27       Net assets without donor restrictions       7,145,708.27       6,1         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28       28         29       Capital stock or trust principal, or current funds       29       29         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Retained earnings, endowment, accumulated income, or other funds       31  |     |  |                           | 0.          | 25          | 33,607.                   |
| Source       Organizations that follow FASB ASC 958, check here       X       A         and complete lines 27, 28, 32, and 33.       7,145,708.27       6,1         27       Net assets without donor restrictions       7,145,708.27       6,1         28       Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       28         Organizations that do not follow FASB ASC 958, check here       29         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   | 26  |  |                           |             |             | 10,710,963.               |
| and complete lines 27, 28, 32, and 33.       7,145,708. 27       6,1         27       Net assets without donor restrictions       7,145,708. 27       6,1         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28         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   |     |  |                           | 10700079911 | 20          | 107/1075051               |
| 27       Net assets without donor restrictions       7,145,708.27       6,1         28       Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       28         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       7,145,708.32       6,1   | ž   | -  |                           |             |             |                           |
| 28       Net assets with donor restrictions       28         Organizations that do not follow FASB ASC 958, check here       28         and complete lines 29 through 33.       29         29       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       7,145,708.32   | 27  |  | 7,145,708.                | 27          | 6,164,144.  |                           |
| Organizations that do not follow FASB ASC 958, check here<br>and complete lines 29 through 33.2929Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances7,145,708.32  | 28  |  |                           |             |             |                           |
| and complete lines 29 through 33.29Capital stock or trust principal, or current funds303031Retained earnings, endowment, accumulated income, or other funds32337,145,708.326,1   | \$  |  |                           |             |             |                           |
| O<br>O<br>Store2929292930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances7,145,708.32336,1  | -   | -  | · <u> </u>                |             |             |                           |
| 30Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances7,145,708.32  | 29  |  |                           | 29          |             |                           |
| %<br>Total net assets or fund balances31317,145,708.32326,1  | 30  |  |                           |             |             |                           |
| 32         Total net assets or fund balances         7,145,708.32         6,1  | 31  |  |                           |             | 31          |                           |
|  | 32  |  | 7,145,708.                | 32          | 6,164,144.  |                           |

12

Total liabilities and net assets/fund balances

Form 990 (2022)

16,875,107.

33

17,714,699.

#### For Part X Balance Sheet

| CASTERN ( | CAROLINA | COMMUNITY | FOUNDATION |  |
|-----------|----------|-----------|------------|--|
|-----------|----------|-----------|------------|--|

| Form | 990 (2022) EASTERN CAROLINA COMMUNITY FOUNDATION   | 20-465      | <u>4550</u>       | Pag         | <sub>ae</sub> 12 |
|------|--|-------------|-------------------|-------------|------------------|
| Pa   | rt XI Reconciliation of Net Assets   |             |                   |             |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |             |                   |             |                  |
|      |  |             |                   |             |                  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1           |                   | <u>3,3'</u> |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2           |                   | 7,9         |                  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3           |                   |             | 80.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  |             | 7,14              |             |                  |
| 5    | Net unrealized gains (losses) on investments   |             | 1,12              | b,94        | 44.              |
| 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           |                   |             | 0.               |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,   |             | c 1 c             | 1 1         |                  |
| Da   | column (B))  | 10          | 6,16              | 4,⊥'        | 44.              |
| га   | rt XII Financial Statements and Reporting  |             |                   |             | X                |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |             |                   | Yes         | No               |
|      |  |             |                   | Tes         | NO               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other   |             |                   |             |                  |
| •    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul  |             |                   |             | v                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |             | 2a                |             | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed  | i on a      |                   |             |                  |
|      | separate basis, consolidated basis, or both:   |             |                   |             |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |             |                   | v           |                  |
| b    | Were the organization's financial statements audited by an independent accountant?   |             | 2b                | X           |                  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat  | e dasis,    |                   |             |                  |
|      | consolidated basis, or both:<br>X Separate basis Consolidated basis Both consolidated and separate basis   |             |                   |             |                  |
|      |  | a. a al ! b |                   |             |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |             | 0-                | х           |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?   |             | 2c                | ~           |                  |
| 0.5  | If the organization changed either its oversight process or selection process during the tax year, explain on Scl  | iequie O.   |                   |             |                  |
| Ja   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the  |             | 0-                |             | v                |
| Ŀ    | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |             | <u>3a</u>         |             | X                |
| α    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required and describe any stops taken to undergo such audits. |             | 0                 |             |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |             | <b>3b</b><br>Form | aan         | 2000             |
|      |  |             | FOUL              | JJU ()      | 2022)            |

| SC       | HED     | ULE A            |                         |                         |   |                        |                      |                 |               | OMB No. 1545-0047          |
|----------|---------|------------------|-------------------------|-------------------------|---|------------------------|----------------------|-----------------|---------------|----------------------------|
|          | rm 99   |                  |                         |                         | rity Status an                                    |                        |                      |                 |               | つつつつ                       |
| <b>(</b> |         | -,               | Co                      |                         | nization is a section 50 <sup>-</sup>             |                        |                      | or a section    |               | <b>ZUZZ</b>                |
| Depar    | tment o | f the Treasury   |                         |                         | 47(a)(1) nonexempt cha<br>ttach to Form 990 or Fo |                        |                      |                 |               | Open to Public             |
|          |         | ue Service       |                         |                         | Form990 for instruction                           |                        |                      | ormation.       |               | Inspection                 |
| Nam      | e of t  | he organizati    |                         |                         |   |                        |                      |                 | Employer      | identification number      |
|          |         |                  | EAST                    | ERN CAROLI              | NA COMMUNITY                                      | FOUN                   | DATIO                | N               | 2             | 0-4654550                  |
| Pa       | rt I    | Reason           |                         |                         | (All organizations must o                         |                        |                      |                 |               |                            |
| The      | organ   | ization is not a | private found           | lation because it is: ( | (For lines 1 through 12, c                        | heck only              | one box.)            |                 |               |                            |
| 1        |         | A church, cor    | vention of ch           | urches, or associatio   | on of churches described                          | d in sectio            | on 170(b)(1          | )(A)(i).        |               |                            |
| 2        |         | A school des     | cribed in <b>sect</b>   | ion 170(b)(1)(A)(ii). ( | Attach Schedule E (Forn                           | n 990).)               |                      |                 |               |                            |
| 3        |         |                  |                         |                         | anization described in <b>s</b> e                 |                        | )(b)(1)(A)(ii        | i).             |               |                            |
| 4        |         | A medical res    | earch organiz           | ation operated in co    | njunction with a hospita                          | described              | d in <b>sectio</b> i | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,       |
|          |         | city, and state  | e:                      |                         |   |                        |                      |                 |               |                            |
| 5        |         | An organizati    | on operated fo          | or the benefit of a co  | llege or university owned                         | d or opera             | ted by a go          | overnmental u   | unit describ  | ed in                      |
|          |         | section 170      | <b>b)(1)(A)(iv).</b> (C | Complete Part II.)      |   |                        |                      |                 |               |                            |
| 6        |         | A federal, sta   | te, or local go         | vernment or governr     | nental unit described in                          | section 17             | 70(b)(1)(A)          | v).             |               |                            |
| 7        | X       | An organizati    | on that norma           | Illy receives a substa  | intial part of its support f                      | rom a gov              | ernmental            | unit or from t  | he general    | public described in        |
|          |         | section 170(     | <b>)(1)(A)(vi).</b> (C  | omplete Part II.)       |   |                        |                      |                 |               |                            |
| 8        |         | A community      | trust describe          | ed in section 170(b)    | (1)(A)(vi). (Complete Par                         | t II.)                 |                      |                 |               |                            |
| 9        |         | An agricultura   | al research org         | ganization described    | in section 170(b)(1)(A)(                          | <b>ix)</b> operate     | ed in conju          | nction with a   | land-grant    | college                    |
|          |         | or university of | or a non-land-g         | grant college of agric  | ulture (see instructions).                        | Enter the              | name, city           | , and state o   | f the college | e or                       |
|          |         | university:      |                         |                         |   |                        |                      |                 |               |                            |
| 10       |         | An organizati    | on that norma           | Illy receives (1) more  | than 33 1/3% of its sup                           | port from (            | contributio          | ns, members     | hip fees, ar  | nd gross receipts from     |
|          |         | activities rela- | ted to its exen         | npt functions, subjec   | ct to certain exceptions;                         | and (2) no             | more than            | 33 1/3% of      | its support   | from gross investment      |
|          |         | income and u     | nrelated busir          | ness taxable income     | (less section 511 tax) fr                         | om busine              | sses acqu            | ired by the or  | ganization    | after June 30, 1975.       |
|          |         | See section      | 5 <b>09(a)(2).</b> (Co  | mplete Part III.)       |   |                        |                      |                 |               |                            |
| 11       |         | •                | •                       | -                       | ively to test for public sa                       | •                      |                      |                 |               |                            |
| 12       |         |                  |                         |                         | ively for the benefit of, to                      |                        |                      |                 |               |                            |
|          |         |                  |                         |                         | ed in section 509(a)(1) o                         |                        |                      |                 |               | check the box on           |
|          |         | -                |                         |                         | of supporting organizatio                         |                        |                      |                 |               |                            |
| а        |         |                  |                         | -                       | supervised, or controlled                         | •                      |                      |                 |               |                            |
|          |         |                  | -                       |                         | gularly appoint or elect a                        | a majority (           | of the direc         | ctors or truste | es of the s   | upporting                  |
| _        |         | _ 0              |                         | complete Part IV, Se    |   |                        |                      |                 |               |                            |
| b        |         |                  |                         |                         | d or controlled in connec                         |                        |                      |                 |               |                            |
|          |         |                  |                         |                         | anization vested in the s                         | ame perso              | ons that co          | ntrol or mana   | age the sup   | ported                     |
|          |         | _                |                         | t complete Part IV,     |   |                        |                      |                 |               |                            |
| С        |         |                  | -                       | -                       | g organization operated                           |                        |                      |                 | lly integrate | ed with,                   |
|          |         | _                |                         |                         | 6). You must complete I                           |                        |                      |                 |               |                            |
| d        |         |                  | -                       | • •                     | oorting organization oper                         |                        |                      | • •             | •             |                            |
|          |         |                  |                         |                         | zation generally must sat                         |                        |                      |                 | u an allenii  | veness                     |
| -        |         | -                |                         |                         | nplete Part IV, Sections                          |                        |                      |                 |               |                            |
| е        |         | _                | •                       |                         | written determination fro                         |                        |                      | турет, туре     | n, rype n     |                            |
|          | Fata    | •                | -                       | • ·                     | nally integrated support                          |                        |                      |                 |               |                            |
| f        |         |                  |                         | n about the supporte    | d organization(s)                                 |                        |                      |                 |               |                            |
| <u> </u> |         | i) Name of supp  |                         | (ii) EIN                | (iii) Type of organization                        | (iv) Is the orga       | inization listed     | (v) Amount o    | fmonetary     | (vi) Amount of other       |
|          |         | organization     |                         |                         | (described on lines 1-10                          | in your governi<br>Yes | No                   | support (see i  | nstructions)  | support (see instructions) |
|          |         |                  |                         |                         | above (see instructions))                         |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |
|          |         |                  |                         |                         |   |                        |                      |                 |               |                            |

Total

#### EASTERN CAROLINA COMMUNITY FOUNDATION 20-4654550 Page 2 Schedule A (Form 990) 2022 b)(1)(A)(iv) and 170(b)(1)(A)(vi)

| Part II | Support Schedule for Organizations Described in Sections 170(b                            |
|---------|---|
|         | (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.)

| Sec  | ction A. Public Support                      |                        |                     | 1           | 1               |                 |                  |
|------|--|------------------------|---------------------|-------------|-----------------|-----------------|------------------|
| Cale | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2018        | <b>(b)</b> 2019     | (c) 2020    | (d) 2021        | <b>(e)</b> 2022 | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and            |                        |                     |             |                 |                 |                  |
|      | membership fees received. (Do not            |                        |                     |             |                 |                 |                  |
|      | include any "unusual grants.")               | 614,398.               | 503,907.            | 1,799,032.  | 871,879.        | 694,028.        | 4,483,244.       |
| 2    | Tax revenues levied for the organ-           |                        |                     |             |                 |                 |                  |
|      | ization'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 $\dots$      |                        |                     |             |                 |                 |                  |
| 4    | Total. Add lines 1 through 3                 | 614,398.               | 503,907.            | 1,799,032.  | 871,879.        | 694,028.        | 4,483,244.       |
| 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)                                   |                        |                     |             |                 |                 | 1,276,489.       |
| 6    | Public support. Subtract line 5 from line 4. |                        |                     |             |                 |                 | 3,206,755.       |
| Sec  | ction B. Total Support                       |                        |                     |             |                 |                 |                  |
| Cale | ndar year (or fiscal year beginning in)      | (a) 2018               | <b>(b)</b> 2019     | (c) 2020    | <b>(d)</b> 2021 | (e) 2022        | (f) Total        |
| 7    | Amounts from line 4                          | 614,398.               | 503,907.            | 1,799,032.  | 871,879.        | 694,028.        | 4,483,244.       |
| 8    | Gross income from interest,                  |                        |                     |             |                 |                 |                  |
|      | dividends, payments received on              |                        |                     |             |                 |                 |                  |
|      | securities loans, rents, royalties,          |                        |                     |             |                 |                 |                  |
|      | and income from similar sources              | 80,446.                | 90,713.             | 101,434.    | 59,517.         | 131,821.        | 463,931.         |
| 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.)                 | 25.                    | 50.                 | 7.          | 16,103.         | 26.             | 16,211.          |
| 11   | Total support. Add lines 7 through 10        |                        |                     |             |                 |                 | 4,963,386.       |
| 12   | · · · · · · · · · · · · · · · · · · ·        | . etc. (see instructiv | ons)                |             | L               | 12              | 58,536.          |
| 13   | First 5 years. If the Form 990 is for th     |                        |                     |             |                 |                 |                  |
|      | organization, check this box and stor        |                        |                     |             |                 |                 |                  |
| Sec  | ction C. Computation of Publ                 |                        |                     |             |                 |                 |                  |
| 14   | Public support percentage for 2022 (         | line 6, column (f), c  | livided by line 11, | column (f)) |                 | 14              | 64.61 %          |
| 15   | Public support percentage from 2021          | Schedule A, Part       | II, line 14         |             |                 | 15              | 66.62 %          |
| 16a  | 33 1/3% support test - 2022. If the o        |                        |                     |             |                 |                 | x and            |
|      | stop here. The organization qualifies        | as a publicly supp     | orted organization  | 1           |                 |                 | X                |
| b    | 33 1/3% support test - 2021. If the o        |                        |                     |             |                 |                 |                  |
|      | and stop here. The organization qual         | lifies as a publicly s | supported organiz   | ation       |                 |                 |                  |
| 17a  | 10% -facts-and-circumstances tes             |                        |                     |             |                 |                 |                  |
|      | and if the organization meets the fact       |                        |                     |             |                 |                 |                  |
|      | meets the facts-and-circumstances te         |                        |                     | -           |                 | 5               |                  |
| b    | 10% -facts-and-circumstances tes             |                        |                     |             |                 |                 |                  |
| -    | more, and if the organization meets th       |                        |                     |             |                 |                 |                  |
|      | organization meets the facts-and-circ        |                        |                     |             | •               |                 |                  |
| 18   | Private foundation. If the organization      |                        |                     |             |                 |                 |                  |

Schedule A (Form 990) 2022

|      | qualify under the tests listed b   | elow, please com   | plete Part II.)     |                      |                   |                      |                  |
|------|--|--------------------|---------------------|----------------------|-------------------|----------------------|------------------|
| See  | ction A. Public Support  |                    |                     |                      |                   |                      |                  |
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018    | <b>(b)</b> 2019     | (c) 2020             | (d) 2021          | (e) 2022             | <b>(f)</b> Total |
| 1    | Gifts, grants, contributions, and  |                    |                     |                      |                   |                      |                  |
|      | membership fees received. (Do not  |                    |                     |                      |                   |                      |                  |
|      | include any "unusual grants.")   |                    |                     |                      |                   |                      |                  |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                    |                     |                      |                   |                      |                  |
| 3    | Gross receipts from activities that  |                    |                     |                      |                   |                      |                  |
|      | are not an unrelated trade or bus-   |                    |                     |                      |                   |                      |                  |
|      | iness under section 513  |                    |                     |                      |                   |                      |                  |
| 4    | Tax revenues levied for the organ-   |                    |                     |                      |                   |                      |                  |
|      | ization'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   |                    |                     |                      |                   |                      |                  |
|      | Amounts included on lines 1, 2, and  |                    |                     |                      |                   |                      |                  |
|      | 3 received from disqualified persons   |                    |                     |                      |                   |                      |                  |
| t    | Amounts included on lines 2 and 3 received   |                    |                     |                      |                   |                      |                  |
|      | from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                    |                     |                      |                   |                      |                  |
| c    | Add lines 7a and 7b  |                    |                     |                      |                   |                      |                  |
|      | Public support. (Subtract line 7c from line 6.)  |                    |                     |                      |                   |                      |                  |
|      | ction B. Total Support   |                    | •                   |                      |                   |                      |                  |
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018    | <b>(b)</b> 2019     | (c) 2020             | (d) 2021          | (e) 2022             | (f) Total        |
|      | Amounts from line 6  |                    |                     |                      |                   |                      |                  |
|      | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>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<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                    |                     |                      |                   |                      |                  |
| 12   | Other income. Do not include gain or loss from the sale of capital   |                    |                     |                      |                   |                      |                  |
| 13   | assets (Explain in Part VI.)<br>Total support. (Add lines 9, 10c, 11, and 12.)   |                    |                     |                      |                   |                      |                  |
|      | First 5 years. If the Form 990 is for th   | e organization's f | irst, second, third | fourth. or fifth tax | vear as a section | 501(c)(3) organizati | ion.             |
|      | check this box and <b>stop here</b>  | -                  |                     |                      | -                 |                      |                  |
| Se   | ction C. Computation of Publ   |                    |                     |                      |                   |                      |                  |
| -    | Public support percentage for 2022 (   |                    | -                   | column (f))          |                   | 15                   | %                |
| 16   | Public support percentage from 2021  |                    |                     |                      |                   | 16                   | %                |
|      | ction D. Computation of Invest   |                    |                     |                      |                   |                      | ,,,              |
| -    | Investment income percentage for 20  |                    |                     |                      |                   | 17                   | %                |
| 18   | Investment income percentage from ;  |                    |                     |                      |                   | 18                   | %                |
|      | 33 1/3% support tests - 2022. If the   |                    |                     |                      |                   | k                    |                  |
| 100  | more than 33 1/3%, check this box a  |                    |                     |                      |                   |                      |                  |
| ŀ    | 33 1/3% support tests - 2021. If the   | -                  |                     |                      |                   |                      |                  |
| L    | line 18 is not more than 33 1/3%, che  | -                  |                     |                      |                   |                      |                  |
|      |  |                    |                     |                      |                   | structions           |                  |

EASTERN CAROLINA COMMUNITY FOUNDATION

(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

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

232023 12-09-22

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 EASTERN CAROLINA COMMUNITY FOUNDATION 20-4654550 Page 4

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," *explain in* **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* **Part VI.**
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

No Yes 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

10b Schedule A (Form 990) 2022

10a

#### Schedule A (Form 990) 2022 EASTERN CAROLINA COMMUNITY FOUNDATION 20-4654550 Page 5 Part IV Supporting Organizations (continued)

|    |  |     | Yes | No |
|----|--|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?                            |     |     |    |
| а  | 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 |     |    |
| с  | 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 |     | 1  |

#### Section B. Type I Supporting Organizations

| <ul> <li>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 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.</li> </ul> |     |   |   | Yes | No       |
|---|-----|---|---|-----|----------|
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,   | 1   | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> |   |     |          |
| 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,  |     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1 |     | <u> </u> |
| Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | 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  |   |     |          |
| supervised, or controlled the supporting organization.  |     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |   |     |          |
|   |     | supervised, or controlled the supporting organization.  | 2 |     | 1        |
| Section C. Type II Supporting Organizations   | Sec | tion C. Type II Supporting Organizations  |   |     |          |

|   |  |   | res |
|---|--|---|-----|
| 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           |   |     | 1  |
|   | supported organizations played in this regard.   | 3 |     |    |

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

a \_\_\_\_\_ The organization satisfied the Activities Test. *Complete* **line 2** *below.* 

**b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. Complete line 3 below.

c \_\_\_\_ 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.*
- 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.
- **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.**
- **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.*

Yes No 2a 2b 3a 3b

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Schedule A (Form 990) 2022

| 1      | Check here if the organization satisfied the Integral Part Test as a qualify<br>All other Type III non-functionally integrated supporting organizations mu | -              |                           | Part VI). See instructio       |
|--------|--|----------------|---------------------------|--------------------------------|
| Sectio | n A - Adjusted Net Income  |                | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1      | Net short-term capital gain  | 1              |                           |                                |
|        | Recoveries of prior-year distributions   | 2              |                           |                                |
|        | Other gross income (see instructions)  | 3              |                           |                                |
|        | Add lines 1 through 3.   | 4              |                           |                                |
|        | Depreciation and depletion   | 5              |                           |                                |
|        | 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              |                           |                                |
|        | Other expenses (see instructions)  | 7              |                           |                                |
| 8      | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   | 8              |                           |                                |
| Sectio | n B - Minimum Asset Amount   |                | (A) Prior Year            | (B) Current Year<br>(optional) |
| 1      | Aggregate fair market value of all non-exempt-use assets (see  |                |                           |                                |
| i      | nstructions for short tax year or assets held for part of year):   |                |                           |                                |
| а      | Average monthly value of securities  | 1a             |                           |                                |
| b /    | Average monthly cash balances  | 1b             |                           |                                |
| С      | Fair market value of other non-exempt-use assets   | 1c             |                           |                                |
| ď      | Total (add lines 1a, 1b, and 1c)   | 1d             |                           |                                |
| е      | Discount claimed for blockage or other factors   |                |                           |                                |
|        | explain in detail in Part VI):   |                |                           |                                |
| 2      | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                           |                                |
| 3      | Subtract line 2 from line 1d.  | 3              |                           |                                |
| 4      | Cash deemed held for exempt use. Enter 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              |                           |                                |
|        | Recoveries of prior-year distributions   | 7              |                           |                                |
| 8      | Minimum Asset Amount (add line 7 to line 6)  | 8              |                           |                                |
| ectio  | n 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              |                           |                                |
|        | ncome 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      | Check here if the current year is the organization's first as a non-function   | allv integrate | d Type III supporting org | anization (see                 |

EASTERN CAROLINA COMMUNITY FOUNDATION

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 EASTERN CAROLINA COMMUNITY FOUNDATION 20-4654550 Page 7

| Par   | t V Type III Non-Functionally Integrated 509                                 | (a)(3) Supporting Org             | anizations (continu           | ued) |                                  |
|-------|--|-----------------------------------|-------------------------------|------|----------------------------------|
| Secti | on D - Distributions   |                                   |                               |      | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe                    |                                   | 1                             |      |                                  |
| 2     | Amounts paid to perform activity that directly furthers exempt               |                                   |                               |      |                                  |
|       | organizations, in excess of income from activity                             |                                   | 2                             |      |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | าร                                | 3                             |      |                                  |
| 4     | Amounts paid to acquire exempt-use assets                                    |                                   |                               | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in <b>Part VI</b> ) |                               | 5    |                                  |
| 6     | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                                   |                               | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                                   |                               | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which the              | he organization is responsive     | е                             |      |                                  |
|       | (provide details in <b>Part VI</b> ). See instructions.                      | C I                               |                               | 8    |                                  |
| 9     | Distributable amount for 2022 from Section C, line 6                         |                                   |                               | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                                       |                                   |                               | 10   |                                  |
|       |  | (i)                               | (ii)                          |      | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)                           | Excess Distributions              | Underdistribution<br>Pre-2022 | าร   | Distributable<br>Amount for 2022 |
| 1     | Distributable amount for 2022 from Section C, line 6                         |                                   |                               |      |                                  |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-                 |                                   |                               |      |                                  |
|       | able cause required - explain in Part VI). See instructions.                 |                                   |                               |      |                                  |
| 3     | Excess distributions carryover, if any, to 2022                              |                                   |                               |      |                                  |
| а     | From 2017  |                                   |                               |      |                                  |
| b     | From 2018  |                                   |                               |      |                                  |
| с     | From 2019  |                                   |                               |      |                                  |
| d     | From 2020  |                                   |                               |      |                                  |
| е     | From 2021  |                                   |                               |      |                                  |
| f     | Total of lines 3a through 3e   |                                   |                               |      |                                  |
| q     | Applied to underdistributions of prior years                                 |                                   |                               |      |                                  |
| h     | Applied to 2022 distributable amount   |                                   |                               |      |                                  |
| i     | Carryover from 2017 not applied (see instructions)                           |                                   |                               |      |                                  |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                                   |                               |      |                                  |
| 4     | Distributions for 2022 from Section D,                                       |                                   |                               |      |                                  |
| -     | line 7: \$   |                                   |                               |      |                                  |
| а     | Applied to underdistributions of prior years                                 |                                   |                               |      |                                  |
|       | Applied to 2022 distributable amount   |                                   |                               |      |                                  |
|       | 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                     |                                   |                               |      |                                  |
| 0     | -  |                                   |                               |      |                                  |
|       | and 4b from line 1. For result greater than zero, explain in                 |                                   |                               |      |                                  |
| -     | Part VI. See instructions.   |                                   |                               |      |                                  |
| 7     | Excess distributions carryover to 2023. Add lines 3j                         |                                   |                               |      |                                  |
|       | and 4c.  |                                   |                               |      |                                  |
| 8     | Breakdown of line 7:   |                                   |                               |      |                                  |
| -     | Excess from 2018   |                                   |                               |      |                                  |
|       | Excess from 2019   |                                   |                               |      |                                  |
| -     | Excess from 2020   |                                   |                               |      |                                  |
|       | Excess from 2021   |                                   |                               |      |                                  |
| е     | Excess from 2022   |                                   |                               |      |                                  |

Schedule A (Form 990) 2022

| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 112, Certan II, line 12, Bart II, Jieschon A, Iline X, Sab, Ga, Ba, Bo, Ga, Bu, Ba, Ch, Ta, Ji, Ju, and Ti-C, Part IV, Section R, line and 2, Part V, Section R, line and 3, and Part V. Section R, line and 2, Part V, line 1, Part V, Section R, line and 3, and Part V. Section R, line and 2, Part V, line 1, Part V, Section R, line and 3, and Part V. Section R, line and 3, and Part V. Section R, line and 3, and Part V. Section R, line and 2, Part V, line 1, Part V, Section R, line and 3, and Part V. Section R, line and 3, and 4, and Part V. Section R, line and 3, and 4, and and and 3, and Part V. Section R, line and 3, and 4, and and 4, and 4, and 4, and and 4, and and 4, and 4, and 4, and 4, and and 4, and 4 | Schedule A | (Form 990) 2022   | EAST                     | ERN                  | CAR                   | OLINA                     | COM                    | MUNIT                     | ΥF              | OUNDA                     | TION                          | 20-465                                 | 4550 Page 8                      |
|--|------------|---|--------------------------|----------------------|-----------------------|---------------------------|------------------------|---------------------------|-----------------|---------------------------|-------------------------------|--|----------------------------------|
|  | Part VI    | Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I<br>Section D, lines 5, 6, and 8 | 2, 3b, 3c,<br>ines 2 and | , 4b, 4c<br>d 3; Par | ;, 5a, 6,<br>t IV, Se | 9a, 9b, 9<br>ection E, li | c, 11a, 1<br>nes 1c, : | 1b, and 11<br>2a, 2b, 3a, | lc; Pa<br>and 3 | art IV, Sec<br>3b; Part V | tion B, lines<br>line 1; Parl | s 1 and 2; Part I<br>t V, Section B, I | V, Section C,<br>ine 1e; Part V, |
|  |            | (See instructions.)   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
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|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
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|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  | <u> </u>                         |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |
|  |            |   |                          |                      |                       |                           |                        |                           |                 |                           |                               |  |                                  |

Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name  | Total<br>Contributions | Excess<br>Contributions |
|---|------------------------|-------------------------|
| ANNE B ERVIN  | 101,000.               | 1,732.                  |
| CHRISTINE FISHER  | 115,000.               | 15,732.                 |
| BRIAN FAST  | 151,000.               | 51,732.                 |
| J LORIN MASON JR  | 100,000.               | 732.                    |
| BESSEMER TRUST  | 200,000.               | 100,732.                |
| KINNEY FOUNDATION   | 1,039,529.             | 940,261.                |
| WILL JOHNSON  | 114,104.               | 14,836.                 |
| HARBOR FREIGHT TOOLS FD                                   | 250,000.               | 150,732.                |
|   |                        |                         |
|   |                        |                         |
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|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
| Total Excess Contributions to Schedule A, Part II, Line 5 |                        | 1,276,489.              |

# 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

Department of the Treasury Internal Revenue Service

| Name of the organization | n  | Employer identification numb |
|--------------------------|--|------------------------------|
|                          | EASTERN CAROLINA COMMUNITY FOUNDATION  | 20-4654550                   |
| Organization type (cheo  | ck one):   |                              |
| Filers of:               | Section:   |                              |
| Form 990 or 990-EZ       | $\fbox{X}$ 501(c)( 3 ) (enter number) organization                               |                              |
|                          | 4947(a)(1) nonexempt charitable trust <b>not</b> 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**

- X 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).

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

Name of organization

Employer identification number

20-4654550

# EASTERN CAROLINA COMMUNITY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)      | (b)  | (c)                 | (d)  |
|----------|--|---------------------|--|
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| <u>1</u> | TIM AND CHRISTINE FISHER<br>1918 EFFIES LN<br>FLORENCE, SC 29501                               | \$ <u>50,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 2        | ANONYMOUS FUND<br>154 W EVANS STREET<br>FLORENCE, SC 29503                                     | \$ <u>16,191.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| <u>3</u> | BRIAN FAST<br>904 MOHAWK DRIVE<br>FLORENCE, SC 29501   | \$ <u>60,000.</u>   | Person<br>Payroll<br>Noncash X<br>(Complete Part II for<br>noncash contributions.) |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| <u>4</u> | HARBOR FREIGHT TOOLS FOUNDATION LLC<br>9355 WILSHIRE BLVD SUITE 400<br>BEVERLY HILLS, CA 90210 | \$ <u>150,000.</u>  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 5        | PEE DEE KIWANIS CLUB<br>PO BOX 1725<br>FLORENCE, SC 29503                                      | \$ <u>25,376.</u>   | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.)    |
| (a)      | (b)  | (c)                 | (d)  |
| No.      | Name, address, and ZIP + 4   | Total contributions | Type of contribution   |
| 6        | SUE KILGO<br>PO BOX 583<br>DARLINGTON, SC 29540  | \$ <u>20,689.</u>   | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.)    |

EASTERN CAROLINA COMMUNITY FOUNDATION

223452 11-15-22

Page 2

# 20-4654550

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if    | f additional space is needed. |  |
|------------|---|-------------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 7          | FBI CONSTRUCTION PO BOX 4507 ELODEWOR GG 00500                        | \$75,000.                     | Person X<br>Payroll Noncash (Complete Part II for                                |
| (a)<br>No. | FLORENCE , SC 29502         (b)         Name, address, and ZIP + 4    | (c)<br>Total contributions    | (d)  |
| 8          | JAMES AND SHARON BARRETT<br>270 CUMBERLAND AVE<br>ASHEVILLE, NC 28801 | \$20,000.                     | Person X<br>Payroll<br>Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)             |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                            | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                            | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                            | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Schedule B (Form 990) (2022)

| Tarti                        |  |   |                      |
|------------------------------|--|---|----------------------|
| 3 <u>VTSA</u>                | X SHARES                                     |   |                      |
|                              |  | \$ 60,000.                                      | 11/04/22             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| _                            |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |

# EASTERN CAROLINA COMMUNITY FOUNDATION

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

from

Part I

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

25

Employer identification number

(d)

Date received

20-4654550

(c)

FMV (or estimate)

(See instructions.)

| Schedule                  | B (Form 990) (2022)         |  |                          | Page <b>4</b>                            |  |  |  |  |  |
|---------------------------|-----------------------------|--|--------------------------|--|--|--|--|--|--|
| Name of c                 | organization                |  |                          | Employer identification number           |  |  |  |  |  |
| EASTE                     | RN CAROLINA COMMUNITY       | FOUNDATION   |                          | 20-4654550                               |  |  |  |  |  |
| Part III                  |                             | tions to organizations described in<br>a) through (e) and the following line<br>, charitable, etc., contributions of \$1,000 | entry. For organizations | hat total more than \$1,000 for the year |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift         | (c) Use of gift  | (d) Desc                 | ription of how gift is held              |  |  |  |  |  |
|                           |                             |  |                          |  |  |  |  |  |  |
|                           |                             | (e) Transfer of  | gift                     |  |  |  |  |  |  |
|                           | Transferee's name, address, | and ZIP + 4  | Relationship of tra      | nsferor to transferee                    |  |  |  |  |  |
|                           |                             |  |                          |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift         | (c) Use of gift  | (d) Desc                 | ription of how gift is held              |  |  |  |  |  |
|                           |                             |  |                          |  |  |  |  |  |  |
|                           | (e) Transfer of gift        |  |                          |  |  |  |  |  |  |
|                           | Transferee's name, address, | and ZIP + 4  | Relationship of tra      | nsferor to transferee                    |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift         | (c) Use of gift  | (d) Desc                 | ription of how gift is held              |  |  |  |  |  |
|                           |                             |  |                          |  |  |  |  |  |  |
|                           |                             | (e) Transfer of  | gift                     |  |  |  |  |  |  |
|                           | Transferee's name, address, | and ZIP + 4  | Relationship of tra      | nsferor to transferee                    |  |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift         | (c) Use of gift  | (d) Deso                 | ription of how gift is held              |  |  |  |  |  |
| Part I                    |                             |  |                          |  |  |  |  |  |  |
|                           |                             | (e) Transfer of  | <br>gift                 |  |  |  |  |  |  |
|                           | Transferee's name, address, | and ZIP + 4  | Relationship of tra      | nsferor to transferee                    |  |  |  |  |  |
|                           |                             |  |                          |  |  |  |  |  |  |

|         | HEDULE D<br>n 990)     | Complete if the orga   | al Financial Statements<br>nization answered "Yes" on Form 990,    |             | OMB No. 1545-0047                      |
|---------|------------------------|--|--|-------------|--|
| Depart  | ment of the Treasury   | A  | , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.<br>ttach to Form 990. |             | Open to Public                         |
| Interna | Revenue Service        |  | 0 for instructions and the latest information                      |             | Inspection                             |
| Nam     | e of the organizati    |  |  | Emp         | bloyer identification number           |
| Par     | t I Organiza           |  | OMMUNITY FOUNDATION<br>ed Funds or Other Similar Funds or          |             | <u>20-4654550</u>                      |
| i ui    |                        | n answered "Yes" on Form 990, Part IV, lin   |  | A0000       |  |
|         |                        | · · · · ·  | (a) Donor advised funds  | (b) Fun     | ds and other accounts                  |
| 1       | Total number at e      | nd of year   |  | .,          |  |
| 2       |                        | f contributions to (during year)   |  |             |  |
| 3       |                        | f grants from (during year)  | 500 040  |             |  |
| 4       |                        | t end of year  |  |             |  |
| 5       |                        |  | writing that the assets held in donor advised                      | funds       |  |
|         | are the organizatio    | on's property, subject to the organization's   | exclusive legal control?   |             | X Yes No                               |
| 6       |                        |  | dvisors in writing that grant funds can be use                     |             |  |
|         | for charitable purp    | ooses and not for the benefit of the donor o   | or donor advisor, or for any other purpose con                     | ferring     |  |
|         | impermissible priv     | ate benefit?   |  |             | X Yes No                               |
| Par     | t II Conserv           | ation Easements. Complete if the org   | ganization answered "Yes" on Form 990, Part                        | IV, line 7  |  |
| 1       | Purpose(s) of cons     | servation easements held by the organizati   | ion (check all that apply).  |             |  |
|         | Preservation           | n of land for public use (for example, recrea  | ation or education) Preservation of a hi                           | storically  | important land area                    |
|         | Protection o           | of natural habitat   | Preservation of a co   | ertified hi | storic structure                       |
|         |                        | n of open space  |  |             |  |
| 2       |                        |  | fied conservation contribution in the form of a                    | conserva    |  |
|         | day of the tax yea     |  |  |             | Held at the End of the Tax Year        |
| а       |                        |  |  |             |  |
| b       |                        |  |  |             |  |
| С       |                        |  | ucture included in (a)   | <b>2c</b>   |  |
| d       |                        | vation easements included in (c) acquired  | -  |             |  |
|         |                        |  |  |             |  |
| 3       |                        | vation easements modified, transferred, re   | leased, extinguished, or terminated by the org                     | ganizatior  | n during the tax                       |
|         | year                   |  | compart is located   |             |  |
| 4<br>5  |                        | where property subject to conservation ea<br>tion have a written policy regarding the pe |  |             |  |
| 5       | •                      | forcement of the conservation easements i  |  |             | Yes No                                 |
| 6       | <i>'</i>               |  | handling of violations, and enforcing conserv                      |             |  |
| 0       | Stan and Voluntee      | a nours devoted to monitoring, inspecting,   | nanding of violations, and emotoring conserv                       | ation eas   | sements during the year                |
| 7       | Amount of expens       | ses incurred in monitoring, inspecting, hand   | dling of violations, and enforcing conservation                    | easemer     | nts during the year                    |
| -       |                        |  |  |             | ···· · ······························· |
| 8       | Does each conser       | vation easement reported on line 2(d) abov   | ve satisfy the requirements of section 170(h)(4                    | l)(B)(i)    |  |
|         |                        |  |  |             | Yes No                                 |
| 9       |                        |  | ion easements in its revenue and expense sta                       |             |  |
|         | balance sheet, and     | d include, if applicable, the text of the footr  | note to the organization's financial statements                    | that des    | cribes the                             |
| -       | organization's acc     | ounting for conservation easements.  |  |             |  |
| Par     | t III Organiza         | ations Maintaining Collections o   | f Art, Historical Treasures, or Othe                               | er Simil    | ar Assets.                             |
|         | Complete i             | f the organization answered "Yes" on Form  | 1 990, Part IV, line 8.  |             |  |
| 1a      | If the organization    | elected, as permitted under FASB ASC 95  | 58, not to report in its revenue statement and                     | balance s   | sheet works                            |
|         | of art, historical tre | easures, or other similar assets held for pul  | blic exhibition, education, or research in furthe                  | erance of   | public                                 |
|         | service, provide in    | Part XIII the text of the footnote to its final  | ncial statements that describes these items.                       |             |  |
| b       | If the organization    | elected, as permitted under FASB ASC 95  | 58, to report in its revenue statement and bala                    | ince shee   | et works of                            |
|         | art, historical treas  | sures, or other similar assets held for public   | c exhibition, education, or research in furthera                   | nce of pu   | ublic service,                         |
|         |                        | ing amounts relating to these items:   |  |             |  |
|         | (i) Revenue inclu      | ided on Form 990, Part VIII, line 1  |  |             |  |
|         | .,                     |  |  |             | \$                                     |
| 2       | If the organization    | received or held works of art, historical tre  | asures, or other similar assets for financial ga                   | in, provid  | e                                      |
|         | -                      | unts required to be reported under FASB A  | -  |             |  |
| а       |                        |  |  |             | \$                                     |
|         |                        |  |  |             | \$                                     |
| LHA     | For Paperwork R        | eduction Act Notice, see the Instruction   | s for Form 990.  |             | Schedule D (Form 990) 2022             |

| _     | dule D (Form 990) 2022 EASTERN t III Organizations Maintaining C | CAROLINA               |            |                |                |             | er Simi       |            |                 | ) Page <b>2</b> |
|-------|--|------------------------|------------|----------------|----------------|-------------|---------------|------------|-----------------|-----------------|
| 3     | Using the organization's acquisition, accessi                    |                        |            |                |                |             |               |            | 1               |                 |
| 0     | collection items (check all that apply):                         |                        | 13, 01100  | it any of the  | ionowing the   |             | igrinoari     |            |                 |                 |
| а     | Public exhibition  |                        | 4 <b>—</b> | l oan or exc   | hange progra   | am          |               |            |                 |                 |
| b     | Scholarly research   | e                      |            |                | indrige progr  |             |               |            |                 |                 |
| c     | Preservation for future generations                              | · · · · ·              | ·          |                |                |             |               |            |                 |                 |
| 4     | Provide a description of the organization's c                    | ollections and explai  | in how th  | nev further t  | he organizati  | on's exer   | mot ouro      | ose in Par | + XIII          |                 |
| 5     | During the year, did the organization solicit of                 |                        |            |                |                |             |               |            |                 |                 |
| •     | to be sold to raise funds rather than to be m                    |                        |            |                |                |             |               |            | Yes             | No              |
| Pa    | t IV Escrow and Custodial Arran                                  |                        |            |                |                |             |               |            |                 |                 |
|       | reported an amount on Form 990, Pa                               |                        |            | gui            |                |             |               | -,,        |                 |                 |
| 1a    | Is the organization an agent, trustee, custod                    | ian or other intermed  | diarv for  | contributior   | ns or other as | sets not    | included      |            |                 |                 |
|       | on Form 990, Part X?   |                        |            |                |                |             |               |            | Yes             | X No            |
| b     | If "Yes," explain the arrangement in Part XIII                   |                        |            |                |                |             |               |            |                 |                 |
|       |  |                        | 5          |                |                |             |               |            | Amount          |                 |
| с     | Beginning balance  |                        |            |                |                |             | 1c            |            |                 |                 |
|       | Additions during the year  |                        |            |                |                |             |               |            |                 |                 |
|       | Distributions during the year                                    |                        |            |                |                |             |               |            |                 |                 |
| f     | Ending balance   |                        |            |                |                |             |               |            |                 |                 |
| 2a    | Did the organization include an amount on F                      |                        |            |                |                |             |               | X          | Yes             | No              |
|       | If "Yes," explain the arrangement in Part XIII.                  |                        |            |                |                |             | • • • • • • • |            |                 | X               |
| Par   |  |                        |            |                |                |             |               |            |                 |                 |
|       |  | (a) Current year       | (b) F      | rior year      | (c) Two yea    | rs back     | (d) Three     | years back | (e) Four        | years back      |
| 1a    | Beginning of year balance  |                        |            |                |                |             |               |            |                 |                 |
| b     | Contributions  |                        |            |                |                |             |               |            |                 |                 |
| с     | Net investment earnings, gains, and losses                       |                        |            |                |                |             |               |            |                 |                 |
| d     | Grants or scholarships   |                        |            |                |                |             |               |            |                 |                 |
|       | Other expenditures for facilities                                |                        |            |                |                |             |               |            |                 |                 |
|       | and programs   |                        |            |                |                |             |               |            |                 |                 |
| f     | Administrative expenses  |                        |            |                |                |             |               |            |                 |                 |
| g     | End of year balance  |                        |            |                |                |             |               |            |                 |                 |
| 2     | Provide the estimated percentage of the cur                      |                        | ce (line 1 | g, column (a   | a)) held as:   |             |               |            |                 |                 |
| а     | Board designated or quasi-endowment                              | -                      | %          |                |                |             |               |            |                 |                 |
| b     | Permanent endowment  | %                      |            |                |                |             |               |            |                 |                 |
| с     | Term endowment   | %                      |            |                |                |             |               |            |                 |                 |
|       | The percentages on lines 2a, 2b, and 2c sho                      | uld equal 100%.        |            |                |                |             |               |            |                 |                 |
| 3a    | Are there endowment funds not in the posse                       | ession of the organiz  | ation that | at are held a  | and administe  | ered for th | ne            |            | -               |                 |
|       | organization by:   |                        |            |                |                |             |               |            |                 | Yes No          |
|       | (i) Unrelated organizations                                      |                        |            |                |                |             |               |            | . 3a(i)         |                 |
|       | (ii) Related organizations                                       |                        |            |                |                |             |               |            | . 3a(ii)        |                 |
| b     | If "Yes" on line 3a(ii), are the related organization            | ations listed as requi | red on S   | Schedule R?    |                |             |               |            | . 3b            |                 |
| 4     | Describe in Part XIII the intended uses of the                   |                        | owment     | funds.         |                |             |               |            |                 |                 |
| Pa    | t VI Land, Buildings, and Equipm                                 |                        |            |                |                |             |               |            |                 |                 |
|       | Complete if the organization answere                             | d "Yes" on Form 99     | 0, Part I  | V, line 11a. S | See Form 990   | ), Part X,  | line 10.      |            |                 |                 |
|       | Description of property  | (a) Cost or c          |            |                | t or other     | • • •       | ccumulat      |            | <b>(d)</b> Book | value           |
|       |  | basis (investr         | ment)      | basis          | (other)        | dep         | preciation    | ו          |                 |                 |
| 1a    | Land   |                        |            |                |                |             |               |            |                 |                 |
| b     | Buildings  |                        |            |                |                |             |               |            |                 |                 |
| с     | Leasehold improvements   |                        |            |                |                |             |               |            |                 |                 |
| d     | Equipment  |                        |            |                |                |             |               |            |                 |                 |
| e     | Other  |                        |            | 1              | 0,184.         |             | 6,9           | 98.        |                 | 8 <u>,186.</u>  |
| Total | . Add lines 1a through 1e. (Column (d) must e                    | aual Form 990. Part    | X. colur   | nn (B). line i | 10c.)          |             |               |            | 3               | 3,186.          |

Schedule D (Form 990) 2022

| Schedule D | (Form 990) 2022 | EAS | <u>STERN</u> | CAROLINA | COMMUNITY | FOUNDATION |  |
|------------|-----------------|-----|--------------|----------|-----------|------------|--|
|            |                 |     |              |          |           |            |  |

## Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                |   |

#### Part VIII Investments - Program Related.

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

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| 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)           | OPERATING LEASE LIABILITIES   | 33,607.                               |
| (3)           |   |                                       |
| (4)           |   |                                       |
| (5)           |   |                                       |
| (6)           |   |                                       |
| (7)           |   |                                       |
| (8)           |   |                                       |
| (9)           |   |                                       |
| Total.        | (Column (b) must equal Form 990, Part X, col. (B) line 25.)   |                                       |
| <b>2.</b> Lia | ability 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...

Schedule D (Form 990) 2022

| Pa | rt XI   | Reconciliation of Revenue per Audited Financial Stateme                                | ents W  | ith Revenue per R | eturi | า.          |
|----|---------|--|---------|-------------------|-------|-------------|
|    |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a             |         |                   |       |             |
| 1  | Total r | evenue, gains, and other support per audited financial statements                      |         |                   | 1     | -273,571.   |
| 2  | Amour   | nts included on line 1 but not on Form 990, Part VIII, line 12:                        |         |                   |       |             |
| а  | Net un  | realized gains (losses) on investments   | 2a      | -1,126,944.       |       |             |
| b  | Donate  | ed services and use of facilities  | 2b      |                   |       |             |
| с  | Recov   | eries of prior year grants   | 2c      |                   |       |             |
| d  |         | (Describe in Part XIII.)   |         |                   |       |             |
| е  | Add lir | nes <b>2a</b> through <b>2d</b>  |         |                   | 2e    | -1,126,944. |
| 3  | Subtra  | act line <b>2e</b> from line <b>1</b>  |         |                   | 3     | 853,373.    |
| 4  | Amour   | nts included on Form 990, Part VIII, line 12, but not on line 1:                       |         | 1                 |       |             |
| а  | Invest  | ment expenses not included on Form 990, Part VIII, line 7b                             | . 4a    |                   |       |             |
| b  | Other   | (Describe in Part XIII.)   | 4b      |                   |       |             |
| с  | Add lir | nes <b>4a</b> and <b>4b</b>  |         |                   | 4c    | 0.          |
| 5  |         | evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.) |         |                   | 5     | 853,373.    |
| Pa | rt XII  | Reconciliation of Expenses per Audited Financial Statem                                | ients V | Vith Expenses per | Retu  | ırn.        |
|    |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.            |         |                   | r     |             |
| 1  | Total e | expenses and losses per audited financial statements                                   |         |                   | 1     | 707,993.    |
| 2  | Amour   | nts included on line 1 but not on Form 990, Part IX, line 25:                          |         | I                 |       |             |
| а  | Donate  | ed services and use of facilities  | 2a      |                   |       |             |
| b  | Prior y | ear adjustments  | 2b      |                   |       |             |
| С  | Other   | losses   | 2c      |                   |       |             |
| d  | Other   | (Describe in Part XIII.)   | . 2d    |                   |       |             |
| е  | Add lir | nes <b>2a</b> through <b>2d</b>  |         |                   | 2e    | 0.          |
| 3  | Subtra  | act line <b>2e</b> from line <b>1</b>  |         |                   | 3     | 707,993.    |
| 4  | Amour   | nts included on Form 990, Part IX, line 25, but not on line 1:                         |         | 1                 |       |             |
| а  | Invest  | ment expenses not included on Form 990, Part VIII, line 7b                             | . 4a    |                   |       |             |
| b  | Other   | (Describe in Part XIII.)   | 4b      |                   |       |             |
| С  | Add lir | nes <b>4a</b> and <b>4b</b>  |         |                   | 4c    | 0.          |
| 5  |         | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)             |         |                   | 5     | 707,993.    |
| Do |         | Supplemental Information.  |         |                   |       |             |

EASTERN CAROLINA COMMUNITY FOUNDATION

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:

Schedule D (Form 990) 2022

The Foundation is an agent for designated funds for local churches and

# local 501(c)(3) non-profit organizations.

20-4654550 Page 4

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service                               | Go         | Grants and Oth<br>vernments, ar<br>lete if the organizatio<br>Go to www.irg | nd Individual               | l <b>s in the Ŭni</b><br>on Form 990, Pai<br>990. | ted States<br>rt IV, line 21 or 22.                                   |                                       | OMB No. 1545-0047   |
|--|------------|---|-----------------------------|---|---|---------------------------------------|---|
| Name of the organization   |            |   |                             |   |   |                                       | Employer identification number  |
| EASTERN C  | AROLINA C  | COMMUNITY FO  | DUNDATION                   |   |   |                                       | 20-4654550  |
| Part I General Information on Grants a   |            |   |                             |   |   |                                       |   |
| 1 Does the organization maintain records criteria used to award the grants or assi                               | stance?    |   |                             |   |   |                                       | tion X Yes No   |
| 2 Describe in Part IV the organization's pr  |            |   |                             |   |   |                                       |   |
| Part II Grants and Other Assistance to recipient that received more than   | -          |   |                             |   | anization answered "Y   | 'es" on Form 990, Par                 | t IV, line 21, for any  |
| <b>1 (a)</b> Name and address of organization or government  | (b) EIN    | (c) IRC section<br>(if applicable)  | (d) Amount of<br>cash grant | (e) Amount of<br>noncash<br>assistance            | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance   |
| FIRST PRESBYTERIAN CHURCH<br>700 S PARK AVE<br>FLORENCE, SC 29501  | 57-0314438 | 501(C)(3)   | 21,000.                     | 0.  |   |                                       | MINISTRY  |
| FRANCIS MARION UNIVERSITY<br>4822 E PALMETTO ST<br>FLORENCE, SC 29506  |            | 501(C)(3)   | 8,000.                      | 0.  |   |                                       | STUDENT EDUCATION   |
| FLORENCE COUNTY MUSEUM FOUNDATION<br>111 W CHEVES STREET<br>FLORENCE, SC 29501                                   | 36-4924091 | 501(C)(3)   | 15,000.                     | 0.  |   |                                       | PROVIDE PRESERVATION,<br>INTERPRETATION, &<br>EXHIBITION OF SCIENTIFIC,<br>HISTORIC, & ARTISTIC     |
| HOUSE OF HOPE OF THE PEE DEE<br>1020 W DARLINGTON STREET<br>FLORENCE, SC 29501                                   | 57-0905013 | 501(C)(3)   | 20,200.                     | 0.  |   |                                       | CHRIST CENTERED COMMUNITY<br>PROVIDING HOPE & SERVING<br>THE NEEDS OF THE HOMELESS                  |
| MCLEOD MEDICAL CENTER FOUNDATION<br>300 SOUTH DARGAN STREET<br>FLORENCE, SC 29506                                | 57-0818672 | 501(C)(3)   | 8,000.                      | 0.  |   |                                       | PROVIDE HEALTHCARE<br>SERVICES TO THOSE MOST IN<br>NEED   |
| HELP 4 KIDS FLORENCE<br>252 S DARGAN STREET<br>FLORENCE, SC 29506<br>2 Enter total number of section 501(c)(3) a | 46-2961223 |   | <u>30,000.</u>              | 0.  |   |                                       | PROVIDE BAGS OF FOOD FOR<br>ELEMENTARY SCHOOL<br>CHILDREN WHO DEPEND ON<br>SCHOOL PROVIDED MEALS AS |

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

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) 2022

#### Schedule I (Form 990) EASTERN CAROLINA COMMUNITY FOUNDATION

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

Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                          |   |   |  | PROVIDE FINANCIAL                     |
| LIGHTHOUSE MINISTRIES                              |                |                                  |                          |   |   |  | ASSISTANCE TO LOCAL                   |
| 1416 W EVANS STREET                                |                |                                  |                          |   |   |  | RESIDENCE IN FINANCIAL                |
| FLORENCE, SC 29501                                 | 57-1053570     | 501(C)(3)                        | 16,620.                  | 0.  |   |  | CRISIS                                |
| WOFFORD COLLEGE                                    |                |                                  |                          |   |   |  |                                       |
| 196 WOFFORD CAMPUS DRIVE                           |                |                                  |                          |   |   |  |                                       |
| SPARTANBURG, SC 29303                              | 57-0314422     | 501(C)(3)                        | 11,000.                  | 0.  |   |  | STUDENT EDUCATION                     |
|  | 0, 0011111     |                                  | ,                        | <b>`</b>                                      |   |  | HOUSE CHILDREN WHO HAVE               |
| TRENT HILL CENTER                                  |                |                                  |                          |   |   |  | BEEN REMOVED FROM THEIR               |
| 522 W BOBO NEWSOM HWY                              |                |                                  |                          |   |   |  | HOMES DUE TO ABUSE OR                 |
| HARTSVILLE, SC 29550                               | 47-5630788     | 501(C)(3)                        | 17,040.                  | 0.  |   |  | NEGLECT                               |
| MARISVILLE, SC 29550                               | 47-3030700     | 501(0)(3)                        | 17,040.                  | 0.  |   |  | NEGHECI                               |
| BOYS & GIRLS CLUB OF THE PEE DEE                   |                |                                  |                          |   |   |  | PROVIDE A SAFE PLACE FOR              |
|  |                |                                  |                          |   |   |  |                                       |
| AREA INC - PO BOX 93 - FLORENCE,                   |                | E01 ( g) ( ) )                   | 14 500                   | •   |   |  | BOYS AND GIRLS TO LEARN               |
| <u>SC 29502</u>                                    | 57-6026677     | 501(C)(3)                        | 14,700.                  | 0.  |   |  | AND GROW                              |
|  |                |                                  |                          |   |   |  | PROVIDE A SAFE LIVING                 |
| THE NAOMI PROJECT                                  |                |                                  |                          |   |   |  | ENVIRONMENT FOR VICTIMS               |
| PO BOX 13143                                       |                |                                  |                          |   |   |  | OF ABUSE AND THEIR                    |
| FLORENCE, SC 29504                                 | 36-4611487     | 501(C)(3)                        | 20,000.                  | 0.  |   |  | CHILDREN                              |
|  |                |                                  |                          |   |   |  | PROVIDE SERVICES TO                   |
| KING'S COURT HOMELESS SHELTER                      |                |                                  |                          |   |   |  | HOMELESS AND LOW-INCOME               |
| 1001 N MAIN ST                                     |                |                                  |                          |   |   |  | RESIDENTS OF MARION,                  |
| MULLINS, SC 29574                                  | 46-2552201     | 501(C)(3)                        | 14,250.                  | 0.  |   |  | FLORENCE, DILLON, AND                 |
|  |                |                                  |                          |   |   |  | ASSIST VICTIMS OF SEXUAL              |
| PEE DEE COALITION AGAINST DOMESTIC                 |                |                                  |                          |   |   |  | ASSAULT, FAMILY VIOLENCE              |
| AND SEXUAL ASSAULT - PO BOX 1351 -                 |                |                                  |                          |   |   |  | AND CHILD ABUSE AND                   |
| FLORENCE, SC 29503                                 | 57-0830844     | 501(C)(3)                        | 40,000.                  | 0.  |   |  | STRIVE TO MAKE THE LOCAL              |
|  |                |                                  |                          |   |   |  |                                       |
| THE MANNA HOUSE                                    |                |                                  |                          |   |   |  |                                       |
| PO BOX 13541                                       |                |                                  |                          |   |   |  | COMMUNITY SOUP KITCHEN                |
| FLORENCE, SC 29504                                 | 57-0831385     | 501(C)(3)                        | 29,300.                  | 0.  |   |  | AND FOOD PANTRY                       |
| MARLBORO COUNTY HISTORIC                           |                |                                  |                          |   |   |  | HELP PRESERVE THE HISTORY             |
| PRESERVATION COMMISSION - PO BOX                   |                |                                  |                          |   |   |  | AND TRADITIONS OF                     |
| 656 - BENNETTSVILLE, SC 29512                      | 04-6169254     | 501(C)(3)                        | 7 500.                   | 0.  |   |  | MARLBORO COUNTY SC                    |

Schedule I (Form 990)

#### Schedule I (Form 990) EASTERN CAROLINA COMMUNITY FOUNDATION

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

Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                                 |   |   |  | A CHILDS ADVOCACY CENTER              |
| CARE HOUSE OF THE PEE DEE                          |                |                                  |                                 |   |   |  | THAT IS CHILD FOCUSED TO              |
| 1920 2ND LOOP RD                                   |                |                                  |                                 |   |   |  | CONDUCT INTERVIEWS & MAKE             |
| FLORENCE, SC 29501                                 | 20-3852301     | 501(C)(3)                        | 10,500.                         | 0.  |   |  | TEAM DECISIONS ABOUT                  |
|  |                |                                  |                                 |   |   |  | PROVIDE ASSISTANCE TO                 |
| CHILDRENS CANCER PARTNERS OF THE                   |                |                                  |                                 |   |   |  | FAMILIES THAT HAVE A                  |
| CAROLINAS INC - 900 S PINE STREET,                 |                |                                  |                                 |   |   |  | CHILD WITH CHILDHOOD                  |
| <u>STE F - SPARTANBURG, SC 29302</u>               | 20-2511033     | 501(C)(3)                        | 10,000.                         | 0.  |   |  | CANCER                                |
|  |                |                                  |                                 |   |   |  | PROVIDE YOUTH WITH A SAFE             |
| DRAMATIC COFFEE BEANS INCORPORATED                 |                |                                  |                                 |   |   |  | ENVIRONMENT THAT HELPS                |
| 2530 TROTTER ROAD                                  |                |                                  |                                 |   |   |  | EDUCATE STUDENTS ON                   |
| FLORENCE, SC 29501                                 | 45-3018365     | 501(C)(3)                        | 5,800.                          | 0.  |   |  | SOCIAL DILEMMAS THEY MAY              |
|  |                |                                  |                                 |   |   |  | REHABILITATE ANIMALS AND              |
| FLORENCE AREA HUMANE SOCIETY                       |                |                                  |                                 |   |   |  | PROVIDE APPROPRIATE                   |
| PO BOX 4808  |                |                                  |                                 |   |   |  | MEDICAL CARE AND PLACE                |
| FLORENCE, SC 29502                                 | 57-0573276     | 501(C)(3)                        | 12,200.                         | 0.  |   |  | THEM IN FOREVER LOVING                |
|  |                |                                  |                                 |   |   |  |                                       |
| HARVEST HOPE FOOD BANK                             |                |                                  |                                 |   |   |  |                                       |
| PO BOX 451   |                |                                  |                                 |   |   |  | TO HELP ELIMINATE HUNGER              |
| COLUMBIA, SC 29202                                 | 57-0725560     | 501(C)(3)                        | 15,000.                         | 0.  |   |  | TO THE LESS FORTUNATE                 |
|  |                |                                  | ,                               | •   |   |  |                                       |
| HELPING FLORENCE FLOURISH                          |                |                                  |                                 |   |   |  | ADDRESS THE BROKENNESS OF             |
| 1412 WISTERIA DRIVE                                |                |                                  |                                 |   |   |  | OUR COMMUNITY FOR THE                 |
| FLORENCE SC 29501                                  | 81-4108899     | 501(C)(3)                        | 5 300.                          | 0.  |   |  | SAKE OF GOD'S MISSION                 |
| <u></u>  |                |                                  |                                 | ••  |   |  | REHABILITATE ANIMALS AND              |
| HUMANE SOCIETY OF MARLBORO COUNTY                  |                |                                  |                                 |   |   |  | PROVIDE APPROPRIATE                   |
| INC - PO BOX 1351 - BENNETSVILLE                   |                |                                  |                                 |   |   |  | MEDICAL CARE AND PLACE                |
| SC 29512   | 58-2360360     | 501(C)(3)                        | 7,000.                          | 0.  |   |  | THEM IN FOREVER LOVING                |
|  | 30 2300300     | 501(0/(5/                        | 7,000.                          | 0.  |   |  | INEM IN FOREVER DOVING                |
| MARANATHA MISSIONS INC                             |                |                                  |                                 |   |   |  |                                       |
| PO BOX 639   |                |                                  |                                 |   |   |  | LOCAL FOOD BANK TO HELP               |
|  | 57 0691400     | 501(C)(3)                        | 0 050                           | 0.  |   |  |                                       |
| CHERAW, SC 29520                                   | 57-0681422     | DOT(C)(3)                        | 8,950.                          | υ.  |   |  | THE LESS FORTUNATE                    |
| NADI DODO GOUNEY LONG EDN DECOURTY                 |                |                                  |                                 |   |   |  | TO DISTRIBUTE TO THOSE IN             |
| MARLBORO COUNTY LONG TERM RECOVERY                 |                |                                  |                                 |   |   |  | NEED AS A RESULT OF                   |
| GROUP - PO BOX 841 - BENNETSVILLE,                 |                |                                  |                                 | -   |   |  | HURRICANE OR OTHER LOCAL              |
| <u>SC 29512</u>                                    | 83-2354177     | DU1(C)(3)                        | 24,003.                         | 0.  | 1   |  | DISASTERS                             |

Schedule I (Form 990)

### Schedule I (Form 990) EASTERN CAROLINA COMMUNITY FOUNDATION

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>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance              |
|---|----------------|----------------------------------|--------------------------|---|---|--|--|
| MARLBORO SCHOOL COMMUNITY CENTER                                |                |                                  |                          |   |   |  | COMMUNITY BASED CENTER<br>FOCUSED ON PRESERVING TH |
| INC - 612 KING STREET -   |                |                                  |                          |   |   |  |  |
|   | 47-2221068     | E01(0)(2)                        | 9,950.                   | 0   |   |  | HERITAGE OF OLD MARLBORO<br>SCHOOL                 |
| SENNETSVILLE, SC 29512  | 4/-2221068     | 501(C)(3)                        | 9,950.                   | 0.  |   |  | SCHOOL   |
| ROBERT S & VIVIAN I JOHNSON<br>FOUNDATION - PO BOX 476 - LATTA, |                |                                  |                          |   |   |  |  |
| SC 29565  | 20-5840683     | 501(C)(3)                        | 10,000.                  | 0.  |   |  | COMMUNITY SERVICE                                  |
|   |                |                                  |                          |   |   |  |  |
|   |                |                                  |                          |   |   |  |  |
|   |                |                                  |                          |   |   |  |  |
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|   |                |                                  |                          |   |   |  |  |
|   |                |                                  |                          |   |   |  |  |
|   |                |                                  |                          |   |   |  |  |

Schedule I (Form 990)

#### EASTERN CAROLINA COMMUNITY FOUNDATION

20-4654550

Page **2** 

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  | <b>(c)</b> Amount of cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |  |  |  |  |
|---|---|---------------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
|   |   |                                 |                                       |   |                                       |  |  |  |  |
|   |   |                                 |                                       |   |                                       |  |  |  |  |
|   |   |                                 |                                       |   |                                       |  |  |  |  |
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|   |   |                                 |                                       |   |                                       |  |  |  |  |
|   |   |                                 |                                       |   |                                       |  |  |  |  |
|   |   |                                 |                                       |   |                                       |  |  |  |  |
| Part IV Supplemental Information. Provide the information req | rt 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:

GRANT REQUESTS FROM UNRESTRICTED FUNDS ARE REVIEWED BY THE EXECUTIVE

COMMITTEE AND APPROVED BY THE FULL BOARD BASED ON THE AVAILABILITY OF FUNDS

AND PER THE FOUNDATION'S POLICIES. THE FOUNDATION'S POLICIES STATE THAT ALL

GRANTS ARE USED EXCLUSIVELY IN FURTHERANCE OF CHARITABLE PURPOSES THAT

BENEFIT THE COMMUNITY AND ARE AWARDED TO QUALIFIED ORGANIZATIONS.

### GRANTS FROM DONOR ADVISED FUNDS MUST BE IN COMPLIANCE WITH THE FOUNDATION'S

POLICIES AS WELL. ADVISORS HAVE THE AUTHORITY TO MAKE NON-BINDING

 Schedule I (Form 990)
 EASTERN CAROLINA COMMUNITY FOUNDATION
 20-4654550 Page 2

 Part IV
 Supplemental Information

 RECOMMENDATIONS TO THE FOUNDATION IN WRITING REGARDING DISBURSEMENTS FROM

 THE FUND.
 SHOULD NO ADVISOR PROVIDE ANNUAL RECOMMENDATIONS OVER A

 THIRTY-SIX MONTH PERIOD, THE FUND WILL CEASE TO BE A DONOR ADVISED FUND AND

 THE FOUNDATION'S BOARD OF TRUSTEES WILL ASSUME THE GRANTMAKING DECISIONS

 WITH NO ADVISOR INPUT.

Part II, line 1, Column (h):

Name of Organization or Government: BREAD OF LIFE FOOD PANTRY

(h) Purpose of Grant or Assistance: FEED THE HUNGRY AND HOMELESS

FEED THE HUNGRY AND HOMELESS

Name of Organization or Government: FLORENCE COUNTY MUSEUM FOUNDATION

(h) Purpose of Grant or Assistance: PROVIDE PRESERVATION,

INTERPRETATION, & EXHIBITION OF SCIENTIFIC, HISTORIC, & ARTISTIC

SIGNIFICANCE

Name of Organization or Government: HELP 4 KIDS FLORENCE

(h) Purpose of Grant or Assistance: PROVIDE BAGS OF FOOD FOR ELEMENTARY

SCHOOL CHILDREN WHO DEPEND ON SCHOOL PROVIDED MEALS AS PRIMARY SOURCE OF NOURISHMENT

Name of Organization or Government: MERCY MEDICINE FREE CLINIC

(h) Purpose of Grant or Assistance: MAINTAIN FREE MEDICAL & DENTAL

ASSISTANCE TO LOW INCOME, UNINSURED ADULTS WITHOUT HEALTHCARE BENEFITS

Name of Organization or Government: KING'S COURT HOMELESS SHELTER

(h) Purpose of Grant or Assistance: PROVIDE SERVICES TO HOMELESS AND

LOW-INCOME RESIDENTS OF MARION, FLORENCE, DILLON, AND HORRY COUNTIES

232291 04-01-22 Name of Organization or Government:

PEE DEE COALITION AGAINST DOMESTIC AND SEXUAL ASSAULT

(h) Purpose of Grant or Assistance: ASSIST VICTIMS OF SEXUAL ASSAULT,

FAMILY VIOLENCE, AND CHILD ABUSE AND STRIVE TO MAKE THE LOCAL AREA SAFER

Name of Organization or Government:

FREE MEDICAL CLINIC OF DARLINGTON COUNTY

(h) Purpose of Grant or Assistance: PROVIDE QUALITY HEALTHCARE AT NO

COST TO RESIDENTS OF DARLINGTON COUNTY SC WHO HAVE NO HEALTH INSURANCE

AND CANNOT PAY.

Name of Organization or Government: CARE HOUSE OF THE PEE DEE

(h) Purpose of Grant or Assistance: A CHILDS ADVOCACY CENTER THAT IS

CHILD FOCUSED TO CONDUCT INTERVIEWS & MAKE TEAM DECISIONS ABOUT

INVESTIGATION, MANAGEMENT, TREATMENT, AND PROSECUTION OF CHILD ABUSE

CASES

Name of Organization or Government: DRAMATIC COFFEE BEANS INCORPORATED

(h) Purpose of Grant or Assistance: PROVIDE YOUTH WITH A SAFE

ENVIRONMENT THAT HELPS EDUCATE STUDENTS ON SOCIAL DILEMMAS THEY MAY FACE

IN TODAY'S SOCIETY

Name of Organization or Government: FLORENCE AREA HUMANE SOCIETY

(h) Purpose of Grant or Assistance: REHABILITATE ANIMALS AND PROVIDE

APPROPRIATE MEDICAL CARE AND PLACE THEM IN FOREVER LOVING HOMES

Name of Organization or Government: HUMANE SOCIETY OF MARLBORO COUNTY INC Schedule I (Form 990)

| Schedule<br>Part IV | I (Form 990) | ment | E<br>al Inforr | EASTE<br>nation | RN C | AROLIN | NA COM | MUNI  | TY FO | UNDATIC | <u>DN</u> | 20-46545 | 50 Page 2 |
|---------------------|--------------|------|----------------|-----------------|------|--------|--------|-------|-------|---------|-----------|----------|-----------|
| <u>(h) P</u>        | urpose       | of   | Grant          | c or            | Assi | stance | e: REH | IABIL | ITATE | ANIMAI  | S AND     | PROVIDE  |           |
| <u>APPRO</u>        | PRIATE       | ME   | DICAL          | CARE            | AND  | PLACE  | E THEM | IIN   | FOREV | ER LOVI | NG HO     | MES      |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
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|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
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|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |
|                     |              |      |                |                 |      |        |        |       |       |         |           |          |           |

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

| Complete if the organizations answered "Yes | s" on Form 990, Part IV, lines 29 or | r 30. |
|---|--------------------------------------|-------|
|   |                                      |       |

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

## EASTERN CAROLINA COMMUNITY FOUNDATION

Employer identification number 20-4654550

| Pa  | rt I Types of Property  |                                      |  |   |  |         |        |      |  |
|-----|---|--------------------------------------|--|---|--|---------|--------|------|--|
|     |   | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of de<br>noncash contribu |         |        | s    |  |
| 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  | Х                                    | 2  | 60,000.   | STOCK QUOTE                                    |         |        |      |  |
| 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 organi   | zation durin                         | g the tax year for o   | contributions   |  |         |        |      |  |
|     | for which the organization completed Form 82  | 83, Part V, I                        | Donee Acknowledg   | gement  |  |         |        |      |  |
|     |   |                                      |  |   |  |         | Yes    | No   |  |
| 30a | During the year, did the organization receive b   | y contributio                        | on any property rej  | ported in Part I, lines 1 throug  | gh 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   | 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 | a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash   |                                      |  |   |  |         |        |      |  |
|     | contributions? 32a X  |                                      |  |   |  |         |        |      |  |
| b   | p If "Yes," describe in Part II.  |                                      |  |   |  |         |        |      |  |
| 33  | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, |                                      |  |   |  |         |        |      |  |
|     | describe in Part II.  |                                      |  |   |  |         |        |      |  |
| LHA | For Paperwork Reduction Act Notice, see   | the Instruc                          | tions for Form 99  | 0.  | Schedule N                                     | / (Forn | n 990) | 2022 |  |

| Schedule M |   |                    |                   |   | FOUNDATION  | 20-4654550  | Page <b>2</b>   |
|------------|---|--------------------|-------------------|---|---|---|-----------------|
| Part II    | <b>Supplemental</b><br>is reporting in Part<br>this part for any ac | I. column (b), the | e number of conti | rmation required by<br>ributions, the numbe | Part I, lines 30b, 32b, a<br>er of items received, or | and 33, and whether the organiza<br>a combination of both. Also com | ation<br>Iplete |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |
|            |   |                    |                   |   |   |   |                 |

| SCHE  | DULE O |
|-------|--------|
| (Form | 990)   |

## 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.

Department of the Treasury Internal Revenue Service Name of the organization

EASTERN CAROLINA COMMUNITY FOUNDATION

Employer identification number 20-4654550

OMB No. 1545-0047

**Open to Public** 

Inspection

Form 990, Part VI, Section B, line 11b:

THE 990 IS REVIEWED AND APPROVED BY THE MEMBERS OF THE EXECUTIVE BOARD OF

DIRECTORS PRIOR TO ISSUANCE.

Form 990, Part VI, Section B, Line 15:

EMPLOYEE COMPENSATION FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS MADE

BY THE EXECUTIVE

COMMITTEE WITH RECOMMENDATIONS BY THE EXECUTIVE DIRECTOR (FOR STAFF) BASED

UPON THE AVAILABIITY OF FUNDS AND THE SALARY RANGE OF OTHER SIMILAR

PROGRAMS IN THE STATE WHICH HAVE A COMPARABLE SCOPE OF SERVICES.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:

The controllership and bookkeeping functions remained the same as prior

year. Monthly compiled financial statements and bookkeeping were

reviewed by the Board on a regular basis. The Board decided to request

an audit for 2022.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

### 2022 DEPRECIATION AND AMORTIZATION REPORT

| Form 9       | 90 Page 10                                  | -                |        |      |         |             |                             | 990              |                        |                            |                           |  |                               |                           |                                       |
|--------------|---|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                 | Date<br>Acquired | Method | Life | C o n v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | Furniture & Fixtures                        |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | SIGN  | 08/16/12         | SL     | 7.00 | -       | 16          | 561.                        |                  |                        |                            | 561.                      | 561.                                     |                               | 0.                        | 561.                                  |
|              | * 990 Page 10 Total<br>Furniture & Fixtures |                  |        |      |         |             | 561.                        |                  |                        |                            | 561.                      | 561.                                     |                               | 0.                        | 561.                                  |
|              | Other                                       |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 2            | LEASEHOLD<br>IMPROVEMENTS/HILLSOUTH         | 02/17/12         | SL     | 7.00 | -       | 16          | 3,011.                      |                  |                        |                            | 3,011.                    | 3,011.                                   |                               | 0.                        | 3,011.                                |
| 3            | IMAC COMPUTER                               | 02/15/14         | SL     | 5.00 | -       | 16          | 1,800.                      |                  |                        |                            | 1,800.                    | 1,800.                                   |                               | 0.                        | 1,800.                                |
| 4            | PRINTER                                     | 02/15/14         | SL     | 5.00 | -       | 16          | 150.                        |                  |                        |                            | 150.                      | 150.                                     |                               | 0.                        | 150.                                  |
| 5            | PHONE SYSTEM                                | 09/24/20         | SL     | 7.00 | -       | 16          | 2,751.                      |                  |                        |                            | 2,751.                    | 491.                                     |                               | 393.                      | 884.                                  |
| 6            | OFFICE FURNITURE                            | 10/31/20         | SL     | 7.00 | -       | 16          | 1,911.                      |                  |                        |                            | 1,911.                    | 319.                                     |                               | 273.                      | 592.                                  |
|              | * 990 Page 10 Total Other                   |                  |        |      |         |             | 9,623.                      |                  |                        |                            | 9,623.                    | 5,771.                                   |                               | 666.                      | 6,437.                                |
|              | * Grand Total 990 Page 10<br>Depr           |                  |        |      |         |             | 10,184.                     |                  |                        |                            | 10,184.                   | 6,332.                                   |                               | 666.                      | 6,998.                                |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |   |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - EASTERN

EASTERN CAROLINA COMMUNITY FOUNDATION

| Description                               | D<br>Acq   | ate<br>uired  | Method  | Life   | Line<br>No.  | Unadjusted<br>Cost Or Basis   | Bus %<br>Excl   | *<br>Reduction In<br>Basis  | Basis For<br>Depreciation  | Accumulated<br>Depreciation   | Current<br>Sec 179  | Current Year<br>Deduction   |
|---|--|---|---|--|--|---|---|---|--|---|---|---|
| Furniture &<br>Fixtures                   |  |   |   |  |  |   |   |   |  |   |   |   |
| SIGN                                      | 081  | .612  | SL  | 7.00   | 16   | 561.  |   |   | 561.   | 561.  |   | 0.  |
| * 990 Page 10 Total<br>Furniture & Fixtur |  |   |   |  |  | 561.  |   | 0.  | 561.   | 561.  |   | 0.  |
| Other<br>LEASEHOLD                        |  |   |   |  |  |   |   |   |  |   |   |   |
|   | 021  | .712  | SL  | 7.00   | 16   | 3,011.  |   |   | 3,011.   | 3,011.  |   | 0.  |
| IMAC COMPUTER                             | 021  | .514  | SL  | 5.00   | 16   | 1,800.  |   |   | 1,800.   | 1,800.  |   | 0.  |
| PRINTER                                   | 021  | .514  | SL  | 5.00   | 16   | 150.  |   |   | 150.   | 150.  |   | 0.  |
| PHONE SYSTEM                              | 092  | 2420  | SL  | 7.00   | 16   | 2,751.  |   |   | 2,751.   | 491.  |   | 393.  |
|   |  | 3120  | SL  | 7.00   | 16   | 1,911.  |   |   | 1,911.   | 319.  |   | 273.  |
| Other                                     |  |   |   |  |  | 9,623.  |   | 0.  | 9,623.   | 5,771.  |   | 666.  |
| Page 10 Depr                              |  |   |   |  |  | 10,184.   |   | 0.  | 10,184.  | 6,332.  |   | 666.  |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   |  |   |   |  |  |   |   |   |  |   |   |   |
|   | Furniture &<br>Fixtures<br>SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur<br>Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO<br>IMAC COMPUTER<br>PRINTER<br>PHONE SYSTEM<br>OFFICE FURNITURE<br>* 990 Page 10 Total<br>Other<br>* Grand Total 990 | DescriptionAcqFurniture &<br>Fixtures081SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021IMAC COMPUTER<br>PRINTER<br>PHONE SYSTEM021OFFICE FURNITURE<br>* 990 Page 10 Total<br>Other<br>* Grand Total 990103 | Furniture &<br>Fixtures<br>SIGN 081612<br>* 990 Page 10 Total<br>Furniture & Fixtur<br>Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712<br>IMAC COMPUTER 021514<br>PRINTER 021514<br>PHONE SYSTEM 092420<br>OFFICE FURNITURE 103120<br>* 990 Page 10 Total<br>Other<br>* Grand Total 990 | DescriptionAcquiredMethodFurniture &<br>Fixtures081612SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081612Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712IMAC COMPUTER<br>PRINTER021514SLPRINTER<br>* 990 Page 10 Total<br>Other092420SLOFFICE FURNITURE<br>* 990 Page 10 Total<br>Other<br>* Grand Total 990103120SL | DescriptionAcquiredMethodLifeFurniture &<br>Fixtures081612<br>081612<br>SL7.00SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081612<br>SL7.00Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712<br>SL7.00IMAC COMPUTER<br>PRINTER021514<br>021514<br>SL5.00PRINTER<br>* 990 Page 10 Total<br>Other<br>* Grand Total 990092420<br>SL7.00 | DescriptionAcquiredMethodLifeNo.Furniture &<br>Fixtures0816121016SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur0816127.0016Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712127.0016IMAC COMPUTER<br>PRINTER0215145.0016PRINTER<br>* 990 Page 10 Total<br>Other<br>* Grand Total 9901031205.0016 | Furniture &         Fixtures         SIGN         * 990 Page 10 Total         Furniture & Fixtur         Other         LEASEHOLD         IMPROVEMENTS/HILLSO         021514SL         5.00         16         17.00         16         3,011.         IMAC COMPUTER         021514SL         5.00         16         17.00         16         18         021514SL         5.00         16         17.00         16         17.00         16         18         190         103120SL         7.00         16         17.00         16         17.00         16         17.00         16         17.00         16         17.00         16         17.00         16         17.00         16         17.00         16         17.00         1 | DescriptionAcquiredMethodLifeNo.Cost Or BasisExclFurniture &<br>Fixtures081612SL7.0016561.SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081612SL7.0016561.Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712SL7.00163,011.IMAC COMPUTER021514SL5.00161,800.PRINTER021514SL5.0016150.PHONE SYSTEM092420SL7.00162,751.OFFICE FURNITURE<br>* 990 Page 10 Total<br>Other103120SL7.00161,911.* Grand Total 990909090909090 | DescriptionAcquiredMethodLifeNo.Cost Or BasisExclBasisFurniture &<br>Fixtures681612SL7.0016561.0.SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081612SL7.0016561.0.Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712SL7.00163,011.0.IMAC COMPUTER<br>PRINTER021514SL5.00161,800.0.PRINTER<br>* 990 Page 10 Total<br>Other<br>t 990 Page 10 Total<br>Other103120SL7.00162,751.0.OFFICE FURNITURE<br>* 990 Page 10 Total<br>Other<br>ther103120SL7.00161,911.0.* Grand Total 9900000.0.0. | DescriptionAcquiredMethodLifeNo.Cost Or BasisExclBasisDepreciationFurniture &<br>Fixtures081612SL7.0016561.561.561.SIGN<br>* 990 Page 10 Total<br>Furniture & Fixtur081612SL7.0016561.561.561.Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712SL7.00163,011.3,011.IMAC COMPUTER021514SL5.00161,800.1,800.PRINTER021514SL5.0016150.150.PHONE SYSTEM092420SL7.00162,751.2,751.OFFICE FURNITURE<br>* Grand Total 990103120SL7.00161,911.1,911.* Grand Total 9901010103120SL7.00161,911.1,911. | Description         Acquired         Method         Life         No.         Cost Or Basis         Excl         Basis         Depreciation         Depreciation         Depreciation           Furniture &<br>Fixtures         081612SL         7.00         16         561.         561.         561.         561.           * 990 Page 10 Total<br>Furniture & Fixtur         081612SL         7.00         16         561.         0.         561.         561.           Other<br>LEASEHOLD<br>IMPROVEMENTS/HILLSO021712SL         7.00         16         3,011.         3,011.         3,011.         3,011.           IMAC COMPUTER         021514SL         5.00         16         1,800.         1,800.         1,800.         1,800.           PRINTER         021514SL         5.00         16         150.         150.         150.           PHONE SYSTEM         092420SL         7.00         16         1,911.         319.           * 990 Page 10 Total<br>Other         103120SL         7.00         16         1,911.         1,911.         319.           * 990 Page 10 Total<br>Other         *         9,623.         0.         9,623.         5,771. | Description         Acquired         Method         Life         No.         Cost Or Basis         Excl         Basis         Depreciation         Depreciation         Sec 179           Furniture &<br>Fixtures         Fixtures         081612SL         7.00         16         561.< |

228102 04-01-22

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

### - NEXT YEAR FEDERAL -

### EASTERN CAROLINA COMMUNITY FOUNDATION

| Asset<br>No. | Description                      |    | )ate<br>quirec | b   | Method | Life | Unadjusted<br>Cost Or Basis | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Accumulated<br>Depreciation | Amount Of<br>Depreciation |
|--------------|----------------------------------|----|----------------|-----|--------|------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
|              | Furniture & Fixtures             |    |                |     |        |      |                             |                            |                           |                             |                           |
|              | SIGN                             | 08 | 161            | 2   | SL     | 7.00 | 561.                        |                            | 561.                      | 561.                        | 0.                        |
|              | * 990 Page 10 Total Furniture &  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              | Fixtures                         |    |                |     |        |      | 561.                        |                            | 561.                      | 561.                        | 0.                        |
|              | Other                            |    |                |     |        |      |                             |                            |                           |                             |                           |
|              | LEASEHOLD IMPROVEMENTS/HILLSOUTH | 02 | 171            | .2  | SL     | 7.00 | 3,011.                      |                            | 3,011.                    |                             | 0.                        |
|              | IMAC COMPUTER                    |    | 151            |     |        | 5.00 | 1,800.                      |                            | 1,800.                    |                             | 0.                        |
|              | PRINTER                          |    | 151            |     |        | 5.00 | 150.                        |                            | 150.                      |                             | 0.                        |
|              | PHONE SYSTEM                     | 09 | 242            | 208 |        | 7.00 | 2,751.                      |                            | 2,751.                    | 884.                        |                           |
|              | OFFICE FURNITURE                 | 10 | 312            | 20  | SL     | 7.00 | 1,911.                      |                            | 1,911.                    |                             |                           |
|              | * 990 Page 10 Total Other        |    | _              |     |        |      | 9,623.                      |                            | 9,623.                    |                             | 666.                      |
|              | * Grand Total 990 Page 10 Depr   |    |                |     |        |      | 10,184.                     |                            | 10,184.                   | 6,998.                      | 666.                      |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |
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|              |                                  |    |                |     |        |      |                             |                            |                           |                             |                           |

228103 04-01-22

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# Forms included in Electronic Filing

| Form 990/990-EZ/990-PF          | Form 990-T |
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| Exported on 11/15/2023 12:57:40 |            |
| Form 990                        |            |
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