	00	0							ł	OMB No. 1545-0047
Form	99	90	Return	n of Organization Exer	mpt From Incol	ne I	ax			2014
			Under section 501(c), 527, or 4947(a)(1) of the Internal	Revenue Code (excep	t priva	te foundat	tions)		2014
Departi	ment of	the Treasury	Do not er	iter social security numbers on th	nis form as it may be m	ade pu	blic.			Open to Public
		ue Service		ion about Form 990 and its instrue	ctions is at www.irs.go	v/form	990.			Inspection
<u>A</u> F	or the	2014 calend	ar year, or tax year begin	ning	, 2014, and e	nding		_	,	20
Вс	heck if a	applicable:	C Name of organization Nort	h Carolina Coastal Federat	ion Inc			_	D Empl	oyer identification no.
A	ddress o	change	Doing business as					_	58-14	
L N	ame cha	ange	Number and street (or P.O. b	ox if mail is not delivered to street address)		Room	/suite		E Telep	hone number
	itial retu	ırn	3609 Highway 24						(252)	393-8185
		rn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code						3,833,671
	mended		Newport, NC 2857						G Gross	receipts\$
ΔA	pplicatio	on pending	F Name and address of principa	al officer:		H(a	a) Is this a gr subordina	roup ret	turn for	
		77								Yes X No
			501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	H(k	b) Are all sub If "No	bordinat o," attac	tes include ch a list. (s	ed? Yes No
	lebsite:		oast.org Corporation Trust Ass	· · ·		H(0	c) Group exe	emption	number	
R F		-		ociation Other	L Year of formation: 1	1982	M State	e of lega	al domicile	: NC
Fai	T	Summary	•	n er meet eignifieent estivitiee:					+ 1· ·	
	1	-	-	•	To provide people				tne	
e				active role in the stewar	dship of North Ca	rolin	a's coas	stal		
าลท		water qua	lity and natural re	sources.						
Activities & Governance	2	Charle this he		discontinued its operations or dispos	ad of more than 250/ of i	to not o	aaata			
ĝ	2		_ 0			is net a	ISSEIS.	2	1	20
õ	3		oting members of the govern	0,00	••••••••••••••••••••••••••••••••••••••	•••	• • • • •	3		30
ties	4			of the governing body (Part VI, line 1	id)	• • • •	• • • • •	4		30
ťivi	5			calendar year 2014 (Part V, line 2a)		•••	• • • • •	6		31
Ac	6		of volunteers (estimate if n	57		•••	• • • • •			2,051
				Part VIII, column (C), line 12		•••	• • • • •	7a 7b		49,759
	U		I business taxable income f	10111 F01111 990-1, IIIle 34		• • •		10		•
	8	Contributions	and grante (Part VIII line 1	b)	-		Prior Year	E 0.6	-	Current Year
e	9		and grants (Part VIII, line 1	,	•••••		3,11			3,431,227
Revenue	-	0	vice revenue (Part VIII, line 2	6,				1,590		153,314
Sev	10		come (Part VIII, column (A)	, ,	•••••			6,702		107,869
<u>u</u>	11			es 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · · · · · ·		3,89			49,882
	12		imilar amounts paid (Part IX	nust equal Part VIII, column (A), line (column (A), lines 1, 2)	12)		7,34	3,400	0	3,742,292
	14		to or for members (Part IX,							0
	14		(,	benefits (Part IX, column (A), lines 5	10)		1,32	E 6E	0	
es			fundraising fees (Part IX, co	(, , , , , , , , , , , , , , , , , , ,	-10)		1,32	5,050		1,490,012
Expenses			sing expenses (Part IX, colu		158,054					0
ğ			sing expenses (Part IX, colu ses (Part IX, column (A), line		158,054		2 22	4 70'	7	2 280 401
	17			equal Part IX, column (A), line 25)			2,32		-	2,389,401 3,879,413
	19		s expenses. Subtract line 1				3,69		-	(137,121)
- s	15	TREVENUE IES	s expenses. Subilaci lille i			Paginn	ing of Curren			End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)		-	ведіпп	35,74		-	35,581,237
Asse Bal	20				F			0,178		62,739
Net /	22		- (ne 21 from line 20			35,65			35,518,498
Par			re Block		••••		55,05	5,01.		
				rn, including accompanying schedules and sta	atements, and to the best of my	knowled	ge and belief,	it is		
				icer) is based on all information of which prepa			· · ·			
		Брот	L Miller							
Sigr	n		e of officer					Date	e	
Here		ррод	L Miller, Executive	Director						
TICI			print name and title	Director						
		Print/Type pre	•	Preparer's signature	Date		Check	if	PTIN	
Paid			arroll Jr	G Lee Carroll Jr	07-23-2015			- I		311747
	arer		×	croll Jr CPA PC	07-23-2013	Cirran!-	self-employ	eu	FUIS	
	Only		×							
036	Uniy	rinns addres		City NC 28557		Phone		52-24	47-539	0
Mayt		discuse this n		wn above? (see instructions)			2:	52-25		Yes No
			on Act Notice, see the se				• • • • •	• • •	••••	
101 P	aheiw		A ACCINOLICE, SEE LIE SE							Form 990 (2014)

Form	1990(2014) North Carolina Coastal Federation Inc	58-1494098	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	To provide people and groups with the assistance needed to take an active role in the		
	stewardship of North Carolina's coastal water quality and natural resources.		
2	Did the organization undertake any significant program services during the year which were not listed on the		x No
	prior Form 990 or 990-EZ?	∐ Yes	X NO
2	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?		
	If "Yes," describe these changes on Schedule O.	🗋 tes	X NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,499,714 including grants of \$) (Revenue	\$)
	Operations in coastal NC for: habitat restoration and protection, environmental education		
	encouragement and enforcement of sound rules and regulations.	,	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
A.1			
4d	Other program services (Describe in Schedule O.)	`	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 3,499,714)	
<u>4e</u>	Total program service expenses 3,499,714		rm 990 (2014)
EEA		FO	1111 330 (2014)

		58-149409	8	Р	age 3			
Pa	Int IV Checklist of Required Schedules							
				Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"							
	complete Schedule A		1	Х				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to							
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)							
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4	Χ				
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,							
	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	Χ				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III		8		Χ			
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		X			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted							
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10	Χ				
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								
	complete Schedule D, Part VI	••••	11a	X				
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more				37			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X			
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		X			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets							
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d	X	37			
	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				37			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	• • • • •	11f		Х			
12a				37				
	Schedule D, Parts XI and XII		12a	X				
b			401		v			
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		X X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X			
14a			14a					
b								
	fundraising, business, investment, and program service activities outside the United States, or aggregate		446		Х			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	• • • • • •	14b					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		Х			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		10		17			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		Х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		10		~~			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				17			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		10	<u> </u>	<u> </u>			
19	If "Yes," complete Schedule G, Part III		19		Х			
20a			20a		X			
20a b			20a		~~			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	• • • • • •	200					

	990 (2014) North Carolina Coastal Federation Inc 58-149409	8	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		Х
240	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception $\dots \dots \dots$	240		
C	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			1
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete 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,			37
	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			Х
26	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? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O	38	х	1
EEA			990 (2	2014)

Form 990 (2014)

Check if Schedule O contains a response or note to any line in this Part V	Form	North Carolina Coastal Federation Inc 58-14	94098	F	Dage 5
Image: second	Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
1a Enter the number of Forms V-20 included in this 14. Editer - J. Find applicable 1a editer 2b Enter the number of Forms V-20 included in this 14. Editer - J. Find applicable 1c X 2a Enter the number of entry V-20 is supported on Form V-3. Transmittal of VAge and Tax 2a 2a 2b Table the originization company with backup without without the year covered by the networks 2a 2a 2b Table the originization covere support of on Form V-3. Transmittal of VAge and Tax 2a 2a X 3b Table the originization have uniteded to subsets gates in anot one of \$10.00 or more during the year? 3a X b The science in the origin country (such as bank account, so count) or other authority over, a financial account in a torigin country (such as bank account, or other authority over, a financial account in a torigin country (such as a bank account, or other financial account or other authority over, a financial account in a proty to a prohibited tax helter transaction at any time during the tax year? 5a X b Was the origin country (such as a bank account, so count) or other authority or sci a financial account is origin and the origin acount is a sci and the origin a		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
b Enter the number of Forms W-2G included in the 1s. Enter -0: front applicable 1s. 1s. <t< td=""><td></td><td></td><td></td><td>Yes</td><td>No</td></t<>				Yes	No
c Dit the organization compty with backup withindling buies for reportable payments to vendors and reportable gaming (gambing) wirnings to prize wirners? 1c X 2a Enter the number of entployees reported on Form W-3. Transmittal of Wage and Tax Statements, Red for the calendary year endrog with or within the year covered by this return 2a Za X 3b If all east on a separate on in east, add the argunated to ender enclopware tax returns? 2a X Mether. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b Mether. The site of the file see? 3a X b Mether. The site of the file see? 3a X b Methy is a state of the file see? 3a X b Methy is a state of the file see? 5a X b Methy is a state of the direction county (such as a bank acount, securities acount, or other authority over, a financial acount? 5a X c Did any granization approximates for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR). 5a X c Methy is a particulation approximate ach any the a prohibide tax sheller transaction? 5a X c Methy is a statel patry notify the oreganization file was any early	1a		46		
reportable gaming (gaming to gam price winnings? 16 X 2 Enter the number of employees reported on Smith VM age and Tax 2a 31 3 Deter the calendar year ending with or within the year covered by this return? 2a 31 4 If at least one is reported on line 2.6, you may be required for-faile (see instructions?) 2a 32 3 Did the organization have unrelated business gross income of 51,000 or more during the year? 3a X 4 At any time during the calendar year. adults as bank account, securities account or other financial account is organization have an interest in, or a signature or other authority over, a financial account is organization in two sor is a party to a prohibited tax sheller transaction? 5a X 54 M Tws, "einer the name of the foreign caurity: b See instructions for film graquirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X (FBAR). UI any structure alignes receipts that are normally greater than stole organization acid, with every solidation an express attement that such contributions or glass were bit are accomally greater than stole organization acid, with every solidation an express attement that such contributions or glass were bit and coductible or officulation and party for goods and services provided to the spare? 5a X 6 Did the organization necked were ysoliclation an express attement that such contri	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
2a Either the number of employees reported on from W-3. Transmittal of Vage and Tax 2a 31 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Work. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b The sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b The sum of lines 1a and 2a is greater than 250, you may be required to order automotion of the sum of lines 1a and 2a is greater than 250, you may be required to or other automotion or other during the cellend busines greater during the superice dur	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Statements, field for the calendary year ending with or within the year covered by this return 2a 31 b If at least one is reported on line 3.1 did the organization fiel an exployment to returns? 2a X 30 Did the organization have unrelated business grass income of \$1,000 or more during the year? 3a X 31 Diff "res," risks field a form 500-10 this year? This bits of \$1,000 or more during the year? 3a X 34 Diff "res," risks field a form 500-10 this year? This bits of \$1,000 or more during the organization have an interest in, or a signature or other authority over, a financia account in a forbing country (such the sa best Accounts, scattlines account, or other financial accounts in foreign country (such the sa best Accounts for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (rBAR); 4a X 54 Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization file are granization file are madels or \$1,000 or organization file are madels or \$1,000 or organization file are provided to the system? 5a X 55 Did any taxable party noifly the organization file are madels that are normally greater than \$10,000, and did the organization file are madels account is order organization file are madels account is order organization file are madels account is order organization file are are are are are are are are are ar			1 c	X	
b If a least one is responded on line 2a, dot the organization file all required feeload employment tax netures? 2b X Mote, if the sum of lines is and 2a is greater han 260, your may be required to efficie (see instructions) 3a X 3a Did the organization have undeled business gress income of \$1,000 or more during the year? 3a X 3a At any time during the calenders use, during the senders line, or signifuent or other automoty over, a francial account in a foreign country: 3a X b Thes: "natified a Form 980-7 for the year? and the organization have an interest line, or signifuent or other automoty over, a francial accounts or filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4a X b If "Yes: "did the organization that it was or is a party to a prohibide tax sheller transaction at any time during the tax year? 5a X cli any taxable party routify the organization fiel Form 8886-77 5a X So So cli the organization solid any contributions that were not tax deductible as chaltable contributions? 5a X fil "Yes:" did the organization role and were not tax deductible as chaltable contributions and party for goods and services provided to the party and tax deductible as chaltable contributions and party for goods and services provided to the party and the tax year? 5a X Y <t< td=""><td>2a</td><td></td><td></td><td></td><td></td></t<>	2a				
Note: If the sum of lines 1a and 2a is greater than 250, your may be required to o-file (see instructions) 3a 3a Det the organization have unintered business grows income of 41 000 or more during the year? 3b 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a financial account in a toringen county (such as a bank account. Securities account or other financial account in a toring neutropy to the a bank account. Securities account. or other financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 5a Ded any taxable party notify the organization that it wes or is a party to a prohibited tax sheller transaction? 5b X 5a Ded so rb, did the organization include with every solicitation an express statement that such contributions? 6a X 6b X The organization include with every solicitation and partly for goods and services provided to the payor? 7a X 7 Organization selve, an apyment in exceeds of 575 made party as a contribution and partly for goods and services provided to the payor? 7a X 7 Organization selve, an apyment in exceeds of 575 made party as a contribution ant partly for good					
3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X b If Yea," has if field a Form 8000 Tor this year? If No? to Ine 2b, provide an explanation in Schedule O 3b X b If Yea," has if field a Form 8000 Tor this year? If No? to Ine 2b, provide an explanation in Schedule O 3b X b If Yea," enter the name of the foreign country. At any time during the calendar year, did the organization have an interest n. or a signature or other authority over, a financial accountly in the second to the second to the foreign country. 4a X b If Yea," enter the name of the foreign country. b 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b X c If Yea," only the organization the organization the tax shelter transaction? 5b X 5a Does the organization to any annual gross receipts that are normally greater than \$10,000, and did the organization nucled with very solicitation an express statement that such contributions or glist were not tax deductible contributions under section 170(c). c 7a X 7 Organization necevary a payment in excess of 357 made party as a contribution and party for goods an device provided? 7b X 7 Va Ya	b		2b	X	
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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11 Section 501(c)(12) organizations. Enter: a 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.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 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. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand d I3b d I3c 14a X	а				
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b 14a X	11	Section 501(c)(12) organizations. Enter:			
against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X	а	Gross income from members or shareholders			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a X	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a JX		against amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	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 organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b				
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с				
	14a		14a		Х
	b		14b		

Form	990 (2014) North Carolina Coastal Federation Inc 58-1	L494098	3	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and the second s	or a "No	"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	S.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			. 🛛
Sec	tion A. Governing Body and Management				
		,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	30			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	•••	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	• • •	3		X
4		••••	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•••	5		X
6	Did the organization have members or stockholders?	•••	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				v
h.	one or more members of the governing body?	• • •	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		76		Х
8	stockholders, or persons other than the governing body?	••••	7b		Λ
0	the year by the following:				
а	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 reached at	•••	00	21	
Ŭ	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	[11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	••••	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done	••••	12c	Х	
13	Did the organization have a written whistleblower policy?	•••	13	Х	
14	Did the organization have a written document retention and destruction policy?	•••	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37	
a h	The organization's CEO, Executive Director, or top management official	ŀ	15a	X X	<u> </u>
b	Other officers or key employees of the organization	•••	15b	Λ	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		40-		Х
h	with a taxable entity during the year?		16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
			16b		
Sec	tion C. Disclosure	• • •	100		l
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)				
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Image: Strain and the strain and t				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	Jo Ann Marsh (252)393-8185, 3609 Highway 24, Newport, NC 28570				

Form 990 (2014) North Carolina Coastal Federation Inc	58-1494098	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated Employed	es, and
	Independent Contractors		_
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete the organization's ta	nis table for all persons required to be listed. Report compensation for the calendar year ending with or wi x year.	thin the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless c Enter -0- in columns (D), (E), and (F) if no compensation was paid.	of amount of	

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(C)					
(A) Name and Title	(B) Average hours per week (list any	box	, unle	Po: leck n ss pe	sition nore f	than one is both a pr/trustee	in	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dick Bierly President	4.00	X		X				(0	0
(2) Lauren Hermley Vice President	3.00	X		X				(0	0
(3) David M. Paynter Treasurer	2.00	X		x				(0 0	0
(4) Joe Ramus Secretary	2.00	X		X				(0 0	0
(5) Allison Besch Board member		X						(0 0	0
(6) Peggy Birkemeier Board member		X						(0 0	0
(7) Veronica Carter Board member		X						(0	0
(8) Don Ensley Board member		X						(0 0	0
(9) Ernie Foster Board member		Х						(0	0
(10) James Barrie Gaskill Board member		X						(0 0	0
(11)Mac_Gibbs Board member		X						(0	0
(12)Melvin Shepard Jr Board member		X						(0 0	0
(13)Olivia Holding Board member		X						(0 0	0
(14)Bill Hunneke Board member		X						(0 0	0
										Farma 000 (2014)

Form 990 (2014	North Carolina Coastal Federation Inc	58-1494098	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		<u></u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's ta	his table for all persons required to be listed. Report compensation for the calendar year ending with or ax year.	within the	
	the organization's current officers, directors, trustees (whether individuals or organizations), regardless Enter -0- in columns (D), (E), and (F) if no compensation was paid.	s of amount of	
List all of	the organization's current key employees, if any. See instructions for definition of "key employee."		

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			iouto						U.	
					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					han one is both a		Reportable	Reportable	Estimated
	hours per	1				r/trustee		compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or	Ins	Off	Ke	Hig	Fo	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ploy	Former	(W-2/1099-MISC)		organization
	below dotted line)	tor to	ona		Iploy	ee				and related organizations
		uste	trus		ee	nper				organizations
		ö	tee			Highest compensated employee				
						ed ed				
(1) Sandie Cecelski										
Board member		Х							0	0
(2) Mary Hunter Martin										
Board member		Х							0	0
(3) Randy Mason	3.50									
Board member		X							0	0
(4) April Clark										
Board member		Х							0	0
(5) Richard Peruggi										
Board member		Х							0	0
(6) Lewis Piner										
Board member		X							0	0
(7) Sterling Edmonds										
Board member		Х							0	0
(8) John Runkle										
Board member		Х							0	0
(9) Allie Sheffield										
Board member		X							0	0
(10)Bland Simpson										
Board member		Х							0	0
(11)Donna Snead										
Board member		Х							0	0
(12) Maria Townsend										
Board member		Х							0	0
(13)Doug_Wakeman										
Board member		Х							0	0
(14) Katherine McGlade										
Board member		Х							0	0
										Form 000 (2014)

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Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	box, office	unless	s pers	tion ore th on is	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated imount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi	mpensati from the rganizatio nd relate ganizatio	on d
	rah Williams ard member		Х						0	0			0
	gie Willsard member		Х						0	0			0
÷ _′	dd L. Miller	40.00_				Х			123,690	0			0
<u>(</u> 1 <u>9</u>)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	nA							123,690	0			0
2	Total number of individuals (including but not limited to reportable compensation from the organization	those listed	above) who	o rec	eive	d more	e tha	in \$100,000 of	1	·		
3	Did the organization list any former officer, director	r, or trustee,	key er	nplo	yee,	or h	nighes	t cor	npensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of report organization and related organizations greater than \$1	table comper	sation	and	othe	er co	mpens	satio			3		X
5	individual			•••	• •	•••					4		X
Secti	for services rendered to the organization? If "Yes," cor	mplete Sched	ule J f	or su	ich p	ersc	n				5		Х
1	on B. Independent Contractors Complete this table for your five highest compensated compensation from the organization. Report compens year.									n's tax			
	(A)								(B)			(C)	
Vorm	Name and business address	0+ NO 00	100						Description of		Com	pensatio	
	dy & Son Construction LLC, 805 Schloss muskeet Mge & Consulting, PO Box 128, 1			278	26				Constructio Consulting				7,995 2,237
	al Stormwater Inc, 6217 Head Rd, Wilmin								Consulting				3,724

Total number of independent contractors (including but not limited to those listed above) who
 received more than \$100,000 of compensation from the organization
 3

Form 99		,	Dastal	Federation In	C		58-149409	B Page S
Part V		Statement of Revenue						_
		Check if Schedule O contains a respons	e or note	e to any line in this P				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ω <u>ι</u>	1a	Federated campaigns	1a			Tevenue		012 014
ant	b	Membership dues	1b	202,550				
D L	c	Fundraising events	1c					
ifts ar A	d	Related organizations	1d					
Diji Diji	е	Government grants (contributions)	1e	1,043,192				
r Si	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	2,185,485				
d O	g	Noncash contributions included in lines 1a	-1f: \$					
an Co	h	Total. Add lines 1a-1f			3,431,227			
0				Business Code				
Program Service Revenue	2a	Rental of conserv ease		531390	153,314	153,314		
Rev	b							
vice	С							
Ser	d							
gram	е							
Prog		All other program service revenue						
		Total. Add lines 2a-2f		· · · · · · · •	153,314			
	3	Investment income (including dividends, inte			107 000	107.000		
		and other similar amounts)			107,869	107,869		
	4	Royalties	•					
	5	(i) Re						
	62	Gross rents	al	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of (i) Secur		(ii) Other				
	10	assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)						
anr	8a	Gross income from fundraising						
ievei		events (not including \$						
r R		of contributions reported on line 1c).						
Other Revenue		See Part IV, line 18		141,138				
0		Less: direct expenses		91,379				
		Net income or (loss) from fundraising events	s.		49,759		49,759	
	уа	Gross income from gaming activities.	-					
	L .	See Part IV, line 19						
		Less: direct expenses						
			•••					
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold		Ĺ				
	C	Net income or (loss) from sales of inventory	•••					
	<u> </u>	Miscellaneous Revenue		Business Code				
		Book store sales/net		451211	822	822		
		Loss-disposal of assets		900099	(699)	(699)		
	C d							
		All other revenue		└ ▶ │	123			
		Total revenue. See instructions			3,742,292	261,306	49,759	
	14			*	511321252	201,500		

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EEA

North Carolina Coastal Federation Inc

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, 7b, Total expenses Fundraising Program service Management and 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 112,040 89,632 22,408 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,242,967 1,057,334 62,158 123,475 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . Other employee benefits 33,089 23,580 3,606 5,903 101,916 6,361 9,287 86,268 Fees for services (non-employees): 12,420 12,420 59,870 59,870 Professional fundraising services. See Part IV, line 17 8,874 8,874 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 51,826 51,826 Advertising and promotion 85,880 Office expenses 65,726 765 19,389 40,580 40,580 30,209 30,209 144,820 144,820 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 22,210 22,210

54,039

58,149

941,994

7,135

941,994

26,360

852,170

3,499,714

46,904

58,149

221,645

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Depreciation, depletion, and amortization

Project meterials/supplies

Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.)

158,054

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EEA

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Part X	(Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,876,862	2	3,184,711
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	118,065	4	24,980
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
22	8	Inventories for sale or use	6,272	8	7,048
ASS	9	Prepaid expenses and deferred charges	3,089	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	10a	Land, buildings, and equipment: cost or	5,005		
	IVa	other basis. Complete Part VI of Schedule D 10a 1,711,379			
	b	Less: accumulated depreciation	1,827,506	10c	1,225,500
	11	Investments - publicly traded securities		11	
	12		1,491,235	12	1,716,23
	12			12	
				14	
	14	Intangible assets			
	15	Other assets. See Part IV, line 11	29,422,768	15	29,422,76
	16	Total assets. Add lines 1 through 15 (must equal line 34)	35,745,797	16	35,581,23
	17	Accounts payable and accrued expenses	90,178	17	62,739
	18			18	
	19 20			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors,			
		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
2	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		25	
2	26	Total liabilities. Add lines 17 through 25	90,178	26	62,739
		Organizations that follow SFAS 117 (ASC 958), check here 🔹 🕅 and			
Sec		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,894,360	27	3,671,039
	28	Temporarily restricted net assets	217,143	28	233,362
Net Assets of Fund Balances	29	Permanently restricted net assets	31,544,116	29	31,614,097
		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📙 and			
		complete lines 30 through 34.			
Set:	30	Capital stock or trust principal, or current funds		30	
Se S	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	35,655,619	33	35,518,49
3	34	Total liabilities and net assets/fund balances	35,745,797	34	35,581,237

Form 990 (2014)

Form	990 (2014) North Carolina Coastal Federation Inc 5	8-1494098		Pa	age 12
Par	t 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	3,	742,	292
2	Total expenses (must equal Part IX, column (A), line 25)	2	з,	879,	413
3	Revenue less expenses. Subtract line 2 from line 1	3	(137,	121)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,	655,	619
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	35,	518,	498
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ	L
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	••••	2c	Χ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				37
	the Single Audit Act and OMB Circular A-133?	••••	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
EEA			⊢orm	990 (2014)

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization North Carolina Coastal Federation Inc 58-1494098 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) Π 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

2014

Open to Public

			stal Federatio			58-1494098	Page 2
Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)						
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	4,974,385	2,693,329	2,461,299	3,115,966	3,480,986	16,725,965
2	Tax revenues levied for the						
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,974,385	2,693,329	2,461,299	3,115,966	3,480,986	16,725,965
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)						2,570,182
6	Public support. Subtract line 5 from line 4						14,155,783
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	4,974,385	2,693,329	2,461,299	3,115,966	3,480,986	16,725,965
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,865	(3,273) 177,050	176,702	107,869	588,213
9	Net income from unrelated business activities, whether or not the business			,			
	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						17,314,178
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the	,	second third four	th or fifth tax year	as a section 501(<u></u>	
10	organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2014 (line 6, co					14	81.76 %
15	Public support percentage from 2013 Schedu	le A, Part II, line 14				15	91.00 %
16a	33 1/3% support test - 2014. If the organiz	ation did not checl	k the box on line 13	3, and line 14 is 33	1/3% or more, ch	eck this	
	box and stop here. The organization qualif						🕨 🛛
b							
	check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2014	 If the organizatio 	n did not check a b	oox on line 13, 16a	, or 16b, and line ²	14 is	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						🕨 🗌
b	10%-facts-and-circumstances test - 2013	 If the organizatio 	n did not check a b	oox on line 13, 16a	, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	neets the "facts-ar	nd-circumstances"	test, check this box	x and stop here.		
	Explain in Part VI how the organization meets	the "facts-and-circu	umstances" test. The	e organization quali	fies as a publicly		
							🕨 🗌
18	Private foundation. If the organization did	not check a box of	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	•	· · · · ·
	instructions						
EEA						Schedule A (Form	990 or 990-EZ) 2014

Schee	dule A (Form 990 or 990-EZ) 2014 North	Carolina Co	astal Federati	on Inc		58-1494098	Page 3
Pa	rt III Support Schedule for Org	anizations D	escribed in S	ection 509(a)(2)		
	(Complete only if you check	ed the box or	n line 9 of Part	I or if the organ	nization failed to	o qualify under	Part II.
	If the organization fails to qu	ualify under th	ne tests listed b	elow, please c	omplete Part II	.)	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		-				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		-	-			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here					• • • • • • • • •	🕨 📋
	ction C. Computation of Public Sup					45	0/
15	Public support percentage for 2014 (line 8, colu Public support percentage from 2013 Schedule	•			•••••		%
16 Sec	ction D. Computation of Investmen			• • • • • • • • •	••••••	10	70
<u>3ec</u> 17	Investment income percentage for 2014 (line			column (f))		17	%
18	Investment income percentage for 2014 (line Investment income percentage from 2013 Sc	.,	•	.,,			%
							70
19a	33 1/3% support tests - 2014. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	еск the box on line The organization q	ualifies as a public	more tnan 33 1/3% ly supported organ	, and line ization	
b	33 1/3% support tests - 2013. If the organiz line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n		-			-	. —

Schedule B	
(Form 990, 990-EZ.	

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

Name	of th	e organiz	ation
Tame	or ur	c organiz	auon

Organization type (check one):

Department of the Treasury Internal Revenue Service

or 990-PF)

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

Employer identification number
58-1494098

North Carolina Coastal Federation Inc

Filers of:	Section:			
Form 990 or 990-EZ	501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

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

General Rule

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

Special Rules

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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Employer identification	1 numper
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North Carolina Coastal Federation Inc

58-1494098

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Fred & Alice Stanback 507 W Innes St Salisbury, NC 28144	\$1,200,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NC Dept of Envr & Nat Resources 1617 Mail Service Center Raleigh, NC 27699	\$170,593	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NC Clean Water Management Trust 1651 Mail Service Center Raleigh, NC 27699	\$343,458	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Z Smith Reynolds Foundation 102 W 3rd St Winston Salem, NC 27101	\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NC Dept of Transportation 1514 Mail Service Center Raleigh, NC 27699	\$103,320	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Campbell Foundation Inc 2850 Quarry Lake Dr Baltimore, MD 21209	\$00,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Page 2

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North Carolina Coastal Federation Inc

58-1494098

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Mark W Hall 416 Margaret St Beaufort, NC 28516	\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	University System of New Hampshire 8 College Rd Morse Hall Durham, NH 03824	\$71,931	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	US Army Corps of Engineers 69 Darlington Ave Wilmington, NC 28403	\$86,513	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	USDA Natural Res Conservation Serv 4407 Bland Rd Raleigh, NC 27609	\$31,067	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C	Po	litical Campaign and Lot	obvina Activ	vities		OMB No. 1545-0047
(Form 990 or 990-EZ)		ations Exempt From Income Tax Unde				2014
	•	organization is described below.	()	m 990 or Form 99	90-F7	Open to Public
Department of the Treasury Internal Revenue Service	•	bout Sch. C (Form 990 or 990-EZ) and i				Inspection
If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (see separate instr • Section 501(c)(4), (5 Name of organization North Carolina Co	vered "Yes," to Form 9 ganizations: Complete F r than section 501(c)(3) ations: Complete Part I vered "Yes," to Form 9 ganizations that have file ganizations that have Ne vered "Yes," to Form 9 vered "Yes	990, Part IV, line 3, or Form 990-EZ, Pa Parts I-A and B. Do not complete Part I-C.) organizations: Complete Parts I-A and C A only. 990, Part IV, line 4, or Form 990-EZ, Pa ed Form 5768 (election under section 501 OT filed Form 5768 (election under section 990, Part IV, line 5 (Proxy Tax) (see se Complete Part III.	art V, line 46 (Polit below. Do not con art VI, line 47 (Lob (h)): Complete Part n 501(h)): Complete parate instruction	tical Campaign Ad nplete Part I-B. bying Activities), i II-A. Do not compl e Part II-B. Do not compl e Part II-B. Do not compl s) or Form 990-E	then ete Part II complete I Z, Part V mployer i 8-14940	then -B. Part II-A. , line 35c (Proxy dentification number 98
		direct and indirect political campaign activi				
3 Volunteer hours						
Part I-B Comp	olete if the organ	ization is exempt under section	on 501(c)(3).			
		by the organization under section 4955			\$	
2 Enter the amount of	f any excise tax incurred	by organization managers under section	4955		\$	
3 If the organization in		tax, did it file Form 4720 for this year?				
4a Was a correction m						. 🗌 Yes 🗌 No
b If "Yes," describe in Part I-C Comp		ization is exempt under section	504(-)		24 (-) (0)	
1 Enter the amount di activities	rectly expended by the	filing organization for section 527 exempt	function			
		• • • • • • • • • • • • • • • • • • • •			\$	
3 Total exempt function	on expenditures. Add lin	nes 1 and 2. Enter here and on Form 1120)-POL,			
5 Enter the names, an organization made the amount of politic	ddresses and employer payments. For each org cal contributions receive	P POL for this year?	527 political organiz m the filing organiz d to a separate poli	ations to which the ation's funds. Also tical organization, s	filing enter such	. 🗌 Yes 🛄 No
(a) Nam	e	(b) Address	(c) EIN	(d) Amount pai	id from	(e) Amount of political
				filing organizat funds. If none, er	tion's	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
For Paperwork Reduction Act	Notice, see the Instructions	s for Form 990 or 990-EZ.			Schedu	le C (Form 990 or 990-EZ) 2014

EEA

Sche	edule C (Form 990 or 990-EZ) 2014 North Carolina Co	Dastal Federation Inc	58-149409	98 Page 2						
Pa	art II-A Complete if the organization is	s exempt under section 501(c)(3) and filed	Form 5768 (elect	tion under						
	section 501(h)).									
Α	Check 🕨 📙 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's									
	name, address, EIN, expenses, and sh	are of excess lobbying expenditures).								
В	Check if the filing organization checked box A	and "limited control" provisions apply.								
	Limits on Lobbyir	ng Expenditures	(a) Filing	(b) Affiliated						
	(The term "expenditures" mea	ns amounts paid or incurred.)	organization's totals	group totals						
1a	Total lobbying expenditures to influence public opinion	(grass roots lobbying)								
b	Total lobbying expenditures to influence a legislative b	ody (direct lobbying)								
С	Total lobbying expenditures (add lines 1a and 1b)									
d	Other exempt purpose expenditures									
е	Total exempt purpose expenditures (add lines 1c and	1d)								
f	Lobbying nontaxable amount. Enter the amount from t	he following table in both								
	columns.									
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:								
	Not over \$500,000	20% of the amount on line 1e.								
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.								
	Over \$17,000,000	\$1,000,000.								
g	Grassroots nontaxable amount (enter 25% of line 1f)									
h	Subtract line 1g from line 1a. If zero or less, enter -0-									
i	Subtract line 1f from line 1c. If zero or less, enter -0-									
j	If there is an amount other than zero on either line 1h o	or line 1i, did the organization file Form 4720								
	reporting section 4911 tax for this year?			Yes No						

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
с	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2014

Schee	dule C (Form 990 or 990-EZ) 2014 North Carolina Coastal Federation Inc		149409		Page	3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led F	orm 5	768		
	(election under section 501(h)).					
For	acab "Vac " reapages to lines 1a through 1i below, provide in Dart IV a detailed	(a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	А	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?	Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
с	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	Х				
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		X			_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			60,29	18
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			00,25	
i	Other activities?	X				
-	Total. Add lines 1c through 1i				60,29	
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		00,29	0
b	If "Yes," enter the amount of any tax incurred under section 4912		- 11			1
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			_
c d						_
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?)(5) c		tion		_
Га)(J), C	n sec	lion		
-	501(c)(6).				Vac Na	_
	Mare substantially all (000/ as more) dues reactived reacted with a by more bare?				Yes No)
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O	R (D)	Part	II-A, I	ine 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members	•••	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year	•••	2b			
С	Total	•••	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	••	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1	and				
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					

SC	HEDULE D	Supplemer	ntal Financia	al Statements			OMB No. 1545-0047	
	rm 990)	 Complete if the organization answered "Yes," to Form 990, 					2014	
				11d, 11e, 11f, 12a, or 12b.			2014	
	tment of the Treasury	,	Attach to Form 9			•	Open to Public	
	al Revenue Service	Information about Schedule D (For	m 990) and its insi	ructions is at www.irs.gov/f	1		Inspection	
	-	na Coastal Federation	n Inc			8-149		
		tions Maintaining Donor Advised F		imilar Funds or Accoun				
	Complete	if the organization answered "Yes" to	Form 990, Part	IV, line 6.				
			(a) Donor ad	vised funds	(b)	Funds and	other accounts	
1	Total number at en	-						
2 3		contributions to (during year)						
4	Aggregate value of							
5		n inform all donors and donor advisors in writ	ting that the assets h	eld in donor advised				
	-	nization's property, subject to the organization	-				🗌 Yes 🗌 No	
6	Did the organization	n inform all grantees, donors, and donor advi	isors in writing that g	rant funds can be used				
		purposes and not for the benefit of the donor	or donor advisor, or	for any other purpose				
De							Yes No	
Pa		vation Easements. e if the organization answered "Yes" t	o Form 000 Port	IV line 7				
1		ervation easements held by the organization						
•		f land for public use (e.g., recreation or education		Preservation of a historically ir	nportar	t land are	a	
	Protection of n		, 🗌	Preservation of a certified histo				
	Preservation o	f open space						
2	Complete lines 2a f	through 2d if the organization held a qualified	I conservation contri	oution in the form of a conserva	ation			
		ist day of the tax year.				Held at	the End of the Tax Year	
a		nservation easements			2a		12	
b	-	icted by conservation easements			2b 2c		6,616.00	
c d		ration easements included in (c) acquired after	()		20			
u					2d			
3		vation easements modified, transferred, relea				the		
	tax year		-			-		
4	Number of states w	where property subject to conservation easen	nent is located	1				
5	-	ion have a written policy regarding the period		ction, handling of				
•		prcement of the conservation easements it ho					🛛 Yes 🗌 No	
6		hours devoted to monitoring, inspecting, and	d enforcing conserva	tion easements during the yea	r			
7	► 64	*	orcing conservation	essements during the year				
'	▶ \$ 2,0		ording conservation	casements during the year				
8		vation easement reported on line 2(d) above	satisfy the requireme	ents of section 170(h)(4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?		••••••			🛛 Yes 🗌 No	
9	In Part XIII, describ	e how the organization reports conservation	easements in its rev	enue and expense statement,	and			
		l include, if applicable, the text of the footnote	to the organization'	s financial statements that desc	ribes th	ne		
De		ounting for conservation easements.	of Aut Iliotou	iaal Traasuraa ar Oth	Ci			
Pa		izations Maintaining Collections te if the organization answered "Yes"			er Sir	nnar A	ssels.	
1a		elected, as permitted under SFAS 116 (ASC			ance sł	neet		
	-	cal treasures, or other similar assets held for						
	public service, prov	ride, in Part XIII, the text of the footnote to its	financial statements	that describes these items.				
b	If the organization e	elected, as permitted under SFAS 116 (ASC	958), to report in its	revenue statement and balance	e sheet			
		cal treasures, or other similar assets held for	•	ucation, or research in furthera	nce of			
		vide the following amounts relating to these it				k -		
						🏲 \$ 🔺 ה		
2	()	d in Form 990, Part X		assets for financial dain provid		🔻 \$	·	
4	-	required to be reported under SFAS 116 (AS			Guie			
а	•		, .	· · · · · · · · · · · · · · · · · · ·		🕨 \$		
b		Form 990, Part X						
F		ion Act Nation, and the Instructions for E						

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

	ule D (Form 990) 2014 North Carolina Co					58-14940		Page 2
	rt III Organizations Maintaining C						ets (conti	nued)
3	Using the organization's acquisition, accession, ar	nd other records, check	c any of the following	that are a sigr	nificant u	use of its		
	collection items (check all that apply):							
а	Public exhibition		or exchange program	ms				
b	Scholarly research	e 🗌 Othe	r					
С	Preservation for future generations							
4	Provide a description of the organization's collection XIII.	ons and explain how th	ey further the organi	zation's exemp	ot purpo	se in Part		
5	During the year, did the organization solicit or rece	eive donations of art, h	storical treasures, or	other similar			_	_
	assets to be sold to raise funds rather than to be n		ne organization's colle	ection?			🗌 Ye	s 🗌 No
Pa	rt IV Escrow and Custodial Arrang							
	Complete if the organization an 990, Part X, line 21.	swered "Yes" to	Form 990, Part	IV, line 9, c	or repo	orted an amoun	it on Forn	n
1a	Is the organization an agent, trustee, custodian or	other intermediary for	contributions or othe	r assets not				
	included on Form 990, Part X?						🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following	table:					
						Am	ount	
С	Beginning balance				. 10	;		
d	Additions during the year				. 10	1		
е	Distributions during the year				. 1e	•		
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form 9	90, Part X, line 21, for	escrow or custodial	account liability	/?		🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Che	ck here if the explanati	on has been provide	d in Part XIII				
Pa	rt V Endowment Funds.							
	Complete if the organization an	swered "Yes" to	Form 990, Part	IV, line 10.				
	· • • •	(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	910,144	813,718	724	,906	748,502	5	83,824
b	Contributions	13,000					1	.00,000
с	Net investment earnings, gains, and							
		66,525	105,929	99	,094	(21,719))	64,678
d	Grants or scholarships						,	
e	Other expenditures for facilities and							
-	programs	324	805	2	,317	1,877		
f	Administrative expenses	9,220	8,698		,965			
g	End of year balance	980,125	910,144		,718	724,906		48,502
2	Provide the estimated percentage of the current ye				,	,		,
a	Board designated or quasi-endowment	%	3,					
b	Permanent endowment > %							
c	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should eq							
3a	Are there endowment funds not in the possession		at are held and admir	nistered for the				
	organization by:						「	Yes No
	(i) unrelated organizations						. 3a(i)	X
	(ii) related organizations						. 3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations liste	d as required on Sche	dule R?				. 3b	
4	Describe in Part XIII the intended uses of the orga	•						
<u> </u>	rt VI Land, Buildings, and Equipm							
	Complete if the organization an		Form 990 Part	IV line 11a	See	Form 990 Par	t X line 1	0
	Description of property	(a) Cost or othe		r other basis		Accumulated	(d) Book	
	Description of property	(a) Cost of othe		other)	. ,	epreciation	(a) DOOK	
1a	Land			638,447			6	38,447
b	Buildings	••••		600,736		215,083		85,653
	Leasehold improvements	•••		300,130		213,003	-	,
c d	· · · · · · · · · · · · · · · · · · ·	•••		472,196		270,796		01 400
d	Equipment	•••		1/4/130		210,130	4	201,400
e Tota	I. Add lines 1a through 1e. (Column (d) must eq	· · · ual Form 000 Part Y	column (R) line 10)c.)		•	1 3	25,500
1010		aan onn ooo, r alt A	, solution (D), mile ite			• • • • • • • •	±,4	,

Schedule D (Form 990) 2014

Schedule D (Forn	,	astal Federation Inc	58-1494	1098 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	d "Yes" to Form 990, Par	t 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 valuatio Cost or end-of-year market	
(1) Financial d	lerivatives			
(2) Closely-he	Id equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" to Form 990, Par	t IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n:
	•		Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" to Form 990, Par	t IV, line 11d. See Form 990, 1	Part X, line 15.
	(a) D	escription		(b) Book value
(1) Land	& conservation easements			29,422,768
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 15	5.)		29,422,768
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" to Form 990, Par	t IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)			_	
(5)			_	
(6)			_	
(7)				
(8)				
(9)				
) must equal Form 990, Part X, col. (B) line 25.)			
-	uncertain tax positions. In Part XIII, provide the text o	f the footnote to the organization	's financial statements that reports the	
-	liability for uncertain tax positions under FIN 48 (ASC	-		∥⊓

-	ule D (Form 990) 2014 North Carolina Coastal Federation Inc	58-1494098	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	3,742,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	3,742,292
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		3,742,292
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	3,879,413
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	3,879,413
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	3,879,413
Pa	rt XIII Supplemental Information.		

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

01. Other revenues included on Form 990 (Part XI, line 4b)

Fundraising expenses

02. Other expenses included on Form 990 (Part XII, line 4b)

Fundraising expenses

Page 5

58-1494098

SCHEDULE G	Supplemer	ntal Informatio	on Regard	ding Fun	draising or Gam	ing Acti	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete	if the organization	answered "Ye	es" to Form 9	990, Part IV, lines 17, 18 n Form 990-EZ, line 6a.	3, or 19, or i	f the	2014		
Department of the Treasury	N 1	► At	ttach to Form	990 or Form	990-EZ.		fa	Open to Public Inspection		
Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer ider										
North Carolina Coas	tal Federatio	on Inc					58-149	4098		
Eundraisi			he organiz	zation and	swered "Yes" to F	orm 990				
Parti	Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the	organization raise	d funds through ar	·	-	s. Check all that apply.					
a Mail solicitations										
b Internet and emai					of government grants					
c Phone solicitation	-		g 🗆	Special fund	Iraising events					
 d In-person solicitat 2a Did the organization 		oral agreement with	a anv individu	al (including	officers directors true	toos				
Ũ		0		. 0	onal fundraising service			es 🗌 No		
b If "Yes," list the ten h		, ,		•	•					
compensated at leas	0									
	-	-								
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(or ref fundrais	ount paid to tained by) ser listed in	(vi) Amount paid to (or retained by) organization		
			Yes	No			ol. (i)			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
<u>Total</u>	<u></u> .		<u></u> .							
3 List all states in which	the organization is	s registered or licer	nsed to solicit	contribution	s or has been notified	it is exempt	from			
registration or licensin	g.									

North Carolina Coastal Federation Inc

58-1494098

Page	2

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

		gioss receipts greater than	φ 3,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			Cycling	Plant sales	10	(add col. (a) through				
			(event type)	(event type)	(total number)	col. (c))				
Ine										
Revenue	1	Gross receipts	9,700	6,277	125,161	141,138				
Re										
	2	Less: Contributions								
	3	Gross income (line 1 minus								
		line 2)	9,700	6,277	125,161	141,138				
	4	Cash prizes								
	5	Noncash prizes								
		-								
ŝ	6	Rent/facility costs								
Direct Expenses		-								
xpe	7	Food and beverages								
ш t	-	get to the terms								
Dire	8	Entertainment								
	•									
	9	Other direct expenses	2,936	1,612	86,831	91,379				
	•		_,,,,,,	_,	,	,				
	10	Direct expense summary. Add lines 4 through 9 in column (d)								
	11	Net income summary. Subtract line 1				49,759				
Pa	rt II									
		than \$15,000 on Form 990	•		···,····					
			,	(b) Pull tabs/instant		(d) Total gaming (add				
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)				
evel										
Ř	1	Gross revenue								
	· ·									
	2	Cash prizes								
ses	-									
Direct Expenses	3	Noncash prizes								
БХр	Ŭ									
ect	4	Rent/facility costs								
Dir	-									
	5	Other direct expenses								
	5		Yes %	Yes %	Yes %					
	6	Volunteer labor		☐ Tes 70	□ Tes ⁷⁰					
	6		No							
	7	Direct evenence summer (Add lines	through 5 in column (d)		•					
	7	Direct expense summary. Add lines 2	a nough 5 in column (d)	• • • • • • • • • • • • •	•••••					
	0	Not coming income cummon (Subtr	at line 7 from line 1 column	(d)						
	8	Net gaming income summary. Subtra		1 (d)						
•	Г .,	tor the state(a) in which the organization	n conducto comina octivitio							
9		ter the state(s) in which the organization	• •			Yes 🗌 No				
a L		the organization licensed to conduct ga								
b	, 11	No," explain:								
40-	14/	oro only of the organization is a series of the	opposited average -	or torminated during the toru	voor?					
		ere any of the organization's gaming lic	enses revokea, suspended	or terminated during the tax	year?	Yes 📋 No				
IC) IT"	Yes," explain:								

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2014 Open to Public

ue Service	Information about Schedule L	(Form 990 or 990EZ) and its instructions is a	at ww	w.irs.gov/form990.	Inspection
ganization					Employer identification num	ıber

North	Carolina Coastal Federation	Inc		58-1494098						
Part I	rt I Excess Benefit Transactions (section (501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).									
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.										
4		(b) Relationship between disqualified person and	()5		(d) Corrected?					
1	(a) Name of disqualified person	organization (c) Desc		escription of transaction	Yes	No				
(1)										
(2)										
(3)										
2 E	nter the amount of tax incurred by the o	rganization managers or disqualified persons durir	ng the year							
ur	nder section 4958			▶ \$						
		above, reimbursed by the organization								
	- , - , - ,	, , , , , , , , , , , , , , , , , , ,		*						
Part I	Part II Loans to and/or From Interested Persons.									

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

							-					
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In default?				(i) Wr agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
Total						\$						
Part III Grants or Ass	sistance Benef	iting Intereste	d Pers	ons.								
		-			Part IV, line 27							
· · · · · · · · · · · · · · · · · · ·												

(a) Name of interested person	(b) Relationship between interested	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
	person and the organization			
(1)				
(2)				
(3)				
(4)				
(5)				

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

Schedule L (Form 990 or 990-EZ) 2014

Page 2

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's iues?
				Yes	No
	Daughter of board				
(1) 8 DOT Graphics	member	9,243	Design work		X
(2)					
(3)					
(4)					
(5)					

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions).

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2014
Open to Public
Inspection
Employer identification number

58-1494098

North Carolina Coastal Federation Inc

01. Form 990 governing body review (Part VI, line 11)

Form 990 is prepared by an independent contractor CPA. The form is reveiwed by the

organization's Executive Director, Business Manager, Director of Development, and Chair of

the Audit Committee before completion. A copy is also provided to all board members before

being filed.

02. Conflict of interest policy compliance (Part VI, line 12c)

Employees must review the conflict of interest policies annually, and are advised to

discuss potential problems with their supervisor or the Executive Director. Members of the

Board of Directors are reminded periodically regarding the policies, and excuse themselves

when appropriate.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Executive Director's compensation is reviewed annually by the Executive Committee of

the Board of Directors including analysis of comparable positions before making a

recommendation to the full Board of Directors for their final approval.

04. Other officer or key employee compensation (Part VI, line 15b

Compensation of key employees is reviewed annually by the Executive Committee of the Board

of Directors with a recommendation to the Board of Directors for their final approval.

05. Governing documents, etc, available to public (Part VI, line 19)

An annual report summary (derived from audited financial statements) is posted on the

organization's web site, is mailed to donors, and is available to the public upon request.

Additionally the organization's 990 and audited financial statements are posted on the

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
North Carolina Coastal Federation Inc	58-1494098
organization's web site, as well as other resource web sites.	

Form	472	20
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Department of the Treasury

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)
Information about Form 4720 and its separate instructions is at www irs gov/form4720.

2014

Internal	Revenue Service	Information	about Form 4720 and its separa	te instructions is at www.irs.gov/fo	orm4720.		
	endar year 2014 or other ta	x year beginning		, 2014, and ending		, 20	
Name c	of organization or entity				Employer ident	ification number	
Nort	h Carolina Coas	tal Federati	on Inc		58-1494098	8	
Numbe	r, street, and room or suite	no. (or P.O. box if ma	il is not delivered to street address)		Check box for ty	pe of annual return:	
	Highway 24				X Form 990	Form 990-E2	Ζ
City or	town, state or province, cou	untry, and ZIP or forei	gn postal code		Form 990-F	PF	
Newp	ort, NC 28570				Form 5227		
						Yes	No
	the organization a for	0.1	•••••				
			taxable event that resulted in Chapte	0			
	rm? (Enter "N/A" if not	,					
		•		ion taken and, if applicable, enter the t			
	31 1 3			. If "No," (i.	e., any uncorrec	cted	
	cts or transactions), at		1 /				
Par		-		4911(a), 4912(a), 4942(a), 4943(a), 4	944(a)(1),		
4 T							
	ax on undistributed inc		·		1		
		0	dule C, line 7		2		
	ax on taxable expendi	, ,		olumn (e)	3 4		
	ax on political expendi				5		
	ax on excess lobbying				6		
	, ,	•	es - Schedule H, Part I, column (e)		7		
	ax on premiums paid o				8		
		•	elter transactions - Schedule J, Part		9		
	ax on taxable distributi				10		
			elated business taxable income. Atta		11		
			of section 501(r)(3)-Schedule M, Par		12		
		•			13		
				ersons, Donors, Donor Adviso	ors, and Rela	ated Persons	
	(Section	s 4912(b), 4941(a	a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and	d 4967(a))		
	(a) Name and a	ddress of person subj	ect to tax. City or town, state or province, cou	ntry, ZIP or foreign postal code	(b) Taxpayer	identification number	
а							
b							
С	1		1				
	(c) Tax on self-dealing - S	Schedule A, Part II,	(d) Tax on investments that jeopardize charitable purpose - Schedule D,	(e) Tax on taxable expenditures -	., .	olitical expenditures -	
	col. (d), and Part	III, col. (d)	Part II, col. (d)	Schedule E, Part II, col. (d)	Schedule	F, Part II, col. (d)	
а							
b							
C							
Total							
	(g) Tax on disqualify		(h) Tax on excess benefit transactions - Schedule I, Part II, col.	(i) Tax on being a party to prohibited tax shelter transactions - Schedule J,		xable distributions - K, Part II, col. (d)	
	expenditures - Schedule I	n, r art ii, coi. (u)	(d), and Part III, col. (d)	Part II, col. (d)	Scheudle	ix, i ait ii, cui. (u)	
a b							
b							
C Total							
Total							
	(k) Tax on prohibited by Part II, col. (d), and Pa				(I) Total - A	dd cols. (c) through (k)	
2							
a b							
c c							
Total							

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. $_{\text{EEA}}$

Form 472	/		na Coastal Federat					58-1494098	Page 2
Part I			kes (See Tax Payn			/			
			olumn (I), that apply to ma	-					
			nd related persons who s	•		•			
total amount from Part II-A, column (I) 1 2 Total tax. Add Part I, line 13, and Part II-B, line 1 2									
	otal payments includin ax due. If line 2 is lar	· –	3 4						
		-	than line 3, enter the di	•		,		5	
	verpayment. It line 2					elf-Dealing (Section 49	,	5	
Part I	Acts of S		ng and Tax Comp				, ,		
(a) Act number	(b) Date of act					(c) Description of act			
1									
2									
3									
4									
5			-						
	stion number from Form 9 /II-B, or Form 5227, Part V applicable to the act		(e) Amount involved in	n act	(f)	Initial tax on self-dealing (10% of col. (e))		g) Tax on foundation managers (in plicable) (lesser of \$20,000 or 5% col. (e))	
Part I	I Summan		Liability of Solf D	alore and	1 Dr	oration of Payments			
Faili		y 01 1 a X 1						(d) Self-dealer's total	tax
	(a) Names of self-d	lealers liable fo	r tax	(b) Act no. from Part I, col. (a)		(c) Tax from Part I, col. (f), or prorated amount		liability (add amounts in c	ol. (c))
					,			(see instructions)
Part I	II Summa	ry of Tax	Liability of Foun	dation Ma	anac	gers and Proration of	Payn	nents	
				(b) Act no. froi		(c) Tax from Part I, col. (g),		(d) Manager's total tax lia	
	(a) Names of foundati	ion managers li	able for tax	Part I, col. (a)		or prorated amount		(add amounts in col. ((see instructions	c)))
		0.011==-					10.10		
						uted Income (Section	í		
		,	ore 2013 (from Form 990-			XIII, line 6d)		1	
			n Form 990-PF for 2014,		,	•••••	·	2	
			f current tax year beginni	-		-			
	ider section 4942 (ad		,	• • • • • •	•••	•••••		3	
4 Ta	ax - Enter 30% of line	e ວ nere an	u un Part I, line 1					4	

Form 4720 (· /	rolina Coastal Federati					58-1494098	Page 3
		HEDULE C - Initial Tax	on Ex	cess	Business Hol	dings (Section 49	943)	
		computation of Tax						
•	•	in more than one business ente	rprise, a	ittach a s	separate schedule f	or each enterprise. Re	fer to the	
instructions	for each line item before	e making any entries.						
Name and a	ddress of business ente	erprise						
Employer id	entification number .							
Form of ente	erprise (corporation, par	tnership, trust, joint venture, sole	proprie	torship,	etc.)			
					(a)	(b)	(c)	
					/oting stock	Value	Nonvoting stock	
					fits interest or eficial interest)		(capital interest)	
1 Foundat	tion holdings in business	senternrise	1		%	%		
i i ounuu			- ·		,,,	70		
2 Permitte	ed holdings in business e	ontomriso	2		%	%		
					/0	/0		
• \/-l	Constant in a fully set of the set							
	f excess holdings in bus		3					
	f excess holdings dispos							
-	, other value of excess I							
-	to section 4943 tax (atta		4					
	excess holdings in busi							
- line 3 r	minus line 4		5					
			6					
7 Total ta	ax - Add amounts on lir	ne 6, columns (a),						
	(c); enter total here and		7					
SCHEDU	ILE D - Initial Tax	es on Investments Tha	t Jeop	pardiz	e Charitable F	Purpose (Section	4944)	
Part I	Investments	and Tax Computation						
(a)						(e) Initial tax on	(f) Initial tax on foundation	
Investment	(b) Date of investment	(c) Description of investme	ent		(d) Amount of investment	foundation (10% of	managers (if applicable) (lesser of \$10,000 or 109	
number						col. (d))	of col. (d))	/0
1								
2								
3								
4								
5								
-	umn (e). Enter here and	d on Part L line 3						
		prorated amount) here and in F	Part II o			•		
Part II		f Tax Liability of Found				ration of Payme	nte	
			anon	Ivialia		ation of r aymer		
	(a) Names of foundation man	hagers liable for tax	(b) Inve		(c) Tax from Part I, c		(d) Manager's total tax liabi (add amounts in col. (
			no. from col.		amo	unt	(see instructions)	
				()				
		-						
		-						

North Carolina Coastal Federation Inc

58	- 1	49	40	9	8

Page 4

	. ,	SCHEDULE E -	Initial Ta	xes on Taxa	ble Expe	enditures	(Section 494	.5)
Part I	Expenditure	es and Computa						
(a) Item number	(b) Amount	(c) Date paid or incurred) Name and address	of recipient		(e) Descripti	on of expenditure and purposes for which made
1								
2								
3								
4								
5							(b) Initia	I tax impaced on foundation
.,	tion number from Form 990-F 227, Part VI-B, applicable to		(g) Initial tax imposed c (20% of col.)			manager	I tax imposed on foundation s (if applicable) - (lesser of I0,000 or 5% of col. (b))
	Column (g). Enter here							
Total - (Column (h). Enter total	(or prorated amount						
Part I	I Summary	of Tax Liability	of Found	ation Manag	ers and	Proration	of Payment	ts
	(a) Names of foundation	managers liable for tax		(b) Item no. from Part I, col. (a)	(c) T	ax from Part I, c prorated am		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
								_
								-
								_
								-
								-
		SCHEDULE F	- Initial Ta	axes on Polit	ical Exp	oenditures	s (Section 49	55)
Part I	Expenditure	es and Computa						,
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Descrip	tion of political expend	diture	organizatio	ax imposed on n or foundation of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/2% of col. (b))
1								
2								
3								
4								
5								
Total - (Column (e). Enter here	and on Part I, line 5						
	Column (f). Enter total						<u></u>	
Part I			Jrganizat					Proration of Payments
(a) Names of organization managers or foundation managers liable for tax			(b) Item no. from Part I, col. (a) (c) Tax from Part I, c prorated and				(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
								-
								-
								-

Form 472	20 (2014) North	Carolina Coasta	al Federat	ion Inc			58-	-1494098	Page 5
					/ing Ex	penditures (Section 4	911)		
	Excess of grassroots expenditures over grassroots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)								
	ss of lobbying expendit EZ), Part II-A, column (l					n 990 or	2		
				-	iu y. <i>)</i>				
3 Taxa	ble lobbying expenditu	res - enter the larger of	of line 1 or line				3		
4 Tax	- Enter 25% of line 3 h						4		
Dest					obbying	Expenditures (Section	on 49	12)	
Part I	Expenditure	s and Computa	ation of Ta	ax			(f)	Tax imposed on org	anization
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description	on of lobbying expend	litures	(e) Tax imposed on organization (5% of col. (b))	(1)	managers (if applie (5% of col. (b	cable) -
1 2							_		
3							-		
4									
5									
Total - C	column (e). Enter here	(or prorated amount) here and in			d Provotion of Doum			
Part I	Summary	of Tax Liability	of Organi			d Proration of Paym) Manager's total t	ax liability
	(a) Names of organization	managers liable for tax		(b) Item no. from Part I, col. (a)	(c) 1	Fax from Part I, col. (f), or prorated amount	(0	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
								(300 1130 0000	113)
							_		
							_		
							-		
_						ransactions (Section	1 495 <mark>8</mark>)	
Part I	Excess Ben	efit Transaction	ns and Ta	x Computation	on				
Transaction	(b) Date of transaction			(c)	Description	of transaction			
1									
2									
5									
			(i) (25% of col. (d))			(if applica	ganization managers able) (lesser of 10% of col. (d))	\$	
EEA			1					Form	4720 (2014)

Page 6

				Benefit Transactions (Sec	
Part II	Summary of	Tax Liability of Disc	ualified Persor	s and Proration of Paym	
(a) 1	Names of disqualified perso	ns liable for tax	(b) Trans. no. f Part I, col. (a)		(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
Part III	Summary of Ta	x Liability of 501(c)(3	3), (c)(4) & (c)(29)	Organization Managers and	I Proration of Payments
(a) Names of		organization managers liable for	(b) Trans, no. f	rom (c) Tax from Part I, col. (f),	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
Deut				nibited Tax Shelter Trans	
Part I	(see instructions		ons (P151) and	Tax Imposed on the Tax	-Exempt Entity
(a) Transaction number	(b) Transaction date	 (c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 		(d) Description of transa	iction
		4 - Contractual protection			
1					
2					
3					
4					
5					
have reas	ne tax-exempt entity know o son to know this transaction ST when it became a party to ction? Answer Yes or No	(f) Net income		(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Co	olumn (h). Enter here	and on Part I, line 9 .			

Form 4720	58-1494098	Page 7			
Part II					
		(b) Transaction	(c) Tax - enter \$20,000 for each		

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
			-
			-
			-
			-
			-
			-
			_
			-
			-

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966.) See the instructions.

Parti	Taxable	Distributions and Tax Computation	1			
(a) Item number		(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution			
1						
2						
3						
4						
(d) Date of distribution		(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)		
Total - Colu	mn (f). Enter h	here and on Part I, line 10				
	()	total (or prorated amount) here and in Part II, column (
Part II		ry of Tax Liability of Fund Managers and				

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	 (d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

Form 4720 (2014) North Carolina Coastal Federation Inc

58-1494098 Page 8

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Sec	tion 4967).
---	-------------

See the instructions.								
Part I	Prohibited Benef	its and Tax Comput	ation					
(a) Item number	(b) Date of prohibited benefit		(c) Description of benefit					
1								
2								
3								
4								
5								
(d) Amou	unt of prohibited benefit	(e) Tax on prohibited b (see in	penefit (125% of col. (astructions)	d))		s (if applicable) (lesser of 10% of col. 0,000) (see instructions)		
			<u> </u>					
Part II	Summary of Tax	Liability of Donors,	Donor Advis	ors, Relate	ed Persons and F	Proration of Payments		
	(a) Names of donors, donor related persons liable		(b) Item no. from Part I, col. (a)		rom Part I, col. (e) or prated amount	 (d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions) 		
						_		
Part III	Tax Liability of F	Fund Managers and	Proration of	Paymonts				
					rom Part Look (f) ar	(d) Fund managers total tax		
((a) Names of fund managers liab 	DIE TOT TAX	(b) Item no. from Part I, col. (a)		rom Part I, col. (f) or rorated amount	liability (add amounts in col. (c)) (see instructions)		
						_		
						_		
						_		
						-		
						_		
						_		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Title Date Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Sign Here Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor Date advisor, or related person May the IRS discuss this return with the preparer shown below? (see instructions) Yes No Date Check if PTIN Print/Type preparer's name Preparer's signature Paid G Lee Carroll Jr G Lee Carroll Jr 07-23-2015 self-employed P01311747 Preparer Firm's EIN 56-2056556 Firm's name G Lee Carroll Jr CPA PC **Use Only** Firm's address PO Box 679 Phone no. Morehead City NC 28557 252-247-5390

EEA

Form 4720 (2014)

Form	8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

X

Department of the Treasury Internal Revenue Service File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Enter filer's identifying number, see instructions

.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

	Ente	The sidentifying number, see instructions	
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or	
print	North Carolina Coastal Federation Inc	58-1494098	
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
due date for	3609 Highway 24		
filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Newport, NC 28570		

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application	Return	Application	Return
Is For	Code	ls For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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

• The books are in the care of • Jo Ann Marsh, 3609 Highway 24, Newport, NC 28570

Te	elephone No. 🕨 252-393-8185 FAX No. 🕨		
• If	the organization does not have an office or place of business in the United States, check this box		
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If t	his is	
for th	ie whole group, check this box \ldots \ldots \blacktriangleright \square . If it is for part of the group, check this box \frown \ldots \blacktriangleright \square and	attach	
a list	with the names and EINs of all members the extension is for.		
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
	until 08-17 , 20 15 , to file the exempt organization return for the organization named above. The exter	nsion is	
	for the organization's return for:		
	► X calendar year 20 14 or		
	▶ 🗌 tax year beginning , 20 , and ending	, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason:		
	Change in accounting period		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using		
	EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	tion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO	and Fo	rm 8879-EO for
	nent instructions.		

Form 8879-E

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning

OMB No. 1545-1878

2014

Department of the Treasury
Internal Revenue Service
Name of exempt organization

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

and ending

Employer identification number

58-1494098

North Carolina Coastal Federation Inc

Name and title of officer

Todd L Miller, Executive Director	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you	
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on	
the applicable line below. Do not complete more than 1 line in Part I.	
1a Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	3,742,292
2a Form 990-EZ check here Image: b total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here 🕨 🗋 b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5)4b	
5a Form 8868 check here 🕨 🗌 b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the	
organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO)	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the	
financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions	
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and	

resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize <u>G Lee Carroll Jr CPA PC</u> ERO firm name	to enter my PIN 15933 as my signature
EKO mm hame	Enter five numbers, but do not enter all zeros
on the organization's tax year 2014 electronically filed return. If I have being filed with a state agency(ies) regulating charities as part of the ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature If I have indicated within this return that a copy of the return is being the IRS Fed/State program, I will enter my PIN on the return's disclose	filed with a state agency(ies) regulating charities as part of
Officer's signature	Date > 07-21-2015
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	563652 52189
	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the indicated above. I confirm that I am submitting this return in accordance of Information for Authorized IRS e-file Providers for Business Returns.	
ERO's signature	Date Date 07-23-2015
	s Form - See Instructions ne IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)

990	Overflow Statement		2014 Page 1
Name(s) as shown on return		FEIN	
<u>North Carolin</u>	a Coastal Federation Inc		58-1494098
	Form 990 - Part VIII - Line 1	E	
Description			Amount
Private donat	ions	\$	616,485
Non-governmen	tal grants		1,569,000
	10	otal: \$	2,185,485

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