Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 <u> 2008</u> Open to Public Inspection

<u>~</u>	FOR the 2000		ear, or tax year beginning and ending				
B	Check if applicab		C Name of organization		I 1	D Empl	oyer identification number
Ш	Address change	use IRS label or	NC Coastal Federation, I	nc.			
П	Name change	print or	Doing Business As			<u>58-</u>	-1494098
믐	*	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telepi	none number
므	Initial return	See	3609 Highway 24		l.	252	2-393-8185
Ш	Termination	Specific	City or town, state or country, and ZIP + 4			G Gross rec	eipts\$ 4,581,576
一	Amended return	Instruc- tions.	Newport NC 28570			<u>O 01035 160</u>	cipts 4 7 5 5 2 7 5 5 5
님						Life's in this	
Ш	Application pend	ang I	e and address of principal officer: dd Miller				a group return for
						affilia H(b) Are a	l affiliates
			09 Highway 24			includ	ed? res No
_			wport NC 28570			If "No	" attach a list. (see instructions)
<u>!</u>	Tax-exempt s		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527				
<u>J</u>			ist.org				exemption number
	Type of organiz	ation: X Coi	poration Trust Association Other	L Year of form	nation: 19	82	M State of legal domicile: NC
	arti	Summa	<u>y</u>				
	1 Briefl	ly describe t	he organization's mission or most significant activities:				
Φ	To	provi	de citizens and groups with the assistance	needed to	take	an ac	ctive
Ĕ		F	the stewardship of North Carolina's coasta				
Ë		<i>.</i>	resources.				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Governance			if the organization discontinued its operations or disposed of me	ore than 25% of it	ts assets		
Ö			members of the governing body (Part VI, line 1a)				28
တ	4 Numi	ber of indep	endent voting members of the governing body (Part VI, line 1b)			4	28
쁥							18
Activities &	1		employees (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·		·	
¥			volunteers (estimate if necessary)			6	250
	7a Total	gross unre	ated business revenue from Part VIII, line 12, column (C)				
	b Net u	inrelated bu	siness taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·		7b	0
	١				Prior Yea		Current Year
9			d grants (Part VIII, line 1h)		3 <u>,</u> 357	,336	4,544,246
Revenue			revenue (Part VIII, line 2g)			550	^ ~ ~ ~ ~ ~ ~
<u></u>	10 Inves	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)			,572	-98,616
-	11 Othe	r revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			, 854	135,946
	12 Total	revenue—a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3 , 546	762	4,581,576
	13 Gran	ts and simil	ar amounts paid (Part IX, column (A), lines 1-3)				
	14 Bene	fits paid to	or for members (Part IX, column (A), line 4)				
s			ompensation, employee benefits (Part IX, column (A), lines 5–10)		875	,812	1,053,917
Expenses			draising fees (Part IX, column (A), line 11e)				
ĕ			(5) 10 (5) 10 (7) 10	8			
ŭ			(Dart IV solumn /A) lines 11s 11d 14f 24f		1,613	882	1,769,341
			Add lines 13-17 (must equal Part IX, column (A), line 25)		2,489		2,823,258
			penses. Subtract line 18 from line 12		1,057		1,758,318
5	8	ilue less ex	penses. Oubtract line 10 from line 12		eginning of		End of Year
Net Assets or	20 Total	assets (Par	t X, line 16)		3,584		35,471,528
ASS.	21 Total		art X, line 26)	······		,911	188,311
콜.	22 Neta		d balances. Subtract line 21 from line 20	······ 3	3,524		35,283,217
	art II		re Block	······	J, JL 1	,000	33,203,211
2002						- 1 4 - 15 - 1	
		and belief, it	ties of perjury, I declare that I have examined this return, including accompanying is true, correct, and complete. Declaration of preparer (other than officer) is base	scriedules and stati d on all information	ements, ar of which p	nd to the be reparer ha:	est of my knowledge s anv knowledge.
e:	~n	L			·	`.	, ,
	gn						
П	re	▼ Signatu	re of officer			Date	!
	•	—					
_		▼ I ype oi	print name and title		r		5 4 . 14 . 47
Da	امث	Preparer's		Date	Check if	· _	Preparer's identifying number (see instructions)
	id	signature	y	7/23/09	self- employe	ed 🕨 L	P00109462
	eparer's	Firm's name		С.		EIN	▶ 56-2056556
US	e Only	if self-emplo	To yours			Phone	
	II.	,		7.0		1	000 047 000
	ļ	address, an	dzIP+4 Morehead City, NC 28557-06	19		no.	- 252-247-5390
— Ma	y the IRS di	<u> </u>	d ZIP+4 Morehead City, NC 28557-06 sturn with the preparer shown above? (see instructions)	<u> </u>		no. D	Yes No

1 Brefty describe the organization's mission. To provide citizens 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 prior Form 990 or 990 E-27	Part III Statement of Program Service	Accomplishments (see instructions)
To provide citizens 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 pitor Form 980 or 990-E2. 2 Did the organization cases conducting, or make significant changes in how it conducts, any program services by capenase conducting, or make significant changes in how it conducts, any program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) musts are required to report the amount of grants and allocations to there, the total expenses, and revenue, any five each program services by expenses. 4a (Code:)(Expenses \$ 2,639,249 including grants of \$) (Revenue 5) (Pevenue 5) 4b (Code:)(Expenses 1)(Expenses 2) 4c (Code:)(Expenses 2)(Expenses 3	Briefly describe the organization's mission:	
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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Χ Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 Parts VI, VIII, IX, or X as applicable Χ 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III Χ 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Χ 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25. 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	art IV Checklist of Required Schedules (continued)		Yes	No
	During the territory and any person who is a current or former officer, director, trustee, or key employee.		103	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV			X
þ	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"	Ì		١
	complete Schedule L, Part IV		<u> </u>	X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	l		
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	1	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, Parts II,			
-	III. IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		 	
33		35		X
20	Schedule R, Part V, line 2	35	 	 ^
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		X
	organization? If "Yes," complete Schedule R, Part V, line 2	<u>36</u>	┼	╁┷
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			١,,
	VI		1	X

Form **990** (2008)

000.000				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
	U.S. Information Returns. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable			
	gaming (gambling) winnings to prize winners?		1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s?	2b	Χ	L.,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by			
	and the second s		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac	thority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other final	ncial			
	account)?	, , , , , , , , , , , , , , , , , , , ,	4a	000000000000000000000000000000000000000	X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign B	ank			
	and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		1_		
	Regarding Prohibited Tax Shelter Transaction?		5c		1,7
6a	Did the organization solicit any contributions that were not tax deductible?		6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or	٨		
_	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization provide goods or services in exchange for any quid pro quo contribution of more t	han			
а	8750		7a		Х
h	If the analysis the appearance of the second of the appearance of		7b		 **
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
•			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	L			
=	benefit contract?	, , , , , , , , , , , , , , , , , , , ,	7e	enonconon	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:t?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?	,	7h	Χ	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon-	soring			
			8	***********	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a					X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:	امدا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	\dashv		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	\dashv		1
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110			
U		116			1
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	T-0.0000000	J400000000000
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	The state of the s	·			

Form 990 (2008) NC Coastal Federation, Inc. 58-1494098

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
					8000000000	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the					
	circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body	1a	28				
b	Enter the number of voting members that are independent	1b	28				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of	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 o						1
	supervision of officers, directors or trustees, or key employees to a management company or other per-	son?			. 3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form	1 990 v	was file	d?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets'	?			. 5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem	bers					
	of the governing body?				7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du						
	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	Х	
9a	Does the organization have local chapters, branches, or affiliates?						Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such characteristics.						
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All orga						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at		'		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 11		X
Sec	tion B. Policies						
						Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	<u> </u>
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give					
	rise to conflicts?				12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es,"					
	describe in Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13	Х	<u>l</u> .
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approval	ру					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decis	ion:				
а	The organization's CEO, Executive Director, or top management official?				15a	Х	
b	Other officers or key employees of the organization?				15b	Χ	
	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	ent					
	with a taxable entity during the year?				16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	guard					
	the organization's exempt status with respect to such arrangements?	<u></u>			. 16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	(3)s on	ly)			
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict c	of intere	est			
	policy, and financial statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and			е			
	organization: ▶ Business Manager 3609 Highway				<u></u>		
N	ewport N	IC 2	2857	<u>U2</u>	<u>52-39</u>	13-8	<u> 3185</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	anization did not comper (B) Average			((>)	hat a		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Melvin Shepar President	rd, Jr. 1	Х						0	0	0
Dick Bierly Vice Pres.	1	Х						0	0	0
Olivia Holdir								0		<u> </u>
Treasurer	11	Χ						0	0	0
Margie Misent Secretary	neimer 1	X						0	0	0
Gerry Barrett Board member		х						0	0	0
Sam Bland Board member		Х								
Elizabeth Bri	nker	ļ <u></u>						0	0	0
Board member Veronica Cart	er	Х						0	0	0
Board member Matthew Conve	erse	Х						0	0	0
Board member		Х						0	0	0
Wanda Coston Board member		Х						0	0	0
Bill Ducker Board member		Х						0	0	0
Ernie Foster Board member		Х						0	0	0
James Gaskill Board member		Х						0	0	0
Bill Hunneke								0	0	0
Board member Joe Kilpatrio	ck	X				ļ	-			<u> </u>
Board member Jackie Mardar	<u> </u>	Х				_		0	0	0
Board member Mary Hunter	Martin	X	-			<u> </u>	-	0	0	0
Board member		X						0	0	990 (2008)

(A) Name and title	(B) Average	\vdash	_		c all t	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Randy Mason oard member		Х						0	0	
Midge Ogletr	00	1^				H		0	U	
oard member	<u> </u>	Х				Ιİ		0	ol	
David Paynte	r	1		_						
board member	Τ	X						0	ol	
Lewis Piner								0		
oard member		X						ol	ol	
Richard Powe	rs	2.							Ĭ	
oard member		X						o	ol	
Joe Ramus		+				1	\neg	<u> </u>		
oard member		X						ol	ol	
Duane Reynol	ds	1							Ť	
oard member		X						ol	ol	
John Runkle										
oard member		X						ol	ol	
Bland Simpso	n									
oard member		X						ol	ol	
Donna Snead										•
oard member		X						0	ol	
Doug Wakeman		1				П				
oard member		X						0	ol	
Keith Walker		Ī							- "" · · ·	
oard member		Х						0	0	ı
Ginger Webst	er									
oard member		X			L			0	0	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		_X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from			
	the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and busine	ss address		(B) Description of services	(C) Compensation
Intercoastal Diving		6101 [iamond Shamrock Road	
Castle Hayne	NC	28429	Equipment/labor	231,145
Gibbs Building		РО Вох	39	
Manteo	NC	27953	Equipment/labor	130,134
				Į.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶

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Pa	rt V	II Statement of Rev	/enue	<u> </u>	- u=				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its its	1a	Federated campaigns	1a						
<u>ra</u>	b	Membership dues	1b	1	28,482				
s, g	С	Fundraising events	1c						
# is	d	Related organizations	1d	•					
S, mi	e	Government grants (contributions)	1e	2.8	98,446				
ion	f	All other contributions, gifts, grants,	1.0		<u> </u>				
the		and similar amounts not included above	1f	1.5	17,318				
dri	a	Noncash contributions included in lines	$\overline{}$						
ပ္တန္	h	Total. Add lines 1a-1f				4,544,246			
Program Service Revenue Contributions, gifts, grants					Busn. Code				
ven	2a								
3 Re	b	*							
vice	С								
Ser	d		<i>.</i>						
am	е								
<u>l</u> go	f	All other program service rev	/enue						
<u>a</u>	9	Total. Add lines 2a-2f							
	3	Investment income (including	g divid	ends, intere	st, and				
		other similar amounts)	,			-98,616	-98,616		
	4	Income from investment of to							
	5	Royalties							
	_	(i) Rea	ıl	(ii) P	ersonal	-			
	6a	Gross Rents		_		_			
	b	Less: rental exps.							
	C	Rental inc. or (loss)		<u>. l</u>					
	d 7a	Net rental income or (loss). Gross amount from (i) Secure							
	"-	sales of assets (i) Securi	ties	(11)	Other	-			
		other than inventory				4			
	b	Less: cost or other							
		basis & sales exps.				-			
		Gain or (loss)							
	d	Net gain or (loss)		. , <u>, , , , , , , , , , , , , , , , , ,</u>	.				
Ф	ва	Gross income from fundraising er	vents						
nue		(not including \$							
ě		of contributions reported on line 1		_					
ř		See Part IV, line 18		a		1			
Other Reven		Net income or (loss) from fu			<u> </u>				
J		Gross income from gaming activi		ng events .	······ <u>F</u>				
	Ja	See Part IV, line 19		a					
	h	Less: direct expenses		<u>و</u>		1			
		Net income or (loss) from ga		~ L					
)	Gross sales of inventory, les	_		<u> </u>				
		anticonn and allactions		a					
	b	Less: cost of goods sold		b		1			
		Net income or (loss) from sa				1			
		Miscellaneous Rever			Busn. Code)			
	11a	Rent - conser. ease	ment	prop.		130,112			130,112
	b	Store sales (net)				5,834			5,834
	С	***************************************							
		All other revenue							
		Total. Add lines 11a-11d			,, >	135,946)		
	12	Total Revenue. Add lines 1	h, 2g,	3, 4, 5, 6d, 7	'd, 8c,				
	1	9c, 10c, and 11e				4,581,576	-98,616	C C	135,946

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must	(A)	(B)	(C)	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		Схропосо	general expenses	ехрензез
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Deet IV line 33				
3	Grants and other assistance to governments,				
ŭ	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	96,579	87,386	9,193	
6	Compensation not included above, to disqualified	•	·	•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	807,894	702,022	52,204	53,668
8	Pension plan contributions (include section 401(k)	,			'
	and section 403(b) employer contributions)				
9	Other employee benefits	47,939	38,360		
10	Payroll taxes	101,505	89 , 629		
11	Fees for services (non-employees):				
а	Management				
b	Legal	13,951	13,951		
С	Accounting	11,831	10,517	657	657
d	Lobbying	11,971	11,971		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	13,605		13,605	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	11,501	11,501		
15	Royalties				
16	Occupancy	12,098			
17	Travel	31,241	30,196	398	647
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	47 270	40 104	0.520	A F 2 C
22	Depreciation, depletion, and amortization	47,270 37,670	42,194	2,538	2,538
23	Insurance	31,010	33,484	2 , 093	2,093
24	Other expenses, Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Supplies	862,345	859,925	548	1,872
ь	Conservation ease. transf	539,513	539,513		1,012
c	Training	27,082	26,743		339
d	Consultants	22,312	22,312		
е	Telephones/internet	22,038	19,998	1,020	1,020
f	All other expenses	104,913			
25	Total functional expenses. Add lines 1 through 24f	2,823,258			
26	Joint Costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	reneralising adminitation ,	1		1	Form 990 (200)

Balance Sheet

(A) (B) Beginning of year End of year Cash—non-interest bearing Savings and temporary cash investments 837, 737 032. 2 236 Pledges and grants receivable, net 3 3 Accounts receivable, net 151 . 586 263. 4 630 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 9,914 7,817 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost basis 10a b Less: accumulated depreciation. Complete Part VI of Schedule D 10b <u>830,699</u> <u>1,030,127</u> 11 Investments—publicly traded securities 556,202 432,750 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 32,704,968 <u>31,198,672</u> 15 Total assets. Add lines 1 through 15 (must equal line 34) 33,584<u>,</u>810 35,471,528 16 Accounts payable and accrued expenses 17 59,911 17 188,311 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable 24 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. 59,9<u>11</u> 188,311 26 Balances Organizations that follow SFAS 117, check here ▶ |X| and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,872,011 2,308,606 27 Temporarily restricted net assets 394,849 221,377 28 or Fund Permanently restricted net assets 31,258,039 29 32.753.234 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances Net / 33 33,524,899 33 35,283,217 Total liabilities and net assets/fund balances ... 33,584,810 34 Financial Statements and Reporting Accounting method used to prepare the Form 990: Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? Х c If "Yes" to lines 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? 3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NC Coastal Federation, Inc.

Employer identification number 58-1494098

Pi	irt l	Reas	on for Public Charity	Status (All organizations	s must c	omplet	e this j	part.) (see ir	structi	ions)		
The	orga	nization is not	a private foundation becaus	se it is: (Please check only one o	rganizatio	n.)							
1	Ň		· ·	ociation of churches described i			(A)(i).						
2	П			A)(ii). (Attach Schedule E.)									
3	П			ce organization described in sec	ction 170(b)(1)(A)(ii	i). (Attac	h Sched	lule H.)				
4	П		· ·	d in conjunction with a hospital of			• •			the hosp	oital's name,		
•	ш	city, and state					, ,		•	•			
5	\Box	•		of a college or university owned	or operate	d by a go	vernmer	ntal unit	describ	e d in			
•	_	_	b)(1)(A)(iv). (Complete Part	=		,							
6	\Box			overnmental unit described in s	ection 170)(b)(1)(A)	(v).						
7	X	•		substantial part of its support fro				om the o	eneral	nublic			
•	123	•	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	, a goro.		311101111	5 ti.o 9	0110101	public			
8	П			I70(b)(1)(A)(vi). (Complete Part	шл								
9	Н			1) more than 33 1/3 % of its sup		ontributio	ns men	bership	fees a	nd aross	ì.		
·	ш	-		npt functions—subject to certain							•		
		-		nd unrelated business taxable in									
			_	0, 1975. See section 509(a)(2)	•				00000	•			
10			-	exclusively to test for public safe				see inst	ructions	3			
11	Н	•	•	exclusively for the benefit of, to	•		• • • •			''			
• •	نسسا	_	=	ted organizations described in se				•		ection			
				the type of supporting organizati									
		a Type		c Type III-Function			d		e III–Otl	her			
е				anization is not controlled direct			، – e or mor			,			
•		-	•	and other than one or more put	-			-		ection			
		•	section 509(a)(2).		, , , , , ,								
f		, , , ,	, ,, ,	ermination from the IRS that it is	a Type I.	Type II. or	Type III	noggue	ina				
•		. •	check this box		, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5				
g		-		tion accepted any gift or contrib	ution from	any of the							. لــا
3		following per	=	, , , , , , , , , , , , , , , , , , , ,		,							
		•		ontrols, either alone or together	with person	ns descrit	ned in (ii)	١				Yes	No
			ž ž	of the supported organization?	····· po/oo			•			11g(i)	1	
		٠, ٠	member of a person descri								11g(ii		
				described in (i) or (ii) above?	*******						11g(ii	-	
h				the organizations the organization	on supports							л	J
	Nam	e of supported	T " -				64) Did		6.41	- 41-	6.41) 4		
(1)		anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization sted in your		rou notify nization in	organizat	s the ion in col.	, ,	nount of port	
				above or IRC section	governing	document?	col. (i)		(i) organi	zed in the	·	,	
				(see instructions))	V	I N.		port?	U.				
				 	Yes	No	Yes	No	Yes	No			
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					-		 						
							!						
Tota	a1												

Page 2

Schedule A (Form 990 or 990-EZ) 2008 NC Coastal Federation, Inc.

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.) Section A. Public Support (e) 2008 (d) 2007 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 Gifts, grants, contributions, and membership fees received. (Do not 3,471,190 4,672,728 18,741,693 3,592,321 include any "unusual grants.") 2,081,942 4,923,512 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 4,923,512 3,592,321 3,471,190 4.672.728 18,741,693 2,081,942 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) 18,741,693 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 2,081,942 4,923,512 3,592,321 3,471,190 4,672,728 18,741,693 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 28,462 8,047 13,778 12,251 28,491 91,029 sources Net income from unrelated business activities, whether or not the business is 4,642 4,587 2,242 113,854 135,946 261.271 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 19,093,993 Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 98.1549 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 16a 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 NC Coastal Federation, Inc.

Part III Support Schedule for Organizations Described in Section 50 Support Schedule for Organizations Described in Section 509(a)(2)

Sec	(Complete only if you che tion A. Public Support	ecked the box	on line 9 of Pa	art I.)	· · · · · · · · · · · · · · · · · · ·		
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(8) 2004	(5) 2003	(0) 2000	(4) 2007	(8) 2000	(i) Fotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5				ļ	.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b				ļ		
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					<u> </u>	
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 2004	(5) 2003	(6) 2000	(u) 2007	(e) 2006	(i) iotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,					J	
	and 12.)		1				
14	First five years. If the Form 990 is for the		t, second, third, fou	rth, or fifth tax yea	r as a section 501	c)(3)	
0	organization, check this box and stop here				<u></u>		<u></u> ▶ L
	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8	column (f) divide	d by line 13, colum	n (f))		15	
16 Sec	Public support percentage from 2007 Sche	edule A, Part IV-A,	, line 27g	<u> </u>			8 %
	tion D. Computation of Investme						• 1
17 19	Investment income percentage for 2008 (li	ne 100, column (1) Sebedule A. D∈≠	N / A Date 0.7%				
18	Investment income percentage from 2007						8 %
19a	33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this be						▶ □
b	33 1/3 % support tests—2007. If the orga						
IJ	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation. If the organization did	•	-				

Schedule A (Fo	om 990 or 990-EZ) 20	08 NC Coas	stal Federa	ation, Inc		58-1494098 uired by Part II, line 10;	Page 4
Part IV	Supplemental In Part II, line 17a	nformation. Co or 17b; or Part	mplete this par III, line 12. Prov	t to provide the vide any oth <u>er a</u>	explanation requ additional informa	uired by Part II, line 10; ation. (see instructions)	
				-			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					• • • • • • • • • • • • • • • • • • • •		
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	***************	- , - , - , - , - , - , - , - , - , - ,					
					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, and 990-PF.

Name of the organization

NC Coastal Federation, Inc.

Employer identification number

58-1494098

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
, ,	covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) s for both the General Rule and a Special Rule. See instructions.)						
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor. Complete Parts I and II.						
Special Rules							
under sections 509((3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line and II.						
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year.)							
Caution. Organizations that	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990,						
	must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

990-EZ, or 990-PF).

Name of organization

NC Coastal Federation, Inc.

Employer identification number

58-1494098 Part I Contributors (see instructions) (d) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person State of NC Clean Water Mngt Fund . 1... Payroll 1651 Mail Service Center **s** 1,172,499 Noncash NC 27699-1651 Raleigh (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. . 2... NC Dept. of Environment and Natural Person Payroll Resources **s** 190,224 1605 Mail Service Center Noncash Raleigh NC 27699-1605 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Aggregate contributions** Type of contribution Name, address, and ZIP + 4 No. Attorney General of North Carolina X 3... Person NC Dept. of Justice **Payroll** 9001 Mail Service Center **\$** 280,714 Noncash Raleigh NC 27699-9901 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution . 4 Fred & Alice Stanback Person 507 W. Innes St. #270 Payroll **s** 350,000 Noncash NC 28144 Salisbury (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Smith Richardson Foundation 5... Person X Lake Pt. 701 Green Valley Rd. Payroll **s** 100,000 Noncash NC 27429 Greensboro (Complete Part II if there is a noncash contribution.) (a) (c) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. 6... NC GlaxoSmithKline Foundation Person PO Box 13392 Pavroll **s** 88,975 Noncash Research Triangle Park NC 27709 (Complete Part II if there is a noncash contribution.)

Page	2	of	2	of Part I

Name of organization

Employer identification number 58-1494098 NC Coastal Federation, Inc.

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.7	Town of Manteo PO Box 246 Manteo NC 27950	\$ 143,487	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 8	The Educational Foundation of Americ 35 Church Lane Westport CT 06880	s 100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	US Fish & Wildlife Service 1875 Century Blvd. Atlanta GA 30345	\$ 1,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, audiess, and Ar 19	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	ne of organization NC Coastal Federation	on Inc		Employer identif	0.0
Pa	rt I-A To be completed by all organizatio	ns exempt under sectio	n 501(c) and s	ection 527 organi	zations.
	See the instructions for Schedule C	for details.			
1	Provide a description of the organization's direct and in				
2	Political expenditures			> \$	
3	Volunteer hours			······ —	
Pa	To be completed by all organization See the instructions for Schedule C		n 501(c)(3).		
1	Enter the amount of any excise tax incurred by the orga	inization under section 4955		▶ \$_	
2	Enter the amount of any excise tax incurred by organiza	ation managers under section 4	955	▶ \$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No
b	If "Yes," describe in Part IV.		- F04()		
	rt I-C To be completed by all organizatio See the instructions for Schedule C		n 501(c), exce	pt section 501(c)(3).
1	Enter the amount directly expended by the filing organiza activities			▶ \$	
2	activities Enter the amount of the filing organization's funds contrib	uted to other organizations for s	ection	·····	
	527 avament function activities			▶ s	
3	Total of direct and indirect exempt function expenditures.			······	-
	F 1120 DOL Sun 17h			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	ar?		·····	Yes No
5	State the names, addresses and employer identification r	number (EIN) of all section 527	olitical organizatio	ns to which payments	
	were made. Enter the amount paid and indicate if the amount				
	contributions received and promptly and directly delivered	l to a separate political organiza	tion, such as a sep	parate segregated fund	
	or a political action committee (PAC). If additional space i	s needed, provide information in	n Part IV.		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Arnount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Sche	dule C (Form 990 or 990-EZ) 2008 NC	Coastal Fe	deration, I	nc.	58-149	4098	Page 2
	rt II-A To be completed by o	rganizations exer	npt under sectio	n 501(c)(3)		58	
	(election under sectio				for details.		
1 C	check 🕨 🔲 if the filing organiza						
3 C	check 🕨 🗌 if the filing organiza	ition checked box	A and "limited co	ontrol" provi	sions apply.		
	Limits on Lo (The term "expenditures"	bbying Expendit means amounts	ures paid or incurred	.)	(a) Filing organization's totals	1	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	public opinion (grass ro	ots lobbying)				
b	Total lobbying expenditures to influence a	legislative body (direc	t lobbying)	L			
С	Total lobbying expenditures (add lines 1a						
d	Other exempt purpose expenditures			I			
е	Total exempt purpose expenditures (add	lines 1c and 1d)					
f	Lobbying nontaxable amount. Enter the a			,			
	columns.						
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:				
	Not over \$500,000	20% of the amount or	n line 1e.				
Γ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,00	00.			
Γ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,	000.			
Γ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,0	00.			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25	% of line 1f)					
h	Subtract line 1g from line 1a. Enter -0- if						
	Subtract line 1f from line 1c. Enter -0- if li						
	If there is an amount other than zero on e				porting		
	section 4911 tax for this year?		* * - > > * * * * * * * * * * * * * * *				Yes No
			ng Period Under				
	(Some organizations th					of the fiv	ve.
					of the instructions		, C
						·· <i>j</i>	
	Lot	bying Expenditu	res During 4-Yea	<u>ır Averaging</u>	<u> Period</u>		
	Calendar year (or fiscal year						
	beginning in)	(a) 2005	(b) 2006	(c) 2007	7 (d) 2008		(e) Total
2a	Lobbying non-taxable amount						
þ	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
е	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	(III 000 01 000 ==) ==	8-1		
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have			Form
	5768 (election under section 501(h)). See the instructions for Schedule C for o		<u>s.</u> a)	(b)
		Yes	No	Amount
1 During th	e year, did the filing organization attempt to influence foreign, national, state or local			
legislatio	n, including any attempt to influence public opinion on a legislative matter or			
referendu	ım, through the use of:			
a Voluntee		X		-
	for management (include compensation in expenses reported on lines 1c through 1i)?	X	37	
	vertisements?	-	X	
_	to members, legislators, or the public?	X		200
	ons, or published or broadcast statements? other organizations for lobbying purposes?		Х	200
	other organizations for loobying purposes? ntact with legislators, their staffs, government officials, or a legislative body?	X	<u> </u>	
-	emonstrations, seminars, conventions, speeches, lectures, or any other means?	X		10,780
	ivities? If "Yes," describe in Part IV	X		53,721
	s 1c through 1i			64,701
2a Did the a	ctivities in line 1 cause the organization to be not described in section 501(c)(3)?	0.000.000.000	X	
	enter the amount of any tax incurred under section 4912			
	enter the amount of any tax incurred by organization managers under section 4912		.,,	
	g organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	S)
Part III-A	To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6). See the instructions for Schedule C for details.	n ou	I(C)(э), ог
3 Did the corrections of the correction of the c	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" Of question 3 is answered "Yes." See Schedule C instructions for details. sessments and similar amounts from members 62(e) non-deductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). rear from last year the amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying ical expenditure next year? amount of lobbying and political expenditures (line 2c total minus 3 and 4) Supplemental Information	on 50°	1(c)(3 5), or
Complete this	part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, I	ine 1i.		
	this part for any additional information.			
Schedu	le C, Part II-B, Line li			
Direct	contact with legislators, and coordination of memb	ers	of	the public
to mee	t with legislators to encourage legislation related	to	ĊŌĬ	nservation,
primar	ily as it relates to eastern North Carolina. There	are	no	
contri	butions to or endorsements of individual candidates			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008

Open to Public Inspection

Employer identification number Name of the organization 58-1494098 NC Coastal Federation, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure X Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _1_ _ _ _ Number of states where property subject to conservation easement is located lacksquare _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year $$\blacksquare$$ 119_ \$=\$ 3, \$304enforcement of the conservation easements it holds? Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Sched	ule D (Form 990) 2008 NC Coastal	Federation,	Inc.		58-14940	98	Page 2
	rt III Organizations Maintaining	Collections of Art, I	Historical Treas	sures, c	or Other Simil	ar Ass	ets (continued)
3	Using the organization's accession and other reitems (check all that apply):	ecords, check any of the fo	ollowing that are a s	ignificant	use of its collection	n	
а	Public exhibition	d 🔲 Loan o	r exchange program	าร			
b	Scholarly research						
C	Preservation for future generations						
_	Provide a description of the organization's colle	actions and explain how th	ev further the organ	ization's	evemnt nurnose ir	,	
	Part XIV.					•	
	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part of th	e organization's col	lection?	<u> </u>		Yes No
200000000	rt IV Trust, Escrow and Custodi Part IV, line 9, or reported a	n amount on Form 9	990, Part X, line	21.		es" to	Form 990,
1a	Is the organization an agent, trustee, custodiar						
	included on Form 990, Part X?						∐ Yes
þ	If "Yes," explain the arrangement in Part XIV at	nd complete the following	table:				
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f]	_
2a	Did the organization include an amount on For	m 990, Part X, line 21? 🚊				. ,	☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV.		4 (1) 4 (1)				
⊪Pa	rt V Endowment Funds. Compl						
		(a) Current year	(b) Prior year	(c) Two	years back (d) Th	ree years	back (e) Four years back
1a	- 10 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59,367					
b	Contributions	11 101					
C	Investment earnings or losses	-11,101					
d	Grants or scholarships						
е	Other expenditures for facilities						

f	Administrative expenses	40.000					
9	End of year balance	48,266					
2	Provide the estimated percentage of the year						
а	Board designated or quasi-endowment	%					
	Permanent endowment ▶_100.00%						
	Term endowment ▶ %				_		
3a	Are there endowment funds not in the possess	sion of the organization tha	at are held and adm	inistered	for the		
	organization by:						Yes No
	(i) unrelated organizations						n.(m) V
		r (
	If "Yes" to 3a(ii), are the related organizations						3b
4	Describe in Part XIV the intended uses of the or ginal uses			n Dort	V line 10		
200.20C.	Investments—Land, Buildi Description of investment	(a) Cost or other basis	(b) Cost or ot			<u></u>	(d) Book value
	Description of investment	(investment)	basis (other		(c) Depreciati	011	(d) book value
	1	(invocation)		,702			450,702
	Land			, 102 , 473	100	261	420,702
D	Buildings		322	<u>, 4</u> /3	102	<u>,264</u>	420,209
	Leasehold improvements		210	,609	160	,393	159,216
	Equipment Other		319	, 009	100	, 555	100,410
	Other I. Add lines 1a–1e. (Column (d) should equal Fo	orm 990. Part X. column (F	3), line 10(c).)				1,030,127
		vou, i unitri, voidinii (t	-,, (~),,			<i></i>	-,,,

Schedule D (Form 990) 2008 NC Coastal Federation	, Inc.	58-1494098	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuat	
(including name of security)		Cost or end-of-year mark	et value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
 			
 			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
		Cost or end-of-year man	ket value
			•
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
Conservation easements,	/land		32,704,968
October (de 2011 de october)	, 10110		02, 701,300
	,		
		•	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		>	32,704,968
Part X Other Liabilities. See Form 990, Part X, line 2	25		32, 101, 300
(a) Description of liability	(b) Amount		
Federal income taxes	(4)/400400	\dashv	
i ederal income taxes		\dashv	
· · · · · · · · · · · · · · · · · · ·		\dashv	
		\dashv	
		_	
	+	\dashv	
	+	\dashv	
		\dashv	
	. 	\dashv	
	 	\dashv	
	1		
		\dashv	
Tatal (Oaluma /b) should as all Farm 200 Dad V and (D) line 25 \			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		organization's liability for	

uncertain tax positions under FIN 48.

	dule D (Form 990) 2008 NC Coastal Federation, Inc.		<u>58-149409</u>	8	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Financial S	tatements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	4,581,576
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,823,258
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	1,758,318
4	Net unrealized gains (losses) on investments			4	107,688
5	Donated services and use of facilities			5	
6	investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	47,270
9	Total adjustments (net). Add lines 4-8			9	154,958
10 ⊯a	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 It XII Reconciliation of Revenue per Audited Financial Stateme	nto With De	vonue ner Dr	10	1,913,276
1	Total revenue, gains, and other support per audited financial statements	FIILS VAILII IKE	venue per Ke	1	4,689,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				4,009,204
а	Net unrealized gains on investments	2a	107,688		
b	Donated services and use of facilities	2b	1077000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	107,688
3	Subtract line 2e from line 1			3	4,581,576
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			
þ	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
<u></u>	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)			5	<u>4,581,576</u>
**************************************	rt XIII Reconciliation of Expenses per Audited Financial Statem		· · · · · · · · · · · · · · · · · · ·		0.775.000
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		1	<u>2,775,988</u>
	Donated services and use of facilities	2a			
	=	· · · · · · · · · · · · · · · · · · ·	·		
	Prior year adjustments Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XiV)	2d			
е	Add lines 2a through 2d	20		2e	
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	2,775,988
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			
þ	Other (Describe in Part XIV)	4b	47,270		
	Add lines 4a and 4b			4c	47,270
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	2,823,258
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		t IV, lines 1b		
	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a				
— 1	<u> </u>	on_E <u>ase</u> m	<u>ents</u>		-
_ [<u> Easements_are_recorded at_historic/acquistic</u>	on_cost,	_o <u>r</u> fair_	marke	et value in
	the_case of_donated_propertyAll_of_these_p				
					redutter -
_€	<u>either by purchase, with funds provided by c</u>	gr <u>ant</u> s,	<u>or by gif</u>	t <u>.</u> _	
_					
	Part V Jino 4 - Intended Uses for Bulleton		_		
- '	<u> Part V, Line 4 - Intended Uses for Endowment</u>	<u>r runas</u> .	-	- -	
_ [<u> Earnings on endowment funds are avaiable for</u>	<u>r genera</u>	<u>l operati</u>	ons_c	of the
	— ···· - -		-	_ _	

Schedule D (Form 990) 2008 NC Coastal Federation, Inc. Part XIV Supplemental Information (continued)	58-1494098	Page 5
_federation		
Part XI, Line 8 - Reconcilation of Changes - Other		
_Book / Tax Depreciation_Difference		
Part XIII, Line 4b - Expense Amounts Included on 1		
_Book / Tax Depreciation_Difference	\$	_4 <u>7,270</u>
		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization

NC Coastal Federation, Inc.

Employer identification number 58-1494098

Form 990, Part I, Line 6
Primarily volunteer labor to help with restoration plantings and similar
projects.
Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990
The Audit Committee and other key management personnel review a draft of
form 990 before it is completed and filed.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Employee's must review the confict of interest policies annually, and are
advised to discuss potential problems with their supervisor or the
Executive Director. Board of Directors members are reminded periodically
regarding the policies, and excuse themselves when appropriate.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Annual review by key members of the board of directors with a
recommendation to the full board regarding compensation.
Form 990, Part VI, Line 15b - Compensation Process for Officers
Annual review by key board members with recommendation to the full board
regarding compensation.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
An annual report summary (derived from audited financial statements) is
posted on the organization's web site.

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Internal Revenue			Prile a Separate application to	reach recarn.		
		tomatic 3-Month Extension,	complete only Part I and check th	is box	,	▶ X
			onth Extension, complete only P			
			anted an automatic 3-month extens			
Part I	Automati	c 3-Month Extension o	f Time. Only submit origina	al (no copies neede	d).	
-	required to the	Form 990-1 and requesting ar	n automatic 6-month extensionch	leck this box and complet	.0	▶ □
Part I only						
			s, REMICs, and trusts must use Fo	rm 7004 to request an ex	tension of	
time to file ince						
			file Form 8868 if you want a 3-mor			•
			required to file Form 990-T). Howe			
electronically i	if (1) you want	the additional (not automatic)	3-month extension or (2) you file Fo	orms 990-BL, 6069, or 88	70, group	
			id, you must submit the fully comple			orm
8868. For mor	re details on th	e electronic filing of this form,	visit www.irs.gov/efile and click on	e-file for Charities & Nong	profits.	
Type or	Name of Ex	empt Organization			Employe	er identification number
print						
File by the	NC Coa	<u>stal Federation</u>	n, Inc.		58-1	494098
due date for	Number, str	eet, and room or suite no. If a	P.O. box, see instructions.			
filing your return. See	3609 I	<u> Kighway 24 (Ocea</u>	an)			
instructions.	City, town o	r post office, state, and ZIP cod	de. For a foreign address, see instr	uctions.		
	Newpoi	ît	NC 28570			
Check type o	f return to be	filed (file a separate application	on for each return):			
X Form 99	90		Form 990-T (corporation)			Form 4720
Form 99	90-BL		Form 990-T (sec. 401(a)	or 408(a) trust)		Form 5227
Form 99	90-EZ		Form 990-T (trust other th	an above)		Form 6069
Form 99	90-PF		Form 1041-A			Form 8870
If the orga If this is for the whole of a list with the cuntil for the co	anization does or a Group Ret group, check t names and Ell st an automatic	urn, enter the organization's fo his box	oration required to file Form 990-T tion return for the organization nan	extension of time	. If this is I attach	▶□
2 If this ta	x year is for le	ss than 12 months, check reas	on: Initial return Fir	nal return Change	in account	ling period
			, 4720, or 6069, enter the tentative	tax,		
		le credits. See instructions.			3a	\$
,		•	any refundable credits and estimate	ted tax		
		de any prior year overpayment	· · · · · · · · · · · · · · · · · · ·		3b	\$
			your payment with this form, or, if r	•		
		· · · · · · · · · · · · · · · · · · ·	TPS (Electronic Federal Tax Paym	ent		
). See instruct				3c	\$
•		make an electronic fund withd	rawal with this Form 8868, see For	m 8453-EO and Form 88	79-EO	
for payment in						0000
For Privacy A	Act and Paper	work Reduction Act Notice, s	see Instructions.			Form 8868 (Rev. 4-2009)

58-1494098	Ľ	ederal Statements	temen	ts	,			
	Form 990,	Form 990, Part IX, Line 24f - All Other Expenses	f - All Oth	er Expenses				
Description		Total Expenses	т "	Program Service	Manaç Ge	Management & General		Fund Raising
Repairs and maintenance	S	21,845	ጭ	18,751	\$	1,547	თ	1,547
Boat operations		19,715		19,715				
Printing		18,731		13,108				5,623
Design		15,387		14,169		609		609
DOM TAGE		10,971				440		4,089
) Jijes		7,945		7,945				
7400 11+111+100		7,923				529		529
Bank and card fees		2,396		454	:	624		1,318
Total		104,913	φ.	87,449	S	3,749	ν _τ	13,715