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GOVERNMENT COPY



## Bernard Robinson & Company

Balanced. Responsive. Connected.

November 15, 2023

Ms. Bree Hendrick New North Carolina Project 6012 Bayfield Parkway, Suite 142 Concord, NC 28027

#### Dear Bree:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

As required by Federal Treasury Regulations, 301.6104(d)-1, a tax-exempt organization must make its annual informational returns available for public inspection and/or distribution. Your organization is required to make its annual informational returns available for public inspection, without charge, at your designated office during regular business hours. Each annual information return is required be made available for a period of three years beginning on the date the return is required to be filed (including any extensions) or the date the return is actually filed, whichever is later. In addition, the organization must provide a copy of all or any part of any return required to be made available for public inspection to any individual who makes a request in person or in writing. Any such copy must be provided without charge (other than a reasonable fee for reproduction and actual postage charges). We have provided a copy for public inspection that should be retained at your office.

Sincerely,

John M. Robinson

## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

December 31, 2022

Prepared for	Ms. Bree Hendrick New North Carolina Project 6012 Bayfield Parkway, Suite 142 Concord, NC 28027
Prepared by	Bernard Robinson & Company, LLP 4700 Homewood Court, Ste 105 Raleigh, NC 27609
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023.
	The signed Form 8879 should be returned within 7 business days by ONE of the following methods:
	<ul> <li>1) If you are signing electronically via SafeSend Returns no further action on your part is needed.</li> <li>2) Email admin@brccpa.com to request a secure link be emailed to you that will enable you to upload your signed e-file authorization form securely.</li> <li>3) By Fax: 919.862.0009</li> <li>4) Regular Mail:     Bernard Robinson &amp; Company, LLP     PO Box 98148     Raleigh, NC 27624</li> <li>5) Email using an unsecure method which is not recommended to</li> </ul>

Special Instructions				
	efile.raleigh@	brccpa.com		
	If you have any office at 919.86	questions about 2.0004.	Form 8879, please	contact our

#### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending
of calcindar year 2022, or lister year beginning	, 2022, and chang

2022

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer NEW NORTH CAROLINA PROJECT 86-3224686 AIMY STEELE Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) **2b** 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 processary to answer inquiries and resolve issues related to the payment. I have selected a 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BERNARD ROBINSON & COMPANY, LLP 24686 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 61814474910 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. BERNARD ROBINSON & COMPANY, LLP 11/15/23 ERO's signature Date

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

NEW NORTH CAROLINA PROJECT 6012 BAYFIELD PARKWAY, SUITE 142 CONCORD, NC 28027

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalalaldhaadHaalladhaaldhaldhal

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 86-3224686 NEW NORTH CAROLINA PROJECT File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 6012 BAYFIELD PARKWAY, SUITE 142 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 28027 CONCORD, NC Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 AIMY STEELE, CEO The books are in the care of ► 6012 BAYFIELD PARKWAY, SUITE 142 - CONCORD, NC 28027 Telephone No. ► 980-521-6132 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 this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🧾 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. Form 8868 (Rev. 1-2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2022 calendar year, or tax year beginning	and	ending		
<b>B</b> (	heck if	C Name of organization			D Employer identific	cation number
	Addre	NEW NORTH CAROLINA PROJE	CT			
X	Name change				86-32246	86
	Initial return	Number and street (or P.O. box if mail is not delivered	,	Room/suite	E Telephone number	
	Final return/ termin		SUITE 142		336-628-	
	ated  Amend	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	624,116.
	_lreturn	CONCORD, NC Z00Z1	CMBBI B		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer:AIMY SAME AS C ABOVE	STEELE		for subordinates	
			(insert no.) 4947(a)(1) o	or 507	H(b) Are all subordinates in	
	ax-exe <b>Vebsit</b>	TIMED C. / ATTINION MITCH DOL TITE				list. See instructions
		organization: X Corporation Trust Assoc				State of legal domicile: NC
		Summary	Caron Caron	L Toal	oriorination. 2021 IV	Otate of legal dofficile, 240
		Briefly describe the organization's mission or most sig	nificant activities: THE I	NEW NO	RTH CAROLIN	A PROJECT'S
Governance	•	MISSION IS TO MAKE POLITICS	REPRESENT THI	E NEED	S OF NORTH	CAROLINIANS
rna		Check this box if the organization discontin				
ove	3	Number of voting members of the governing body (Pa	rt VI, line 1a)		3	5
ত		Number of independent voting members of the govern			4	4
Activities &	5	Total number of individuals employed in calendar year	2022 (Part V, line 2a)			0
iviti		Total number of volunteers (estimate if necessary) $\dots$				122
Act		Total unrelated business revenue from Part VIII, colum				0.
	b	Net unrelated business taxable income from Form 990	)-T, Part I, line 11	······		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	Prior Year 715,700.	Current Year 624,116.
iue	l .	Contributions and grants (Part VIII, line 1h)			0.	024,110.
Revenue	l .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, an	d 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			0.	0.
	l	Total revenue - add lines 8 through 11 (must equal Par			715,700.	624,116.
		Grants and similar amounts paid (Part IX, column (A),			1,000.	350.
		Benefits paid to or for members (Part IX, column (A), li			0.	0.
S		Salaries, other compensation, employee benefits (Parl			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		23,562.	7,500.
xbe		Total fundraising expenses (Part IX, column (D), line 25	1 4 0 0	33.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11			212,963.	950,220.
		Total expenses. Add lines 13-17 (must equal Part IX, c			237,525.	958,070.
_ s	19	Revenue less expenses. Subtract line 18 from line 12			478,175. ginning of Current Year	-333,954. End of Year
Net Assets or Fund Balances		Tatal accepts (Doubly line 40)		_	624,308.	305,229.
Asse Bak	20				146,133.	161,008.
Net/ und	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line			478,175.	144,221.
Pa	art II	Signature Block	, 20		27072700	
		Ities of perjury, I declare that I have examined this return, incl	uding accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is	based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	е	AIMY STEELE, CEO				
		Type or print name and title			N-1-	LI DTIN
			eparer's signature		Date Check	PTIN
Paid			OMPANY IIP	N T	1/15/23 if self-employe	D01281319
	oarer Only	Firm's name BERNARD ROBINSON & Firm's address 4700 HOMEWOOD COURT			Firm's EIN 5	6-0571159
USE	Unity	RALEIGH, NC 27609	, SIE IUS		Dhone no Q1	9-862-0004
Max	the I	RADETGIT, NC 27009  RS discuss this return with the preparer shown above?	See instructions		TEHORIGHO. 2 T.	X Yes No
ivia	, u i <del>C</del> 1	to discuss this return with the preparer shown above				<u>21 165   NO</u>

Pai	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:  THE NEW NORTH CAROLINA PROJECT'S MISSION IS TO MAKE POLITICS RI	FDDFCFNT
	THE NEW NORTH CAROLINA I ROSECT S MISSION IS TO MAKE TOUTTIES OF THE NEEDS OF NORTH CAROLINIANS BY INVESTING IN COMMUNITIES OF THE NEEDS OF NORTH CAROLINIANS BY INVESTING IN COMMUNITIES OF THE NEEDS O	
	EXPANDING THE ENGAGED ELECTORATE AND CREATING #LIFELONGVOTERS.	JOHOR,
	THE PROPERTY OF THE PROPERTY O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organization of the section 501(c)(4) organization 501	
	revenue, if any, for each program service reported.	tperises, and
4a	(Code: ) (Expenses \$ 606,006 • including grants of \$ 350 • ) (Revenue \$	1
	THE NEW NORTH CAROLINA PROJECT'S MISSION IS TO MAKE POLITICS RI	EPRESENT
	THE NEEDS OF NORTH CAROLINIANS BY INVESTING IN COMMUNITIES OF	
	EXPANDING THE ENGAGED ELECTORATE AND CREATING #LIFELONGVOTERS.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 606,006.	
		Form <b>990</b> (2022)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		- V
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4415		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		122
C	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	1.10		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
.0	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 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 Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ \ •
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

232003 12-13-22

Form **990** (2022)

## Form 990 (2022) NEW NORTH CAROLINA Part IV | Checklist of Required Schedules (continued)

. u	The state of the s		\ <u>'</u>	<u> </u>
00	Did the constitution was at accept the or \$5 000 of sweets or other assistance to surface demonstrational and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
2 <del>-1</del> 0	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?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			٠,,
	"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		
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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		х
22	Schedule N, Part II	32		
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		х
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and	33		
34		34		х
35 a	District the second of the sec	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?	000		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	I

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X						
За	0 ,									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x						
	any contributions that were not tax deductible as charitable contributions?	6a								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Gh								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b								
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75								
·	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a	-								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZU								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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.									
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									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

232005 12-13-22

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

					Λ						
Sec	tion A. Governing Body and Management			_							
		1 1		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>5</u>								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent										
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?										
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form				Х						
5	Did the organization become aware during the year of a significant diversion of the organization's as				Х						
6	Did the organization have members or stockholders?		. —		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		·   _								
	more members of the governing body?		7a		X						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		·   ··~								
-	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		.   "								
			8a	х							
a			۱ ۵۰	X							
b	Each committee with authority to act on behalf of the governing body?		.   00	125							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the provide the pages and addresses an Schoolide C.				X						
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Coae.)		1,,							
				Yes	No X						
	Did the organization have local chapters, branches, or affiliates?		. 10a	-							
b	If "Yes," did the organization have written policies and procedures governing the activities of such c										
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		. 10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	X							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			l							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. 12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe									
	on Schedule O how this was done		120	X							
13	Did the organization have a written whistleblower policy?		13		X						
14	Did the organization have a written document retention and destruction policy?		. 14		Х						
15	Did the process for determining compensation of the following persons include a review and approv	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a		Х						
	Other officers or key employees of the organization				Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga										
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure			1							
17	List the states with which a copy of this Form 990 is required to be filed NC										
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)	(3)s on	v) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	222 . (2222211001(0)	, 2, 3 011	,, aran							
		on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		and fin	ancial							
13	statements available to the public during the tax year.	ornilot of interest policy,	and III	ai ioidi							
20	. ,	ooke and records									
20	State the name, address, and telephone number of the person who possesses the organization's boundary STEELE, CEO $-980-521-6132$	ouns and records									
	6012 BAYFIELD PARKWAY, SUITE 142, CONCORD, NC 280	127									
	OUTH PATETHER LAKEWAI, BUILD 142, CONCORD, INC. 200	4 1									

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and title	hours per	(do	not o	heck	more	than	one h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee		l	eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altru	onal ti		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AND GEAL HOUGHT	line) 1.00	Ĕ	Ë	ъ	- A	E E	요			
(1) ANN SZALKOWSKI	1.00	X						20,000.	0.	0
DIRECTOR (2) PANIEL WALDER	1.00	^						20,000.	0.	U
(2) DANIEL VALDEZ	1.00	x		x				0.	0.	0
INTERIM CHAIR/VICE CHAIR	1.00	^		^				0.	0.	U
(3) MALBERT SMITH SECRETARY	1.00	x		x				0.	0.	0
(4) CHAZ BEASLEY	1.00	^		^				0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(5) DR. AIMY STEELE	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0
DIRECTOR		^						0.	0.	-
		┨								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1	l	l	I	1	l	1		

Form 990 (2022)

Page 8

Section A. Officers, Directors, Trus	T	ploy	ees			ghe	st C	<del> </del>	es (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average		not c	heck	Position eck more than one			Reportable	Reportable			timated	
	hours per	box	, unle	ss pe	rsoni	is bot or/trus	h an	compensation	compensation			ount c	of
	week (list any	$\vdash$	un					from	from related			other	ion
	hours for	direct						the organization	organization: (W-2/1099-MIS			pensat om the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizatio	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	. 200 (120)			d relate	
	below	idual	tution	l la	key employee	est cc oyee	ıer	,				nizatio	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
		-											
		-											
	-												
		-											
		1											
		-											
1h Subtotal	<u> </u>						<u> </u>	20,000.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								20,000.		0.			0.
Total number of individuals (including but r									000 of reportab				
compensation from the organization	iot iii iiited to ti	1036	liste	ou ai	DOVE	c) wi	10 11	eceived more than wroc	,,000 or reportab	iiC			0
our periodion from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ee l	cev e	emp	love	e or	hio	nhest compensated emr	olovee on				
line 1a? If "Yes," complete Schedule J for s	•	-	•		-		_		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15			-						o.g		4		Х
5 Did any person listed on line 1a receive or									dual for services	3			
rendered to the organization? If "Yes," com	=				-						5		Х
Section B. Independent Contractors											•		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C		
Name and business	address	N	INC	3				Description of s	ervices	С	omper	nsation	J
							_						
							$\dashv$						
O Tatal mumb out of inches and the second of	in alcohir at 1		14	ـ اـ	<b>1</b> 1-	- ·		d ala avea vista a sissa di di	ana the				
2 Total number of independent contractors (		iot li	nite	a to		se lis 0	stec	apove) who received n	iore tnan				
\$100,000 of compensation from the organi	Zation										- 1	<b>990</b> (2	000)

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Pa	r L V	/111	_				- in Alain Don't VIII			
			Check if Schedule O co	ontains a respoi	nse oi	note to any lin	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	sections 512 - 514
ts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues							
Y, G			Fundraising events							
ar /			Related organizations							
s, G			Government grants (contrib							
ion			All other contributions, gifts, gr							
the			similar amounts not included a		6	624,116.				
n diri		g	Noncash contributions included in lin							
au		_	Total. Add lines 1a-1f				624,116.			
						Business Code				
e,	2	а								
e Zi		b			_					
Se		С								
eve eve		d								
Program Service Revenue		е								
<u> </u>		f	All other program service re	evenue	[					
			Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)							
	4		Income from investment of	tax-exempt bor	nd pro	ceeds				
	5		Royalties							
				(i) Real		(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
			` ' _	6c						
			Net rental income or (loss).							
	7	а	Gross amount from sales of	(i) Securiti	ies	(ii) Other				
			· -	7a						
		b	Less: cost or other basis							
ğ				7b						
Revenue			· /	7c						
er R			Net gain or (loss)		<del></del>					
Othe	8	а	Gross income from fundraising	•						
٥			including \$							
			contributions reported on li	•						
			Part IV, line 18		8a 8b					
			Less: direct expenses  Net income or (loss) from fu							
	۵		Gross income from gaming	-	-					
	9	а	Part IV, line 19		9a					
		h	Less: direct expenses		9b					
			Net income or (loss) from ga							
	10		Gross sales of inventory, les	-	ÍΠ					
		u	and allowances		10a					
		h	Less: cost of goods sold							
			Net income or (loss) from sa							
		•	. () 3111 00			Business Code				
ğ a	11	а								
Miscellaneous Revenue		b			_					
eve		С								
Ais		d	All other revenue		[					
_			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				624,116.	0.	0.	0.

#### 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 respons	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	350.	350.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a b		7,086.		7,086.	
	Legal	43,330.		43,330.	
c d		1373301		1373301	
e	B ( ' 1( 1 ' ' ' O B ' N' I' 47	7,500.			7,500.
f	Investment management fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,
a a	/// // // // // // // // // // // //				
3	column (A), amount, list line 11g expenses on Sch O.)	12,472.	4,025.	4,697.	3,750.
12	Advertising and promotion	12,335.	4,970.	4,697. 7,365.	
13	Office expenses	52,783.	16,726.	17,696.	18,361.
14	Information technology				
15	Royalties				
16	Occupancy	1,183.		1,183.	
17	Travel	18,783.	13,122.	5,661.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,583.		1,583.	
23 24	Other expenses. Itemize expenses not covered	1,505.		2,303.	
∠-†	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SALARY REIMBURSEMENT	752,367.	537,797.	105,096.	109,474.
b	RESEARCH	25,123.	19,117.	-	6,006.
С	STRATEGY	5,281.	2,781.		2,500.
d	DUES AND SUBSCRIPTIONS	4,215.	1,498.	2,717.	
е	All other expenses	13,679.	5,620.	5,817.	2,242.
25	<b>Total functional expenses</b> . Add lines 1 through 24e	958,070.	606,006.	202,231.	149,833.
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

Form **990** (2022)

#### Part X Balance Sheet

· a	ITL A	Check if Schedule O contains a response or note to any line in this Pa	art X		
		oneskii eeneaale e eenaan a respense si nete te arij iine ii ane re	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	624,308.	1	150,750.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	150,000.
	5	Loans and other receivables from any current or former officer, direct			
		trustee, key employee, creator or founder, substantial contributor, or			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)		6	
δ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges		9	4,479.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	604 200		305,229.
	17	Accounts payable and accrued expenses	40 405	17	•
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or s	35%		
iq		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Pa			
		of Schedule D	126,636.	25	161,008.
	26	Total liabilities. Add lines 17 through 25	446 400		161,008.
	120	Organizations that follow FASB ASC 958, check here	110,1331	20	202,0001
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	478,175.	27	144,221.
Bal	28	Net assets with donor restrictions		28	
힏	20	Organizations that do not follow FASB ASC 958, check here		20	
Net Assets or Fund Balances		and complete lines 29 through 33.			
ō	20	Capital stock or trust principal, or current funds		29	
ets	29				
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et /	31	Retained earnings, endowment, accumulated income, or other funds		31	144,221.
Z	32	Total lightilities and not assets /ft and halances	CO4 200	33	305,229.
	33	Total liabilities and net assets/fund balances		<u> </u>	Form <b>990</b> (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	
2	2 Total expenses (must equal Part IX, column (A), line 25)				70.
3	3 Revenue less expenses. Subtract line 2 from line 1				54.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4				75.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	4,2	21.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ie 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	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEW NORTH CAROLINA PROJECT

Employer identification number 86-3224686

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### 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.)

<b>2</b> ec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				715,699.	624,116.	1,339,815.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				715 600	604 116	
	Total. Add lines 1 through 3				715,699.	624,116.	1,339,815.
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,						339,224.
	column (f)						
	Public support. Subtract line 5 from line 4.						1,000,591.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 4	(a) 2016	<b>(b)</b> 2019	(c) 2020	(d) 2021 715,699.	(e) 2022 624,116.	1,339,815.
	Gross income from interest,				72370330	021,1100	2,000,020.
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	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	<b>Total support.</b> Add lines 7 through 10						1,339,815.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop						X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (					14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the o						
	<b>stop here.</b> The organization qualifies						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact			=	· ·	VI how the organiz	ation
_	meets the facts-and-circumstances to	-	•	*	-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	oa, 100, 1/a, or 1/	b, check this box a		
						Scheaule A	(Form 990) 2022

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

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

Se	ction A. Public Support	· · · · · ·	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	<u> </u>					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	,			
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	<del> </del>			-		
	Total support. (Add lines 9, 10c, 11, and 12.)			<u>l</u>		<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						<u></u>
	ction C. Computation of Publ					Liel	
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	Investment income percentage for 20					17	04
						18	%
	Investment income percentage from 2 a 33 1/3% support tests - 2022. If the						17 is not
196	more than 33 1/3%, check this box a						
L	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
40		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
<u>.</u>		
9b		
9с		
46		
10a		
10b		

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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2022 NEW NORTH CAROLINA PROJ	JECT		86-3224686 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

**Current Year** 

1 2

3

4 5

6

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Enter 0.85 of line 1.

1 Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

ec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

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

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2022

Employer identification number

2022

OMB No. 1545-0047

NEW NORTH CAROLINA PROJECT 86-3224686 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### NEW NORTH CAROLINA PROJECT

86-3224686

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMILY KUNREUTHER CHARITABLE TRUST  147 WESTERN AVE	\$	Person X Payroll
(a) No.	BATTLEBORO , NC 05301  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	OAK PHILANTHROPY LTD. CASE POSTALE 118, 58 AVENUE LOUIS CASI, 1216 COINTRIN GENEVA, SWITZERLAND	\$ <u>13,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CYPRESS GROVE ACTION FUND  43 WEST 36 STREET, SIXTH FLOOR0  NEW YORK, NC 10018	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAYTON FOUNDATION  1401 SOUTH MAIN STREET, SUITE 100  DAYTON, OH 45409	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TIDES FOUNDATION  2101 L STREET  WASHINGTON, NC 20003	\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WALK THE WALK 2120 UNIVERSITY AVE.	\$ <u>110,000.</u>	Person X Payroll
000450 11 1	BERKELEY, CA 94704		noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

#### NEW NORTH CAROLINA PROJECT

86-3224686

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional actions and the copies of Part I if additional actions are copies	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WINDWARD FUND  1828 L STREET  WASHINGTON, NC 20036	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Z. SMITH REYNOLDS  102 WEST THIRD STREET, STE 1110  WINSTON-SALEM, NC 27101	\$50,000.	Person X Payroll
(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
110.	Name, address, and Zir + 4	\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### NEW NORTH CAROLINA PROJECT

86-3224686

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 86-3224686 NEW NORTH CAROLINA PROJECT Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

NEW NORTH CAROLINA PROJECT

**Employer identification number** 86-3224686

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and		(b) Funds and other accounts		
1	Total number at end of year	(4) 2 51161 4411654 141165	(2) - 2.1.20 2.1.2 2.1.2.		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	L	sed funds		
3	are the organization's property, subject to the organization's	_			
6	Did the organization inform all grantees, donors, and donor a				
Ü	for charitable purposes and not for the benefit of the donor of				
Par					
1	Purpose(s) of conservation easements held by the organizat				
·	Preservation of land for public use (for example, recrea		f a historically important land area		
	Protection of natural habitat		f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
	Number of conservation easements included in (c) acquired				
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re				
	year				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?				
6					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the		
_	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections o		other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre		al gain, provide		
	the following amounts required to be reported under FASB A				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022		

232051 09-01-22

	t III   Organizations Maintaining C	Collections of A			reasures,	or Othe	er Simil	ar Asse	ts(contin		aye Z
3					-				•	/	
•	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
а	Public exhibition	c		l oan or exc	change progr	am					
b	Scholarly research	e		Other	onango progr	<b>u</b>					
c	Preservation for future generations	•									
4	Provide a description of the organization's co	ollections and explai	in how th	nev further	the organizat	ion's exer	mnt nurna	nse in Par	t XIII		
5	During the year, did the organization solicit of							550 IIII UI	. 7		
Ŭ	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa		oto ii tiio	organizati	or anowered	100 011	1 01111 000	,, r art rv,			
	Is the organization an agent, trustee, custod		diary for	contributio	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										_ 110
D	Tres, explain the arrangement in rate xiii	and complete the re	mowning t	abic.					Amoun	t	
_	Beginning balance						1c				
	Additions during the year										
f	Distributions during the year										
	Ending balance								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				֝֟֝֟֝֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֓
	t V Endowment Funds. Complete i										
	21 2 Indominant Landor Complete	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
12	Beginning of year balance	(a) can one year	(-,-		(0)	,	(-,		(0)	<b>J</b>	
	Contributions										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
_	End of year balance		//: 4								
2	Provide the estimated percentage of the cur	•	-	g, column (	a)) neid as:						
	Board designated or quasi-endowment		_%								
	b Permanent endowment%										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the										
	organization by:										
	(i) Unrelated organizations 3a(i)					<u> </u>					
	(ii) Related organizations					3a(ii)		<del></del>			
b	If "Yes" on line 3a(ii), are the related organization				?				3b		
4	Describe in Part XIII the intended uses of the		owment :	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere					1					
	Description of property	(a) Cost or o			t or other		ccumulate	ed	( <b>d</b> ) Boo	k value	е
		basis (investr	ment)	basis	(other)	dep	reciation	$\perp$			
	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NEW NORTH CAPACITY Part VIII Investments - Other Securities.			-3224686 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must equal Form 000, Port V. col. (B) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d. See Form 990. Part X. line 15	
	Description	Tra. coor officoo, rafe x, into ro.	(b) Book value
(1)			(a) I som vallas
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO NEW NORTH CAROLINA	PROJECT	-	
(3) ACTION FIRST			161,008
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

161,008.

(6) (7) (8)

Pa	rt XI Reconciliation of Revenue per	Audited Financial Statements Witl	h Revenue per Return	) <b>.</b>
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per au-	dited financial statements	1	
2	Amounts included on line 1 but not on Form 99	90, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 1			
а	Investment expenses not included on Form 99	0, Part VIII, line 7b <b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must e			
Pa	rt XII Reconciliation of Expenses pe	er Audited Financial Statements Wi	th Expenses per Retu	rn.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financia	l statements	1	
2	Amounts included on line 1 but not on Form 99	00, Part IX, line 25:		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25			
а	Investment expenses not included on Form 90	0, Part VIII, line 7b		
ч	i investinent expenses not included on Form 33	, , , , , , , , , , , , , , , , , , , ,		
b				
b	Other (Describe in Part XIII.)		4c	
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must</i>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.)	5	
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must wirt XIII Supplemental Information.	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
b c 5 <b>Pa</b> Prov	Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must art XIII Supplemental Information.  Vide the descriptions required for Part II, lines 3, 5	equal Form 990, Part I, line 18.) 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part V, line 4; Part	X, line 2; Part XI,
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Schedule D (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW NORTH CAROLINA PROJECT

**Employer identification number** 86-3224686

1120 1101011 1111012111 111101211
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY INVESTING IN COMMUNITIES OF COLOR, EXPANDING THE ENGAGED ELECTORATE
AND CREATING #LIFELONGVOTERS.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, TREASURER OR
THEIR DESIGNEE, CEO, AND VICE PRESIDENT OF OPERATIONS AND HUMAN RESOURCES
PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CEO OR VP OPERATIONS WILL ALERT THE BOARD CHAIR TO ANY CONFLICT OF
INTEREST AND THE CONTRACTS OR DETAILS PERTAINING TO THE CONFLICT. THE BOARD
CHAIR WILL THEN BRING IT TO THE ATTENTION OF THE BOARD.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.

Electronic Filing PDF Attachment

# State of North Carolina Department of the Secretary of State

SOSID: 2200901 Date Filed: 2/20/2023 11:15:00 AM Elaine F. Marshall North Carolina Secretary of State C2023 045 03919

# ARTICLES OF AMENDMENT NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

	The name of the corporation is: The New North Carolina Project Foundation Incorporated
•	The text of each amendment adopted is as follows (state below or attach):  See attached
	The date of adoption of each amendment was as follows: 2/2/2023
	(Check a, b, and/or c, as applicable)
•	a. The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (set forth a brief explanation of why member approval was not required)
	This is not an organization that has members
	b The amendment(s) was (were) approved by the members as required by Chapter 55A.
	c. Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filling, unless	s a date and/or time is specified:
This the 14 day of February, 20 23	
	The New North Carolina Project Foundation Incorporated

Name of Corporation

Aimy Steeke (Feb 14, 2023 10:53 EST)

Signature

Aimy Steele, Executive Director

Type or Print Name and Title

Notes:

1. Filing fee is \$25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

# RESOLUTION OF THE DIRECTORS OF THE THE NEW NORTH CAROLINA PROJECT FOUNDATION INCORPORATED

We the undersigned being the Board of Directors ("Board") of The New North Carolina Project Foundation Incorporated ("Corporation") do hereby adopt the following resolution to amend the Articles of Incorporation of the Corporation.

WHEREAS, the Board desires to amend the Articles of Incorporation of the Corporation to change the name of the corporation.

NOW THEREFORE BE IT RESOLVED THAT paragraph 1 the Articles of Incorporation shall be amended to state: "1. The name of the nonprofit corporation is: New North Carolina Project."

This resolution is hereby adopted by the undersigned Directors, this the 2nd day of February, 2023.

Dr. Aimy Steele, CEO	Aimy Steele (Feb 5, 2023 09:12 EST)
Chaz Beasley	<u>CB</u> CB (Feb 5, 2023 10:37 EST)
Malbert Smith	malbert smith (Feb 2, 2023 22:16 EST)
Ann Szalkowski	Ann Szalkowski
Daniel Valdez	Daniel Valuez (Feb 3, 2023 10:02 EST)