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DLN: 93493127017020

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginnin	g 07-01-2008	and ending 06-30-200	09	B 5		G 1
		pplicable	Please	C Name of organization MCNC				D Employ	er identii	fication number
☐ Ad	dress cl	nange	use IRS label or	Doing Business As				58-140 E Telepho		
☐ Na	me cha	inge	print or type. See	Doing business As						
┌ Inı	tıal retu	ırn	Specific	Number and street (or P	O box if mail is no	t delivered to street addr	ess) Room/sui	te	248-182	
Г Те	mınatı	on	Instruc- tions.	3021 CORNWALLIS ROAL)			G Gross r	eceipts \$	22,220,188
┌ Am	ended	return		City or town, state or co						
Гар	plication	n pending		RESEARCH TRIANGLE PA	RK, NC 27709288	9				
			F Nan	ne and address of Princ	cipal Officer		H(a) Ic i	:hıs a group r	for	
			PATRI	CIA L MOODY				liates?	starii ioi	┌ Yes ┌ No
				CORNWALLIS ROAD RCH TRIANGLE PARK	(,NC 27709		H/h) Au-			┌ Yes ┌ No
I Ta	x-exen	npt status) (3) ◄ (insert no)		527	1 ' '	all affiliates in		eeinstructions)
J W	eb sit	e: ► ww	w mcnc org					oup Exemptio		
К Тур	e of or	ganızatıon	Corporat	ion trust association	other -		L Year of	Formation 1980	M Stat	te of legal domicile NC
Pa	rt I			o organization's missis	n or most signif	icant activities				
	•			e organization's missic VANCED ELECTRONI	-		GIES TO TI	HE NC EDUC	ATION	COMMUNITY AND
ĕ				GENCIES AND TO BE				TE NO EDOC	ATION	COMMONITY AND
Ē										
Governance	2		,	if the organization disc					ssets	
	3		_	nembers of the govern					3	18
Activities &	4			ident voting members			b)			18
Ě	5			nployees (Part V, line :						62 0
ੂ ਪੂ	72			olunteers (estimate if n ted business revenue 1						10,052
•		-		ness taxable income fi	•		•		7ª — 7b	-9,031,920
	 		Ciacca Basi	THOSE CANADIC THE CITIE II		,	Р	rior Year		Current Year
	8	Contri	butions and	d grants (Part VIII, lın	e 1 h)			7,939,9	63	12,617,335
를	9	Progra	am service	revenue (Part VIII, lın	e 2g)			5,898,0	21	9,148,239
Reven	10			ne (Part VIII, column		25,0	58	26,463		
Ċ.	11	Other	revenue (P	art VIII, column (A), l	ınes 5, 6d, 8c, 9	c, 10c, and 11e)		-8,9	05	428,151
	12	Total (12)	revenue—a	dd lines 8 through 11 (must equal Part	VIII, column (A), lır	ne	13,854,1	37	22,220,188
	13		and simila	ar amounts paid (Part I	X. column (A). l	ines 1-3)		18,7		34,859
	14			or for members (Part IX	, , , , , ,	,		= - /-	0	0
	15	Saları	es, other co	ompensation, employee	benefits (Part 1	IX, column (A), lines	5-		\top	
Expenses		10)						5,141,2		6,055,334
<u>₹</u>	16a			raising fees (Part IX, o		11e)			0	0
五	Ь	•		penses, Part IX, column (D))				
	17 18			(Part IX, column (A), lı ·add lınes 13–17 (mus	•	•		8,269,1	_	10,769,784
	19			oenses Subtract line 1		illie 25, coluillii (A))		13,429,2		16,859,977 5,360,211
× %	1	110 4 0 11	de less exp	Jenses Saberace inic 1	0 110111 11110 12		Regir	ning of Year		End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				23,822,7	97	25,160,222
Ass Ba	21		-	Part X, line 26)				14,987,3	_	12,080,199
5 E	22			d balances Subtract li	ne 21 from line	20		8,835,4	_	13,080,023
	1111	_	ature Blo					0,000,1	<u> </u>	13,000,013
		Under p	enalties of pe	ருபாy, I declare that I have						
DI		and beli	ef, it is true, o	correct, and complete Decla	iration of preparer (other than officer) is base	ed on all inform I	nation of which p	reparer h	as any knowledge
Plea Sign		Sign	ature of office	er			20 Da	10-05-07 te		
Her		'								
			e or print name	Y CFO/TREASURER e and title						
		Preparer	's L		Da	ate	Check If	Preparer's	PTIN (See	e Gen Inst)
Paid		signatur		LD A BATCHELOR			self- empolyed ▶ [
	arer's		ame (or yours	s BATCHELOR TILLERY 8	ROBERTS LLP					
Use	Only		nployed), and ZIP + 4	3605 GLENWOOD AVE	NUE SUITE 350			_ EIN ▶		
				RALEIGH, NC 27612	·			Phone no	(919)	787-8212
May	the IR	S discus	s this retu	rn with the preparer sh	own above? (Se	e instructions) .			. F	Yes No

Part III Statement of Program Service Accomplishments (See the instructions.)

4e	Total program service expense	s \$ 15,969,216	Must equal Part IX, Lir	ne 25, column (B).	
	(Expenses \$	including grants of	\$) (Revenue \$)
4d	Other program services (Desc	ribe in Schedule O)			
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
	GOVERNMENT AGENCIES THESE SER COLLEGES, 1 LIBRARY, 3 INDEPENDET RELATED AGENCIES WITH COLOCATIC MCNC RECEIVED DONATED SERVICES TUCASI (TRIANGLE UNIVERSITIES CEI	NT HIGHER EDUCATION COLLEGE DN/HOSTING OR BACKUP/STORA S FROM CISCO WITH A VALUE OF	ES, 4 GOVERNMENT AGENCIES GE DATA CENTER SERVICES \$447,910 ADDITIONALLY, TH	, 4 RESEARCH INSTITUTIONS, A THESE SERVICES ARE PROVIDE	AND 13 OTHER EDUCATION D 24/7/365 DURING FY 2009,
4a	(Code) (Expe MCNC PROVIDES TECHNICAL INFRAS SERVES THE NORTH CAROLINA EDUC PROVIDES THE WAN/BACKBONE AND LOCAL EDUCATION AGENCIES (BASICA	FRUCTURE TO EDUCATE, INNOWATIONAL COMMUNITY BY PROVIDING THE TOTH ALLY TO EACH COUNTY'S PUBLIC	DING HIGH QUALITY NETWORK IE 17 STATE UNIVERSITIES, 20 K-12 SCHOOL'S ADMINISTRA	(INFRASTRUCTURE AND NETW) COMMUNITY COLLEGES, 22 IN FION), 3 LIBRARIES, 8 RESEAR(ORK BASED SERVICES MCNC DEPENDENT COLLEGES, 115 CH INSTITUTIONS, AND 5
4	Describe the exempt purpose ac Section 501(c)(3) and (4) orgar others, the total expenses, and	nizations and 4947(a)(1) tr revenue, if any, for each pro	usts are required to repo ogram service reported	ort the amount of grants a	nd allocations to
	If "Yes," describe these change:	s on Schedule O			
3	Did the organization cease cond services?	ucting or make significant	changes in how it condu	cts any program	┌ Yes ┌ No
	If "Yes," describe these new ser	vices on Schedule O			
2	Did the organization undertake a the prior Form 990 or 990-EZ?	any significant program ser	vices during the year wh	ıch were not listed on	┌ Yes ┌ No
	ECONOMIC DEVELOPMENT IN NC				
1	Briefly describe the organization's missio TO PROVIDE ADVANCED ELECTRONIC AN		S TO THE NC EDUCATION CON	1MUNITY AND GOVERNMENT AG	GENCIES AND TO BENEFIT

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent 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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliano	:e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	40			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments t					
L	gaming (gambling) winnings to prize winners?	. ven		1c		
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	62			
h	If at least one is reported in 2a, did the organization file all required federal employr					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year covered by this	_		
_	return?	• •		3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities ac					
	account)?			4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	eport o	f Foreign Bank and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri		·	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	y Regarding Prohibited	_		
_	Tax Shelter Transaction?	•		5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
D	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	cn contributions or giπs	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con	trıbut	on of \$75 or	7a		Νο
	more?					
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?		· ·	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				110
<u>.</u>	in res, indicate the number of rorms 5252 filed during the year.	<u> </u>				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	nums on a personal			
_	benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers			7f _		No
g	For all contributions of qualified intellectual property, did the organization file Form 8			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization frequired?	ile a F	orm 1098-C as	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	and se	ction 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a	spons	oring organization, have			
	excess business holdings at any time during the year?			8		Νo
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		Νο
ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶ .		9b		Νο
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities					
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders					
		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
	agamet amounts due of received nom them)		<u> </u>			
	Section $4947(a)(1)$ non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year		I			

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

Section A.	Governing	Body and	Management	
				_

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,						
1a	Enter the number of voting members of the governing body	1a	18						
b	Enter the number of voting members that are independent	1b	18						
2	Did any officer, director, trustee, or key employee have a family relationship or a bustother officer, director, trustee, or key employee?		2		Νo				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its organizational documents sfiled?	4	Yes						
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
b	Are any decisions of the governing body subject to approval by members, stockhold	r other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the						
а	the governing body?			8a	Yes				
b	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990								
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section of the organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νo			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. In another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PATRICIA L MOODY 3021 CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709 (919) 248-1820

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion that a			all			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							H				
							$\vdash \vdash$				
1b Total							 	1,573,933	3 0	272,769	
2 Total number of individuals (including	those in 1	a) who r	ecei	ved	mo	re thar	n \$1	00,000 ın reportabl	e		

compensation from the organization►13

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο			

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD OF NORTH CAR PO BOX 30071 DURHAM, NC 277023071	HEALTHCARE PROVIDER	397,290
2 Total number of independent contractors (including those in 1) who rec	eived more than \$100 000 in compensation	

Yes No

Statement of Revenue

					(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a			Revenue		312, 313, 01 314
at se	ь	Membership d						
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	1b /ents 1c					
<u>#</u>	d	Related organ	ızatıons1d	5,982,830				
TS,	e	Government grar	its (contributions) 1e	6,201,607				
oution her s	f	All other contributions	tions, gifts, grants, and not included above	432,898				
ontrik nd ot	g		1f ributions included in					
ರಹ —	h		es 1a-1f)		12,617,335			
-				Business Code				
JE .	2a	CONTRACT REVE		541,900				
ek ek	ь	FEES & CONTRAC AGENCIES	CTS FROM GOVERNMENT	900,099	7,868,735	7,868,735		
- Ç6	С							
ž Ž	d							
Ē	e							
Program Serwce Revenue	f		ram service revenue					
	g	> \$ 9,148,239						
	3		come (including divi		25,462			25,462
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .		-	0			
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
_	c	expenses Rental income						
	_	or (loss)	ome or (loss)					
	d	Net rental inc		•				
	7a	Gross amount from sales of	(ı) Securities	(II) O ther 1,001				
	ь	assets other than inventory Less cost or						
		other basıs and sales expenses		1,001				
	c d	Gain or (loss) Net gain or (lo	ss)		1,001			1,001
	8a		from fundraising cluding	. •				
nne		\$of contribution 1c) See Part	 ns reported on line					
Other Revenue		Attach Schedul	e G ıf total exceeds					
7	ь		xpensesb					
ġ	с	Net income or	(loss) from fundrais	ng events	0			
	9a	Gross income activities See Complete Sche exceeds \$15,00	e part IV , line 19 dule G if total					
			a					
	С		xpensesb (loss) from gaming a	activities	0			
	10a	Gross sales o returns and al						
	b c		a goods sold b (loss) from sales of	Inventory -	0.			
	-	Miscellaneou		Business Code				
	11a	PENSION PLA	AN FORFEITURES	900,099	428,151			428,151
	b							
	С							
	d	All other reve						
	e	Total. Add line	es 11a-11d	 \$ 428,151				
	12	Total Revenue	Add lines 1h, 2g, 3		22,220,188	9,138,187	10,052	454,614

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	34,859	34,859							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	1,098,075	999,248	98,827						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0								
7	Other salaries and wages	3,998,820	3,682,460							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	351,726	332,583	19,143						
9	Other employee benefits	263,639	243,264	20,375						
10	Payroll taxes	343,074	322,251	20,823						
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	196,224	98,957	97,267						
С	Accounting	29,010	14,505	14,505						
d	Lobbying	10,736	5,368	5,368						
e	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	843,462	766,565	76,897						
12	Advertising and promotion	21,124	21,080	44						
13	Office expenses	127,032	108,556	18,476						
14	Information technology	232,795	225,624	7,171						
15	Royalties	0								
16	Occupancy	381,569	340,562	41,007						
17	Travel	102,820	95,705	7,115						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	46,755	42,401	4,354						
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	2,808,319	2,713,114	95,205						
23	Insurance	113,933	83,716	30,217						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	MAINTENENACE & REPAIRS	983,801	970,064	13,737						
b	TRAINING	51,196	48,390	2,806						
c	LEASED LINES	4,794,940	4,793,876	1,064						
d	MISCELLANEOUS	26,068	26,068	0	0					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	16,859,977	15,969,216	890,761	0					
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 000 /2009)					

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_		Degining of year	1	Lild Of year
	2	Savings and temporary cash investments			1,073,624	2	1,732,143
	3	Pledges and grants receivable, net			666,667	3	333,333
	4	Accounts receivable, net	٠. ٠		9,794,683	4	8,024,934
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5	<u> </u>
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction	4958(f)(1)) and		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
22	9	Prepaid expenses and deferred charges			989,491	9	1,852,644
ssets	10a	Land buildings and sourcest and basis					
AS		Land, buildings, and equipment cost basis	10a	28,569,632			
	b	Less accumulated depreciation Complete Part VI of	104	18,673,745	6,801,648	10-	9,895,887
	44	Schedule D	10b	10,673,743	6,001,040		9,693,667
	11 12	Investments—publicly traded securities	• + VII	of		11	
	13	Schedule D			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Set}$ of Schedule D .	rt VII	ı		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			4,496,684	15	3,321,281
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,822,797	16	25,160,222
	17	Accounts payable and accrued expenses .			2,959,923	17	1,065,665
	18	Grants payable				18	
	19	Deferred revenue			12,027,467	19	11,014,534
	20	Tax-exempt bond liabilities				20	
<u>ē</u> ,	21	Escrow account liability				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25			14,987,390	26	12,080,199
		Organizations that follow SFAS 117, check here ▶	ete li	nes 27			
Balance	27	Unrestricted net assets			8,835,407	27	13,080,023
- <u>10</u>	28	Temporarily restricted net assets				28	
豆	29	Permanently restricted net assets		29			
Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	l com	olete			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
A S.	32	Retained earnings, endowment, accumulated income, or other fur				32	
Net /	33	Total net assets or fund balances			8,835,407	33	13,080,023
Ź	34	Total liabilities and net assets/fund balances			23,822,797		25,160,222
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		Νo
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

Employer identification number

58-1406628

93493127017020

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

MCNC

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

he c	rganız	zation is not	a private found	lation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of cl	nurches, or association of ch	urches de	escribed ii	n Section	170(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperatıv	e hospital service organizati	on descri	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attad	h Schedul	e H)	
4	Γ	A medical i	esearch organ	ızatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	roperate	d by a gove	ernmental	unit desc	rıbed ın	
		Section 170)(b)(1)(A)(iv).	. (Complete Part II)								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt desci	ribed in Se	ection 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or froi	m the gene	ral publi	С
		described i	n Section 170(I	b)(1)(A)(vi) (Complete Par	tII)							
8	Г	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, memb	ership fees	, and gro	SS
	·	receipts fro	m activities re	lated to its exempt functions	s—subject	to certaii	n exceptio	ns, and (2) no more	than 331/	3% of	
		•		estment income and unrelate	-				•			
			-	on after June 30, 1975 See			,			,		
10	Г			and operated exclusively to						ee instruc	tions)	
11	Ĺ.			and operated exclusively fo								ses of
	•			orted organizations describe								
				type of supporting organiza					. h	_		
	_	a					nally Inte	_	d		III - Ot	
e	Г	•		rtify that the organization is						-	-	
		section 50		agers and other than one or	more pub	licly supp	orted orga	inizations	described	in section	1509(a)(1) or
f			. , . ,	ed a written determination fro	m the IRS	5 that it is	a Type I.	Type II o	rTvpe III	[supportir	na oraani:	zation.
-		check this					/ /	. , , ,	, , ,		. 5 5	
g				as the organization accepted	d any gıft	or contrib	utıon from	any of the	9			
		following pe										
			· ·	or indirectly controls, either a		-	th person	s describe	d in (ii)		Yes	No
				ing body of the the supported		tion?				11g		No
				erson described in (i) above						11g(No
				ity of a person described in (11g(iii)	No
h		Provide the	following infor	mation about the organizatio	ns the org	ganızatıon	supports					
							T					
		ame of	(ii) EIN	(iii) Type of organization		sthe		you notify	1	Is the		nount of
		orted IIzation		(described on lines 1-9 above or IRC section		ation in listed in	1	anızatıon i) of your		zation in organized	supp	ortr
	Organ	112411011		(See Instructions))		verning	1 -	port?	1	U S ?		
					, ,	ment?		•				
					Yes	No	Yes	No	Yes	No		
						1		1		1		
						1		1		1		
								1		1		
Гota								<u> </u>		 		

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
P	ublic Support							_
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,500,958	8,551,571	11,772,641	7,939,963		12,617,335	49,382,468
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge	573,790	738,280	753,046	768,107		783,469	3,616,692
4	Total. Add line 1-3	9,074,748	9,289,851	12,525,687	8,708,070		13,400,804	52,999,160
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							52,999,160
	4							32,333,100
	otal Support				T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
7	Amounts from line 4	9,074,748	67,920	12,525,687	8,708,070		13,400,804	52,999,160
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,860	67,920	14,388	23,916	25,462		212,546
9	Net income from unrelated business activities, whether or not the business is regularly carried on	118,906	154,776	121,580	101,228	10,052		506,542
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		428,151	428,151
11	Total Support (Add lines 7 through 10)							54,146,399
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		30,485,151
13	First Five Years. If the Form 990 is for the organization, check this box and stop here		rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)((3)	▶ □
14	omputation of Public Support Perc Public Support Percentage for 2008 (line 6		dod by line 11 ce	olumn (f))				07.004.0/
			·	oranin (1))		14		97.881 %
15	Public Support Percentage for 2007 Sched					15	<u> </u>	98.194 %
16a	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as		•		1/3% or more,	check	this box	▶ ▽
ь	33 1/3% Test - 2007. If the organization di		-		.5 is 33 1/3% o	r more	. check the	•
	box and stop here. The organization qualification for the stop of	es as a publicly If the organizati	supported orgar on did not check	nization k a box on line 13	3, 16a, or 16b a	and lin	e 14 ıs 10°	▶ % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007.	ances" test Th: If the organizati	e organization q on did not check	ualıfıes as a pub k a box on lıne 13	lıcly supported 3, 16a, 16b, or	organı 17a aı	ızatıon nd lıne 15 ı	▶ □ is 10% or
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ımstances" test	The organization	on qualifies as a	publicly suppor	ted or	ganızatıon	► □
	instructions							► □

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 58-1406628

Name: MCNC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa			_							
		1	(C) Position (check all that apply)						(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
PETER ASMAR , DIRECTOR		Х						0	0	0
GEORGE J BAKOLIA , DIRECTOR		Х						0	0	0
JOHN W BARDO , DIRECTOR		Х						0	0	0
STANLEY BATTLE , DIRECTOR		Х						0	0	0
ANTHONY M COPELAND , DIRECTOR		Х						0	0	0
PHILLIP L DUBOIS , DIRECTOR		Х						0	0	0
JOSEPH A FREDDOSO , PRESIDENT/CEO	64 0	Х		х				272,360	0	40,969
DONALD A HAILE , DIRECTOR		Х						0	0	0
CORNELIOUS LAMBERTH , DIRECTOR		Х						0	0	0
PETER LANGE , VICE-CHAIR		Х						0	0	0
HAROLD L MARTIN SR , DIRECTOR		Х						0	0	0
MICHAEL A MURPHY , CHAIR		Х						0	0	0
JAMES L OBLINGER , DIRECTOR		Х						0	0	0
JANE SMITH PATTERSON , DIRECTOR		Х						0	0	0
DR JOSEPH W PEEL , DIRECTOR		Х						0	0	0
TOM RABON , DIRECTOR		Х						0	0	0
DR R SCOTT RALLS , DIRECTOR		Х						0	0	0
H HOLDEN THORP , DIRECTOR		Х						0	0	0
A HOPE WILLIAMS , DIRECTOR		Х						0	0	0
TRACEY FUTHEY , DIRECTOR		Х						0	0	0
JAMES WOODWARD , DIRECTOR		Х						0	0	0
ELIZABETH F CRABILL , SECRETARY	20 0			X				135,950	0	25,300
PATRICIA L MOODY , CFO/TREASURER	46 0			х				142,127	0	22,119
SUSAN M CAPPS , ASSISTANT SECRETARY	26 0			х				54,728	0	11,743
S MARK JOHNSON , CTO	46 0				Х			165,118	0	30,333
JOHN T KILLEBREW , VP, NCREN COMMUNITY SUPPORT	47 0				х			151,898	0	29,560
EDWARD T JACOBSON , DIRECTOR ENG/CHIEF ARCHITECT	45 0					х		145,527	0	28,883
JOHN H MOORE , DIR ADVANCED SRVCS DEVELOPMENT	42 0					х		147,364	0	19,164
WENDY L KUHN , DIRECTOR PROGRAM MANAGEMENT	42 0					Х		125,955	0	17,055
TODD S BROUCKSOU , DIRECTOR OPERATIONS	44 0					х		115,747	0	20,834

Form 990, Part VII - Section Aaa

	-									
		1	(C tion (that a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
CHRISTOPHER CASWELL , SYSTEMS MANAGER	41 0					х		117,159	0	26,809

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If th		s," to Form 990, Part IV, Line 5 (Prozetions, complete Part III		(II)) Complete Fart II D De F	iot complete rait ii / t				
	me of the organization	zations complete rait iii		Employer ider	ntification number				
	t To be sempleted b	oy all organizations exempt (under eestie	58-1406628					
Pall		e the instructions for Schedule C		n 501(c) and section	527				
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	tivities in Part IV					
2	Political expenditures				\$				
3	V olunteer hours								
Par	t I-B To be completed be for Schedule C for d	oy all organizations exempt (under sectio	n 501(c)(3). (See the	instructions				
1	Enter the amount of any excise	5	\$						
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectio	n 4955	\$				
3	If the organization incurred in	a section 4955 tax, did it file Form 47	720 for this year	٠,	┌ Yes				
4a	Was a correction made?				┌ Yes				
ь	If "Yes," describe in Part IV								
Par		by all organizations exempt it for Schedule C for details.)	under section	n 501(c), except sec	tion 501(c)(3).				
1		ended by the filing organization for se	ction 527 exem	pt function activities	\$				
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ed to other orga	nizations for section	\$				
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	ter here and on Form	\$				
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes				
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	g organization's own interna olitical organization, such a	ıl funds or were s a separate				
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
			L						

section 4911 tax for this year?

┌ Yes ┌ No

	art II-A To be completed by	organizations exempt under section 501(c)(2) that filed Form F7	769				
L		tion 501(h)). (See the instructions for Schedule		08				
	Check _ if the filing organization	belongs to an affiliated group						
<u>B</u>	Check If the filing organization	checked box A and "limited control" provisions apply						
	Limits on Lo (The term "expenditure	(a) Filing Organization's Totals	(b) Affiliated Group Totals					
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)						
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	10,736					
c	Total lobbying expenditures (add line	es 1a and 1b)	10,736					
d	Other exempt purpose expenditures		16,849,241					
е	Total exempt purpose expenditures	(add lines 1c and 1d)	16,859,977					
f	Lobbying nontaxable amount Enter to columns—	992,999						
	If the amount on line 1e, column (a)							
	or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000	\$1,000,000						
 g	Grassroots nontaxable amount (ente	er 25% of line 1f)	248,250					
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a						
i	Subtract line 1 f from line 1 c Enter -	ubtract line 1 f from line 1 c. Enter -0 - if line f is more than line c						

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total					
2a	Lobbying non-taxable amount			821,461	992,999	1,814,460					
_ b	Lobbying ceiling amount (150% of line 2a, column(e))					2,721,690					
c	Total lobbying expenditures			3,545	10,736	14,281					
d	Grassroots non-taxable amount			205,365	248,250	453,615					
e 	Grassroots ceiling amount (150% of line d, column (e))					680,423					
f	Grassroots lobbying expenditures										

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)						
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Employer identification number Name of the organization

			58-1406628
Pal	Organizations Maintaining Donor Ad		unds or Accounts. Complete if th
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	, ,	, , , , , , , , , , , , , , , , , , , ,
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	donor advisors in writing that grant funds	•
j	t II Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space	on or pleasure) Preservation of a	n historically importantly land area
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the forn	Held at the End of the Ye
	Total number of conservation easements		2a
			2b
	Total acreage restricted by conservation easement		
	Number of conservation easements on a certified hi	` ,	2c
	Number of conservation easements included in (c) a	•	2d
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminat	ed by the organization during
	the taxable year ►		
	Number of states where property subject to conserva	ation easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and Yes N o
	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	e year 🕨
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ► \$
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of se	ction Yes N
	In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia nents	l statements that describes
1	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resear	ch in furtherance of public service,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, hist following amounts required to be reported under SFA	·	or financial gain, provide the
	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		▶ \$
			- T

Part		Organizations Maintaining Coll	ections of Art, H	isto	ric	al Treasu	ires, or Othe	r Similar	Asse	ts (co	ntınued)
3		g the organization's accession and other r s (check all that apply)	ecords, check any of	the	follo	owing that ar	e a significant u	ise of its coll	ection	ו	
а	Γ	Public exhibition	d	ı [_	Loan or exc	hange programs				
b		Scholarly research	е	: [_	Other					
c	\Box	Preservation for future generations									
4	Prov Part	ide a description of the organization's coll XIV	ections and explain h	ow t	hey	further the o	organization's ex	xempt purpos	se in		
5		ng the year, did the organization solicit or its to be sold to raise funds rather than to						nılar	Γ	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Air Part IV, line 9, or reported an amo					anızatıon answ	ered "Yes"	to Fo	orm 9	90,
1a		ie organization an agent, trustee, custodia ided on Form 990, Part X?	n or other intermedia	ry fo	rcc	ontributions	or other assets	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete	the following table								
									A mou	ınt	
С	Begi	inning balance					1c				
d	Add	itions during the year					1d				
e	Dıst	ributions during the year					1e				
f	Endi	ing balance					1f				
2a	Dıd t	he organization include an amount on Fori	m 990, Part X, line 2:	1?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pa	rt V	Endowment Funds. Complete If								\	
1a	Bogu	nning of year balance	(a)Current Year	(b) Pri	ior Y	ear (c) I w	o Years Back (d)	Three Years Ba	ck (e)Four Ye	ears Back
ь		tributions									
c		estment earnings or losses									
d		nts or scholarships									
e		er expenditures for facilities									
-		programs									
f	Adm	ninistrative expenses									
g	End	of year balance									
2	Prov	ide the estimated percentage of the year	end balance held as								
а	Boar	d designated or quasi-endowment 🕨									
b	Perm	nanent endowment 🕨									
c	Term	n endowment 🕨									
3a		there endowment funds not in the possess	ion of the organizatio	n tha	at a	re held and a	admınıstered for	the			
	-	nization by nrelated organizations						Γ.	3a(i)	Yes	No
		related organizations		•	•			_	3a(ii) 3a(ii)		
ь		es" to 3a(II), are the related organizations				ıle R?			3b		<u> </u>
4		cribe in Part XIV the intended uses of the	•								<u> </u>
Par	t VI	Investments—Land, Buildings,	and Equipment.	See	e Fo	orm 990, P	art X, line 10.				
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprecia	ition	(d) Bo	ok value
1a	and			\neg		0	38,000	1			38,000
b I	Buildii	ngs		F		0	8,535,305	5,92	2,260		2,613,045
c I	_ease	hold improvements									
d I	Equipi	ment		F		0	17,609,608	11,15	8,479	ı	6,451,129
e (Other					0	2,386,719	1,59	3,006		793,713

Part VIII Investments—Other Securities. S	see Form 990, Part X, line 12		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives and other financial products		2031 01 6114-01	year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -		
Part VIII Investments—Program Related.	See Form 990, Part X, line 1	13.	
(a) Description of investment type	(b) Book value		d of valuation
	(2, 2 3 3 1 1 1 1 2 1	Cost or end-of-	year market value
Total (Column (h) should assure 5000 Box 14 1/00 1 10	\ <u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 part IX Other Assets. See Form 990, Part X			
	scription		(b) Book value
	scription		
MCNC ENTERPRISE FUND			3,321,281
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ine 15.)		3,321,281
Part X Other Liabilities. See Form 990, Pa			• • •
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25,) 🛌		
Committee and Committee an	· F1		

Par	t XI Reconciliation of C	hange in Net Assets from Fori	m 99	0 to I	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	22,220,188
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	16,859,977
3	Excess or (deficit) for the year					3	5,360,211
4	Net unrealized gains (losses) o					4	-1,115,595
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	1
9	Total adjustments (net) Add Irr	205 4 9				9	-1,115,595
10	• • • •		- 2	۸ ۲		10	4,244,616
		per financial statements Combine line evenue per Audited Financial			ts With Revenue		
1	Total revenue, gains, and othe	•	State		its with Revenue		21,552,503
	statements					1	, ,
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest	ments	•	2a	-1,115,595	_	
b	Donated services and use of fa	acılıtıes	-	2b	447,910		
С	Recoveries of prior year grants	·	.	2c			
d	Other (Describe in Part XIV)		[2d			
e	Add lines 2a through 2d .					2e	-667,685
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	22,220,188
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a		.	
b	Other (Describe in Part XIV)		. [4b			
c	Add lines 4a and 4b					4c	
5		d 4c. (This should equal Form 990, Par				5	22,220,188
		kpenses per Audited Financia		teme	nts With Expense	Т	
1		audited financial statements				1	17,307,887
2		t not on Form 990, Part IX, line 25		۔ ا	l		
a	Donated services and use of fa			2a	447,910	-	
b	Prior year adjustments			2b		-	
C .ı		Part IX, line 25		2c		-	
d	Other (Describe in Part XIV)		•	2d		ا ہے ا	447.010
e ~	Add lines 2a through 2d					2e	447,910
3 4		2 Dawl IV line 25 but not on line 4.	•			3	16,859,977
4		D, Part IX, line 25, but not on line 1:		ـ ا	I		
a L		ided on Form 990, Part VIII, line 7b				-	
b			•	4b		ا ہے ا	
C -		d 4- (This should sout Form 000 Bo	 			4c	16.050.077
5 Date	t XIV Supplemental Inf	d 4c. (This should equal Form 990, Pa	rt 1, III	16 18)	5	16,859,977
Com	plete this part to provide the des	criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part XI				art XIV	, lines 1b and 2b,
	Ident if ier	Ret urn Reference			Explanat	ion	
					•		
				_			

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

- DLN: 93493127017020

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

						58-1406628	
Part I General Inform	nation on Grar	nts and Assistance	•			<u>'</u>	
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the gran	ts or assistance?					. ▼Yes
Form 990, Part I Part IV and Scho	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	eived more than \$5,00	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
PUBLIC SCHOOL FORUM OF NC3739 NATIONAL DR STE 100 RALEIGH,NC 27612	58-1654064	501(C)(3)	10,400				SPONSOR 2 PARTICIPANTS
RENAISSANCE COMPUTING INSTIT - UNC-CH100 EUROPA DR STE 540 CHAPEL HILL,NC 27517	56-6001393	501(C)(3)	10,000				RESEARCH GRANT REIMB
2 Enter total number of sec organizations					·	•	2
3 Enter total number of other							• o
For Paperwork Reduction Act Noti	ice, see the Instruct	ions for Form 990.		Cat No 50055	P	So	chedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States	Complete if the organization	n answered "Yes	s" on Form 990.	Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.			,	,	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. See Additional Data Table

 Identifier
 Return Reference
 Explanation

 PART I - GENERAL INFORMATION ON GRANTS AND ASSISTANCE
 LINE 2 While the Grants itemized in Part II were provided with a specific intent in mind, no stipulations were made on their use and no monitoring is required

 GRANTS AND ASSISTANCE
 Monitoring is required

 GRANTS AND ASSISTANCE
 Monitoring is required

 GRANTS AND ASSISTANCE
 Monitoring is required

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Schedule J

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493127017020

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** MCNC 58-1406628 Part Ouestions Regarding Compensation

	Questions Regulating compensation	••				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		· · · · · · · · · · · · · · · · · · ·			
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•	, , ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		,	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the company of the comp	hat apply	y			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control j	payment	:?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III		•	8		N o

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & (iii) Other compensation compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ		
ELIZABETH F CRABILL	(ı) (ıı)	135,677 0	0	273 0	14,606 0	16,838 0	167,394 0	0 0	
JOSEPH A FREDDOSO	(ı) (ıı)	271,620 0	0	740 0	27,600 0	14,911 0	314,871 0	0	
PATRICIA L MOODY	(ı) (ıı)	141,499 0	0	628 0	14,425 0	8,742 0	165,294 0	0	
S MARK JOHNSON	(ı) (ıı)	164,602 0	0	516 0	17,430 0	14,161 0	196,709 0	0	
JOHN T KILLEBREW	(1) (11)	150,531 0	0	1,367 0	16,191 0	20,525 0	188,614 0	0	
EDWARD T JACOBSON	(1) (11)	145,249 0	0	278 0	15,511 0	14,892 0	175,930 0	0	
JOHN H MOORE	(1) (11)	146,701 0	0	663 0	14,736 0	5,518 0	167,618 0	0	
	(ii)								
	(i)								
	(ii) (i)								
-	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Name of the organization

Employer identification number

58-1406628

ldentifier	Return Reference	Explanation
CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI - SECTION A, LINE 4	FOR PURPOSES OF ADMINISTRATIVE EFFICIENCY IN ORDER TO LIMIT THE TIME AND COSTS ASSOCIATED WITH PREPARATION AND FILING OF AMENDMENTS TO THE ARTICLES FROM TIME TO TIME AS WELL AS A VOID INCONSISTENCY, MCNC HAS AMENDED ITS ARTICLES OF INCORPORATION TO REMOVE THE DESIGNATION OF THE NUMBER OF DIRECTORS SERVING ON THE BOARD OF DIRECTORS IN THE ARTICLES THE NUMBER OF DIRECTORS CONSTITUTING THE BOARD OF DIRECTORS SHALL BE SPECIFIED IN THE BY LAWS OF THE CORPORATION

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI - SECTION A, LINE 10	WHILE THE 990 WAS NOT PROVIDED TO THE GOVERNING BODY BEFORE IT WAS FILED, THE AUDITED FINANCIAL STATEMENTS WERE IT IS THE RESPONSIBILITY OF THE CHIEF FINANCIAL OFFICER TO VERIFY THE RECONCILIATION OF THE TAX RETURN TO THE AUDITED FINANCIAL STATEMENT PRIOR TO THE TAX RETURN BEING FILED

ldentifier	Return Reference	Explanation
MONITORING CONFLICTS OF INTEREST	FORM 990, PART VI - SECTION B, LINE 12C	MCNC'S DIRECTORS ARE REQUIRED TO SIGN A NEW CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY SUBSEQUENT REVIEW OF ANY NOTED EXCEPTIONS ARE APPROPRIATELY ACTED UPON IF REQUIRED

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI - SECTION B, LINE 15	COMPENSATION FOR MCNC'S CEO/PRESIDENT IS DERIVED THROUGH A MULTI-FACETED APPROACH SALARY SURVEY DATA IS COLLECTED AND SHARED WITH THE BOARD'S NOMINATING & GOVERNANCE COMMITTEE THE NOMINATING & GOVERNANCE COMMITTEE THEN PRESENTS THEIR RECOMMENDATION TO THE BOARD UPON A PROPERLY RECORDED BOARD VOTE, A CONTRACT IS THEN EXECUTED FOR ALL OTHER POSITIONS, EACH JOB IS CAREFULLY STUDIED BY THE DIRECTOR OF HUMAN RESOURCES AND A JOB CLASS ASSIGNED SALARY SURVEY DATA IS THEN COLLECTED AND A SALARY RANGE FOR THE JOB CLASS IS DETERMINED IF THE CLASS DID NOT HAVE A PREVIOUSLY DETERMINED RANGE (NEW JOB CLASSES WOULD BE THE ONLY CASE WHERE RANGES ARE NOT CURRENTLY AVAILABLE) THE EMPLOYEE IS THEN OFFERED A SALARY WITHIN THE RANGE BASED ON THEIR SPECIFIC SKILL SETS AND EXPERIENCE LEVELS ANY OFFICER SALARY BEYOND THE CEO/PRESIDENT'S COMPENSATION FURTHER REQUIRES BOARD APPROVAL

ldentifier	Return Reference	Explanation
MAKING INFORMATION AVAILABLE TO THE PUBLIC	FORM 990, PART VI - SECTION C, LINE 19	MCNC'S MISSION IS POSTED ON THE MCNC WEBSITE OUR ARTICLES OF INCORPORATION ARE AVAILABLE ON-LINE WITH THE NC SECRETARY OF THE STATE'S OFFICE ALL OTHER DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO THE CORPORATE SECRETARY

DLN: 93493127017020

OMB No 1545-0047 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Open to Public Inspection ► See separate instructions.

Name of the MCNC	organization		Employer identification number				
Part I	Identification of Disregarded Entities	58-1406628					
	(A) Name, address, and EIN of disregarded entity		(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
Part II	Identification of Related Tax-Exempt Organiza	ntions					
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code sectio	n Public charity sta (if section 501(c)	(F) atus Direct controlling (3)) entity	
MCNC ENDOW	MENT	_					
PO BOX 12889 RTP, NC27709 58-2591748		SCI RESEARCH	NC	501(C)(3)	11A		
For Paperwo	rk Reduction Act Notice, see the Instructions for Form 990.		Cat No 5013!	5 Y		Schedule R (Form 990) 2008	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

No

No

No

No

No

No No

No

No

No

No

No

No

1b

1c

1d

1e

1f

1i

1j

11

Yes

Part V Trans	actions with Related Organi	zations			
Note. Complete	line 1 if any entity is listed in Parts	II, III or IV			 Yes

1 During the tax year, did the orgranization engage in any of the following transacti	tions with one or more related organizations listed in Parts II-IV
--	--

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- **e** Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- Sharing of facilities aguinment mailing lists or other assets

(6)

m Sharing of facilities, equipment, mailing lists, or other assets		11	"	NO
n Sharing of paid employees		1r	1	No
 Reimbursement paid to other organization for expenses 		10	•	No
p Reimbursement paid by other organization for expenses		1,	Yes	
q Other transfer of cash or property to other organization(s)		10	I	No
 O ther transfer of cash or property from other organization(s) 		1	•	No
2 If the answer to any of the above is "Yes," see the instructions for information o	on who must complete this line, including covered relationships	s and transaction thresholds		
	(B)			
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved		
(A) Name of other organization(s) (1) MCNC ENDOWMENT		Amount Involved	5,982,8	30
Name of other organization(s)	Transaction type(a-r)	Amount Involved	5,982,8	30
Name of other organization(s) (1) MCNC ENDOWMENT	Transaction type(a-r)	Amount Involved	5,982,8	30
Name of other organization(s) (1) MCNC ENDOWMENT	Transaction type(a-r)	Amount Involved	5,982,8	30
Name of other organization(s) (1) MCNC ENDOWMENT (2)	Transaction type(a-r)	Amount Involved	5,982,8	30
Name of other organization(s) (1) MCNC ENDOWMENT (2)	Transaction type(a-r)	Amount Involved	5,982,8	30
Name of other organization(s) (1) MCNC ENDOWMENT (2)	Transaction type(a-r)	Amount Involved	5,982,8	30

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	. D / Farms	9907 2008						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127017020

OMB No 1545-0184

Form **4797**

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury ► Attach to your tax return. Internal Revenue Service (99)

► See separate instructions.

Attachment Sequence No 27

Nam	e(s) shown on return						Ident if yi	ng nur	nber
MCN	ic						58-1406	628	
1					for 2008 on Form(s) 10				
					10, or 20 (see instructi		1		
Pa					de or Business and erty Held More Th				
(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	basıs ımprover	t or other s, plus nents and e of sale		g) Gain or (loss) tract (f) from the sum of (d) and (e)
2 V	'ARIOUS FIXED ASSETS	7.7		1,001	12,709	- ON POIN	12,70	9	1,001
3	Gaın, ıf any, from Fo	rm 4684. lu	ne 45				[3	
4				om Form 6252, line 26			· · ·	4	
5	_			xchanges from Form 88				5	
6				sualty or theft				6	
7	, , ,			•	appropriate line as follo	ows		7	1,001
	Part nerships (excep	ot electing la	arge part ners	ships) and S corporation	ns. Report the gain or (locked and see the gain of the	oss) followi			
	from line 7 on line 1 section 1231 losse	1 below and s, or they we	skıp lines 8 ere recapture	and 9 If line 7 is a gai	line 7 is zero or a loss, on and you did not have t ter the gain from line 7 8, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net s	section 123	1 losses fror	m prior years (see instr	uctions)		[8	7,763
9	below If line 9 is mo	ore than zer	o, enter the a	amount from line 8 on li	o, enter the gain from lir ne 12 below and enter t (see instructions)	he gain fro		9	
Pa	rt III Ordinary (Gains and	Losses (s	see instructions)				'	
10					lude property held 1 ye	ar or less)			
11	Loss, if any, from lin	ie 7						11	()
12	Gain, if any, from lin	e 7, or amou	unt from line	8, ıf applıcable			[12	1,001
13	Gain, if any, from lin	e 31						13	
14	Net gain or (loss) fro	om Form 46	84, lines 37	and 44a			[14	
15	Ordinary gain from i	nstallment	sales from Fo	orm 6252, line 25 or 36	5		[15	
16	Ordinary gain or (los	ss) from like	-kınd excha	nges from Form 8824			[16	
17	Combine lines 10 th	rough 16					[17	1,001
18	·		•	mount from line 17 on t omplete lines a and b b	he appropriate line of you	our return a	and skip		
а	Enter the part of the	loss from I	ncome-produ	icing property on Sched	mn (b)(II), enter that pa Iule A (Form 1040), line 040), line 23 Identify	e 28, and tl	ne part of		
								18a	
b	Redetermine the gai	ın or (loss) d	on line 17 ex	cluding the loss, if any,	on line 18a Enter here	and on Fo	rm 1040,	18b	

Part III Gain From Disposition of Prope (see instructions)	rty Und	er Sections 12	245, 1	L250,	1252,	1254, a	nd 1	1255	
(a) Description of section 1245, 1250, 1252, 1254, or 1255	property							(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
В									
C									
D									
These columns relate to the properties on lines 19A through 19D	▶-	Property A	P	ropert	у В	Prope	erty C	Pro	perty D
20 Gross sales price (Note: See line 1 before completing)	. 20								
21 Cost or other basis plus expense of sale	21								
Depreciation (or depletion) allowed or allowable	22								
23 Adjusted basis Subtract line 22 from line 21	. 23								
24 Total gain Subtract line 23 from line 20	24								
25 If section 1245 property:									
a Depreciation allowed or allowable from line 22	25a								
b Enter the smaller of line 24 or 25a	. 25b								
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
a Additional depreciation after 1975 (see instructions)	. 26a								
b Applicable percentage multiplied by the smalle line 24 or line 26a (see instructions)									
c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line	26								
26a, skip lines 26d and 26e d Additional depreciation after 1969 and before 1976 .	. 26c . 26d								
e Enter the smaller of line 26c or 26d	26e		_						
f Sections 291 amount (corporations only) .	—								
g Add lines 26b, 26e, and 26f			-						
27 If section 1252 property: Skip this section if yo did not dispose of farmland or if this form is bein completed for a partnership (other than an electing large partnership)									
a Soil, water, and land clearing expenses	27a								
b Line 27a multiplied by applicable percentage (see instructions)	27b								
c Enter the smaller of line 24 or 27b	. 27c								
28 If section 1254 property:									
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	er 28a								
b Enter the smaller of line 24 or 28a	. 28b								
29 If section 1255 property:									
a Applicable percentage of payments excluded from income under section 126 (see instructions)	om 29a								
b Enter the smaller of line 24 or 29a (see instructions)	29b								
Summary of Part III Gains. Complete pro	perty co	olumns A throug	h D th	rough	ı lıne 29	b before	e goii	ng to line 3	30.
Total gains for all properties Add property colu							30		
Add property columns A through D, lines 25b, 2	26g, 27c,	28b, and 29b Ent	ter her	e and c	n line 13	3.	31		
32 Subtract line 31 from line 30 Enter the portion portion from other than casualty or theft on Form		•	rm 46			ter the	32		
Part IV Recapture Amounts Under Sect (see instructions)	ions 17	9 and 280F(b))(2) V	Vhen	Busine	ss Use	Dro		
					(a) Se			(b) Sect	
33 Section 179 expense deduction or depreciation	n allowahl	e in prior vears		33	11	79		280F(b)	(2)
34 Recomputed depreciation (see instructions)		•	-	34					

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report . . 35