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A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

2009

Open to Public Inspection

B Ch	eck if ap	plicable	Please	C Name of organization			D Employer ide	entification number		
_	dress cha	ange	ge use IRS Community Development Corporations Inc				58-1871946			
_		[1	label or print or	Doing Business As	E Telephone n					
_	me chan	i i	type. See				(919) 831-	9710		
Init —	ıal returi		Specific Instruc-	Number and street (or P O box if mail is 3109 Poplarwood Court	not delivered to street addres	s) Room/suite	G Gross receipts			
Ter	mınated	1 1	tions.	3109 Popialwood Court				+ -,,		
₹ Am	ended re	eturn		City or town, state or country, and ZIP +	4	_				
– _{Apr}	olication	pending		Raleigh, NC 27604						
		` `	E Nam	ne and address of principal officer		11/->				
				Perry Cole		H(a) Is th affilia	ıs a group retur	n for ┌ Yes		
			3109 P	oplarwood Court Suite 2		aiiiiid	ites	1 165 1 110		
			Raleigh	,NC 27604		H(b) Are al	l affiliates includ	led?		
						If"N	o," attach a lıst	(see instructions)		
[Ta	x-exem _l	pt status	▽ 501(c)) (3) ◀ (insert no)	527	H(c) Grou	ıp exemption nı	ımber ►		
w	ebsit e:	: ► www	/ NCACD	C O RG						
		anızatıon [▽ Corporat	ion Trust Association Other ►		L Year of fo	rmation 1989	State of legal domicile NC		
Pa	rt I	Summ	ary							
Governance		NCACDO	c's missio	e organization's mission or most sig in is to strengthen the North Carolin nity development corporations (CDC	a economy and create a			•		
Š.	2	Check th	ıs box 🛏	if the organization discontinued its	operations or disposed	of more than	25% of its net	assets		
	3	Number	of voting n	nembers of the governing body (Par	:VI, line 1a)		3	17		
8	4	Number	ofindepen	dent voting members of the governi	ng body (Part VI, line 1b)	. 4	16		
ACTIVITIES &	5	Total nun	nberofen	nployees (Part V, line 2a)			5	9		
5	6	Total nun	nber of vo	lunteers (estimate if necessary) .			6			
4.				ted business revenue from Part VII			7:	a 0		
		_		ness taxable income from Form 990			7			
						Prio	or Year	Current Year		
	8	Contribi	itions and	d grants (Part VIII line 1h)			1,324,409	1,052,171		
9	9	Program service revenue (Part VIII, line 2g)					18,765	18,366		
enne								,		
₽ĕ	10				•		11,481	4,201		
	11		-	art VIII, column (A), lines 5, 6d, 8d			20,617	89,342		
	12			dd lines 8 through 11 (must equal P			1,375,272	1,164,080		
	13			ar amounts paid (Part IX, column (A				0		
	14			or for members (Part IX, column (A),			0			
	15			ompensation, employee benefits (Pa		_				
&	15	10)	, other co	impensation, employee beliefits (1 a	it ix, column (A), mes 5		719,113	614,367		
⊕	16a	Professi	ional fund	raising fees (Part IX, column (A), lir	ne 11e)			0		
Expenses	ь	Total fund	traising expe	enses (Part IX, column (D), line 25) 🕨 5,294						
_	17	Othere	xpenses ((Part IX, column (A), lines 11a–11d		760,272	546,112			
	18	Total ex	penses A	Add lines 13–17 (must equal Part I	X, column (A), line 25)		1,479,385	1,160,479		
	19	Revenue	e less exp	penses Subtract line 18 from line 12	2		-104,113	3,601		
Not Assets or Fund Balances							g of Current Year	End of Year		
10 kg	20	Totalas	sets (Par	t X, line 16)			1,185,154	1,132,215		
48 48	21			Part X, line 26)			230,641	44,951		
5 E	22		-	d balances Subtract line 21 from lii			954,513	1,087,264		
	1111		ture Blo				954,515	1,007,204		
r a i				equry, I declare that I have examined this re	turn including accompanying	schedules and s	tatements and to	the hest of my knowledge		
				correct, and complete Declaration of prepar						
Sign		******								
Here	е	Signature of officer Date								
		Susan Perry-Cole President & CEO Type or print name and title								
	I] F ''	<u> </u>		Data	book :f	Dron	fung number		
		Preparer's signature		th D Gibbs		heck if elf-	Preparer's identi (see instructions			
Paid		agnatule	7			mpolyed 🕨 🦵				
•	arer's	Firm's nam	ne (or yours	THOMAS & GIBBS CPAS PLLC	<u> </u>		ETN: L			
Jse (Only	ıf self-emp address, a	oloyed), nd ZIP + 4	6114 FAYETTEVILLE RD STE 101			EIN 🕨			
		, 4			Phone no (919) 544-0555					
<u></u>	the IDC	- du · ·	+b.c ==+::	DURHAM, NC 277136284	and instructions.			Tyes The		

Part III Statement of Program Service Accomplishments

Briefly describe the organizat	:ion's	missior
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NCACDC's mission is to strengthen the North Carolina economy and create a better tomorrow for all North Carolinian's by enhancing community development corporations (CDCs) in their role of creating prosperous communities for the long term

2		on undertake any significa 0 or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on Sc	hedule O			
3		on cease conducting, or m			nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	le O			
4	Section 501(c)(3		ons and sectio	n 4947(a)(1) trusts a	largest program services b re required to report the an service reported	
4a	(Code) (Expenses \$	874,625	including grants of \$) (Revenue \$)
-	Community Develop throughout the state year The goal is to	oment - The Corporation's missic of North Carolina This is accor	on is to provide inf inplished through v resources to ensu	ormation, knowledge, skill arious seminars, hands on	s, and resources to serve low-we techical assistance courses, and and accountability which is essen	conferences are held during the
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	0.1	(5)				
4d	Other program s (Expenses \$	ervices (Describe in Sche	edule O) uding grants of	dt.) (Revenue \$	1
				•) (Kevenue \$)
4e	Total program se	ervice expenses►\$	874,62			

art IV	Checklist of	Peguired	Schedules
	CHECKHISLUI	Reuulleu	Scheuules

Par	t 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		Νο
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		No
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	•	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15		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 U S ? If "Yes," complete Schedule F, Part III	16		Νο
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	17		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III						
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J						
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 line 25	24a		No			
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No			
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		Νo			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
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		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No			
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part						
		28a		Νo			
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No			
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		Νο			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο			
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? <i>If</i> "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		No			
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		Νο			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο			
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		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes				

Part V Statements Regarding Other IRS Filings and Tax Compliance
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	outements regarding outer like i mings and tax compliants		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		165	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
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		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, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			NI -
9	Sponsoring organizations maintaining donor advised funds.	8		Νο
_	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
10	Section 501(c)(7) organizations. Enter			140
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	**d		140
J	year			

3109 Poplarwood Court Suite 209

Raleigh, NC 27604 (919) 831-9710

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

Se	ction A. Governing Body and Management			
			Yes	No
1-	Enter the number of voting members of the governing body			
1a b	Enter the number of voting members of the governing body 1a 17 Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
-	other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		 N o
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12b	Yes	
c	to conflicts?			
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14 15	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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		Νο
Se	ction C. Disclosure	· '	'	•
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its 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			
10	Own website Another's website Vpon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
19	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 Susan Perry-Cole	ie orga	nızatıor	n P -

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)			Page 8
1b	Total			17,858
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
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		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
_				
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •0			
		F	orm 99 0) (2009)

Form 99							Page 9
Part V	<u> </u>	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated campaigns 1a					
g Sen	b	Membership dues 1b					
ts,	c	Fundraising events 1c					
<u> </u>	d	Related organizations 1d Government grants (contributions) 1e	872,435				
Sign Sign	e f	All other contributions, gifts, grants, and 1f	179,736				
Contributions, gifts, grants and other similar amounts	g	similar amounts not included above Noncash contributions included in					
Son	h	Innes 1a-1f \$ Total. Add lines 1a-1f	▶	1,052,171			
			Business Code				
inue	2a	Membership Dues & Assessments		18,366			18,366
Be ≥	ь						
Program Serwice Revenue	С						
	d						
Ē	e						
Ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f		18,366			
	3	Investment income (including dividends	·	4,201			4,201
	4	and other similar amounts) Income from investment of tax-exempt bond pro		4,201			4,201
	5	Royalties	· · · · · · · · · · · · · · · ·	0			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶	0			
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	Ь	Less cost or other basis and sales expenses					
	С	Gain or (loss)					
	d 8a	Net gain or (loss)		0			
Other Revenue		events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
‡	ь	Less direct expenses b					
0	С	Net income or (loss) from fundraising ev	ents 🟲	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses b Net income or (loss) from gaming activit	ties	0			
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inven	tory 🕨	0			
	Ť		Business Code				
	11a	Other income		89,342	89,342		
	ь						
	с						
	d	All other revenue					
	e	Total. Add lines 11a-11d		89,342			
	12	Total revenue. See Instructions	. •	1,164,080	89,342		22,567

	990 (2009)				Page 10
Par	Section 501(c)(3) and 501(c)(4) organizations m	ust complete all o	columns.		
A	ll other organizations must complete column (A) but are not required to		ns (B), (C), and	,` 	
	ot include amounts reported on lines 6b, b, 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	0			
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	110,423	88,338	22,085	
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	394,750	284,686	110,064	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	·		
9	Other employee benefits	70,313	48,349	21,964	
10	Payroll taxes	38,881	<u> </u>	10,841	
11	Fees for services (non-employees)	30,001	20,010	10,011	
a	Management	0			
b	Legal	19,299		17,325	
		<u> </u>	<u> </u>		
C	Accounting	28,623	 	7,981	
d	Lobbying	7,855	<u> </u>		
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	64,404	<u>'</u>		
12	Advertising and promotion	0			
13	Office expenses	21,806	20,821	985	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	41,876	30,200	11,676	
17	Travel	29,461	28,672	789	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	86,353	48,478	37,875	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,348		2,348	
23	Insurance	5,709	5,709		
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	Printing and Publications	9,867	8,228	1,639	
b	Other	14,974	11,857	3,117	
c	Member Development	139,718	139,446	272	
d	Fundraising	5,294			5,294
e	Contractors	58,275		30,299	<u> </u>
f	All other expenses	10,250	 	1,300	
25	Total functional expenses. Add lines 1 through 24f	1,160,479	† '	280,560	5,294
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,200,779	577,023	250,550	3,234
	campaign and randrations sometimeton		<u> </u>	1	

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	593,348	1	405,491
	2	Savings and temporary cash investments	110,000	2	110,063
	3	Pledges and grants receivable, net	461,271	3	584,260
	4	Accounts receivable, net		4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	0
ssets	7	Notes and loans receivable, net	9,728	7	15,274
8	8	Inventories for sale or use		8	0
⋖	9	Prepaid expenses and deferred charges		9	8,669
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part</i> VI of Schedule D 69,377			
	ь	Less accumulated depreciation 10b 64,304	7,421	10c	5,073
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	3,386	15	3,385
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,185,154	16	1,132,215
	17	Accounts payable and accrued expenses .	27,101	17	20,955
	18	Grants payable		18	
	19	Deferred revenue	203,540	19	23,996
	20	Tax-exempt bond liabilities		20	
<u>ē</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ĮŢ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	230,641	26	44,951
S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			_
Fund Balance		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	471,169	27	474,770
8	28	Temporarily restricted net assets	483,344	28	612,494
핕	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
10]	lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	054.540	32	4.007.004
Net	33	Total helphotograph and part (for discharge)	954,513	33	1,087,264
l	34	Total liabilities and net assets/fund balances	1,185,154	34	1,132,215

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

		rolina Asso Developme	ciation of nt Corporations	Inc					58-1871946	•				
Pa	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons r	nust comple							
The	organi			foundation because										
1	Γ	A churc	h, conventio	on of churches, or as	sociation of d	hurches se	ction 170(b)(1)(A)(i).						
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	≘ E)							
3	Г	A hospi	tal or a coop	erative hospital serv	vice organiza	tion describ	ed in section :	170(b)(1)(A)(iii).					
4	Γ		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											
5	Г			rated for the benefit		or university	owned or ope	rated by a g	overnmental	unıt describe	- d ın			
	_	section 170(b)(1)(A)(iv). (Complete Part II)												
6	<u> </u>	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.												
7	<u>~</u>	describ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(h)(1)(A)(vi) (Complete Part II)											
8	_		section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	<u>'</u>		n organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
-	'	_		· ·	-		7.7		•	•	-	55		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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)												
10	Г			anızed and operated	•			•	•					
11	Γ	one or r	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 that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other											
e	Γ	other th	an foundatio	x, I certify that the con managers and oth										
f		If the o	hıs box	eceived a written de						supporting o	rganız	ation,		
g			ugust 17, 2 g persons?	006, has the organiz	ation accept	ed any gift o	r contribution	from any of	the					
				ectly or indirectly co	ntrols, eithei	r alone or too	ether with pe	rsons descr	ıbed ın (ıı)		Yes	No		
		and (III)	below, the g	overning body of the	the support	- ed organızatı	ion?			11g(i)				
		(ii) a fa	mıly membe	r of a person describ	ed in (i) abov	/e?				11g(ii)				
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) ab	ove?			11g(iii)				
h		Provide	the followin	g information about t	he supported	d organizatio	n(s)			<u> </u>				
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you note organization col (i) of support	on in your	(vi) Is the organizati col (i) orga in the U:	on in inized	A m	vii) ount of oport?		
				matractions//		1	1.55		1.55					

Total

Part II 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 yo	u cnecked the	box on line 5,	7, or 8 of Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	895,079	658,849	1,454,383	1,343,174	1	.,199,687	5,551,172
2	grants ") Tax revenues levied for the organization's benefit and either							0
_	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	895,079	658,849	1,454,383	1,343,174	1	.,199,687	5,551,172
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0
6	Public Support. Subtract line 5 from line 4							5,551,172
S	ection B. Total Support	•		•	<u>'</u>			
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	895,079	16,941	1,454,383	1,343,174	1	,199,687	5,551,172
8	Gross income from interest, dividends, payments received on	44.002	45.044	22 220	11 101		4 204	66.025
	securities loans, rents, royalties and income from similar sources	11,082	16,941	22,320	11,481		4,201	66,025
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	50,676	23,764	30,453	20,617		15,150	140,660
11	Total support (Add lines 7 through 10)							5,757,857
12	Gross receipts from related activiti	es, etc (See inst	tructions)			12		74,193
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or f	ifth tax year as a	501(c)(3	;) organız	ation, ▶
<u></u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		96 410 %
15	Public Support Percentage for 2008	•				15		95 030 %
	33 1/3% support test—2009. If the			c on line 13, and l	ine 14 is 33 1/3%		, check th	
	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza	organization did n qualifies as a p –2009. If the org	not check the bo ublicly supported anization did not o	x on line 13 or 16 organization check a box on lin	ne 13, 16a, or 16b	and line	· 14	theck this
	in Part IV how the organization mee organization							ed ▶┌
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	e "facts and cırcu	mstances" test, o	check this box and	stop he	ere.	
18	supported organization Private Foundation If the organizat							▶ ┌
	instructions		,	•				▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493084009011

OMB No 1545-0047

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 ► Complete if the organization is described below.

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

Inspection

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 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number The North Carolina Association of Community Development Corporations Inc 58-1871946 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 ✓ No 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ✓ No Was a correction made? **4**a If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (e) A mount of political (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none. enter-0-801 Moratuck Dr L A Harris & Associates 30,299 Raleigh, NC 27604

i Subtract line 1f from line 1c If zero or less, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

	under section 501(h)). Check	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	7,855	
c	Total lobbying expenditures (add lines 1a and 1	b)	7,855	
d	Other exempt purpose expenditures		1,152,624	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	1,160,479	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	191,048	
	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		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	47,762	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -		

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 2a through 2f on page 4.)

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

	Lobbying Expendit	ures During 4	l-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	146,906	189,118	212,072	191,048	739,144
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,108,716
c	Total lobbying expenditures	23,116	16,266	33,385	7,855	80,622
d	Grassroots non-taxable amount	36,727	47,280	53,018	47,762	184,787
е 	Grassroots ceiling amount (150% of line 2d, column (e))					277,181
f	Grassroots lobbying expenditures		16,266			16,266

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

Supplemental Financial Statements

DLN: 93493084009011

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

► Complete if the organization answered "Yes," to Form 990, Department of the Treasury Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

	ne of the organization North Carolina Association of		Emp	loyer identifica	tion numbe	er
	nmunity Development Corporations Inc		58-3	1871946		
Pa	rt I Organizations Maintaining Donor Ao organization answered "Yes" to Form 99		unds	or Accounts	. Comple	te if the
	organization answered fes to Form 95	(a) Donor advised funds	(b) Funds and o	ther accou	nts
	Total number at end of year	(4,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	,			
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv	usors in writing that the assets hold in don	or advi	sod		
	funds are the organization's property, subject to the		or auvi	seu	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				┌ Yes	┌ No
aı	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	o Forn	n 990, Part IV	', lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ion or pleasure) Preservation of an Preservation of a c	ertifie	d historic struc	· •	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
:	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfe	• erred, released, extinguished, or terminate	d by th	ie organization	during	
	the taxable year 🛌					
	Number of states where property subject to conserve	ation easement is located be				
	Does the organization have a written policy regarding		— Hina of	violations and		
	enforcement of the conservation easements it holds		ining of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ients di	uring the year 🕨		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year 🟲 🕏 _		
	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 sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial nents	staten	nents that desc	rıbes	
a r	Organizations Maintaining Collection	ons of Art, Historical Treasures,	or Otl	her Similar <i>i</i>	Assets.	
	Complete if the organization answered			h-1		
а	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 fir	for public exhibition, education or research	ch ın fu			e,
b	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 ii			•	
	(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		r finan	cıal gaın, provid	le the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or Ot	<u>her</u>	<u>Similar A</u>	sset	S (cc	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	e foll	owing	that are	a sıgnıfıcar	nt us	e of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexcha	ange progra	ms				
b	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	v the	y furthe	er the or	ganızatıon's	exe	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	ΓY	es	Г No
Par	Part IV, line 9, or reported an an						answered	"Ye	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontribu	itions or	other asse	ts n	ot	ΓY	es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				A	moun	nt	
с	Beginning balance						1	lc				
d	Additions during the year						1	ld				
e	Distributions during the year						1	le				
f	Ending balance						1	Lf				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?					ı			es	┌ No
	If "Yes," explain the arrangement in Part XIV									•		,
Par			n ans	were	ed "Ye	s" to Fo	orm 990. I	Part	IV. line 10			
		(a)Current Year		Prior `					hree Years Back		our Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation t	thata	are held	d and ad	mınıstered	for t	he	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•		a(i)		
L	(ii) related organizations				 			•	· · · · ·	a(ii) 3b		
ь 4	Describe in Part XIV the intended uses of th	•						•		3D		
	VI Investments—Land, Buildings					90 Par	t X line 1	0				
I GI		s, una Equipme	<u> </u>		a) Cost o		(b)Cost or o		(c) Accumula	ated		
	Description of investment					estment)	basis (othe		depreciatio		(d) B	ook value
1 a l	and		•	_								
			_	- 1			1					
b E	Buildings		•									
	Buildings											
c L	y	· · · · · · · ·					37,	,345	3	7,136		209
c L d E e (easehold improvements	· · · · · · · · · · · · · · · · · · ·	· ·					,345 ,032		7,136 7,168		209 4,864

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	(-) Makkad after leaking
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total (Column (h) should equal Form 990, Part Y, col (R) line 13.)	b	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Desc	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	e 15.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) lim Part X Other Liabilities. See Form 990, Part	e 15.) t X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	e 15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	e 15.) t X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	ints	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,164,080
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,160,479
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	3,601
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net) Add lines 4 - 8	9	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,601
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue		•
1 Total revenue, gains, and other support per audited financial statements	1	1,164,080
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments 2a		
b Donated services and use of facilities	1	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIV) 2d]	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,164,080
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,164,080
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	
1 Total expenses and losses per audited financial statements	1	1,160,479
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a Donated services and use of facilities		
b Prior year adjustments 2b	7	
c Other losses	1	
d Other (Describe in Part XIV) 2d	7	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,160,479
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b	7	
	7 4c	
c Add lines 4a and 4b	_ 4 C	
c Add lines 4a and 4b	5	1,160,479

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return

Return Reference | Explanation

SCHEDULE 0

Name of the organization
The North Carolina Association of
Community Development Corporations Inc

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection
Employer identification number

58-1871946

	I	
ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, policies, and financial statements are not available upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Salaries for key employees are benchmarked to comparable positions in similar organizations and approved by the Board of Directors. The decision on salary is documented in the minutes of the Finance Committee meeting where the deliberations and determination of the salary is made.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annually at board of directors meeting, board members are asked to verbally report any conflicts of interest following a re-iteration of the conflict policy as outlined in the by-laws
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	External accountants prepare the Form 990 A review copy is presented to the Board of Directors Once the board reviews and approves the return, a final copy is generated which is signed by the president of NCACDC and mailed to the IRS
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The organization's by-laws were amended as follows. An Advisory Council of 11 individuals was formed. The members of the Advisory Council can not be Directors of the organization and are elected by the Board to serve one-year terms. Council members have no voting privileges and are subject to Board resolutions and by-laws. The purpose of the Advisory Council shall be the cultivation of new Directors of the Corporation through active participation in the Corporation, and to assist with the acquisition of financial resources for the Corporation and assisting with increasing visibility and support for the Corporation as directed by the Board.

Software ID: Software Version:

EIN: 58-1871946

Name: The North Carolina Association of

Community Development Corporations Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) (C) A verage Position (check all that apply)					II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Willie Dawson Director	0	Х						0	0	0
Susan Perry Cole President	40 00	Х		х				92,565	0	17,858
Savı Horne Dırector	0	Х						0	0	0
Lenwood Long Sr Treasurer/Secre	0	Х		х				0	0	0
Kevin Harris Director	0	Х						0	0	0
Joyce Dickens Chairman	0	Х		х				0	0	0
Isabelle Gillespie Director	0	Х						0	0	0
George Wallace Director	0	Х						0	0	0
Fernando Trulin Director	0	Х						0	0	0
Fannie Corbett Director	0	Х						0	0	0
Evon Smith Director	0	Х						0	0	0
Evelyn Troy Director	0	Х						0	0	0
Delores Bailey Director	0	Х						0	0	0
Dave Nichols Director	0	Х						0	0	0
Cathy Alston-Kearney Director	0	Х						0	0	0
Barbara Blackston Director	0	Х						0	0	0
Arlene Lawson Director	0	Х						0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing and Publications	9,867	8,228	1,639	
Other	14,974	11,857	3,117	
Member Development	139,718	139,446	272	
Fundraising	5,294			5,294
Contractors	58,275	27,976	30,299	