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NOMSC 11/10/2010 11 51 AM 990	
Dr. atment of the Treasury	

I 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

07/01/09 06/30/10 and ending For the 2009 calendar year, or tax year beginning NORTH CAROLINA MINORITY D Employer identification number Please Check if applicable C Name of organization use IRS SUPPORT CENTER, Address change label or 58-1903219 Doing Business As Name change print of Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number tvpe. Initial return See 919-530-1683 123 W MAIN STREET Specific Termination G Gross receipts \$ 4,516,915 City or town, state or country, and ZIP + 4 Instruc DURHAM NC 27701 Amended return tions Name and address of principal officer H(a) is this a group return for Application pending X No LENWOOD LONG affiliates? Yes H(b) Are all affiliates included? 123 W MAIN STREET Yes DURHAM NC 27701 If "No," attach a list (see instructions) X 501(c) (Tax-exempt status ◀ (insert no) 4947(a)(1) or website WWW.NCMSC.ORG H(c) Group exemption number ▶ 1990 NC Type of organization X Corporation M State of legal domicile Year of formation Association Part I Summary 1 Briefly describe the organization's mission or most significant activities See Schedule O rernance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 11 Number of voting members of the governing body (Part VI, line 1a) **⇒**3 ∞ರ' Settivities 8 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Current Year Prior Year 4,250,202 4,150,816 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 221,773 192,355 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,942 44,940 Other-revenue (Part VIII) column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue and lines 6 through 15 (must equal Part VIII, column (A), line 12) 4,516,915 4,349,113 Grants and similar amounts paid (Patrix), column (A), lines 1–3) Benefits paid பூர்ஸ்ரிஸ்றிஸ்ரியியில் column (A), line 4) 2,577,816 2,730,685 Salanes other compensation, employee benefits (Part IX, column (A), lines 5-10) 454,615 397,972 16a Professional-fundragsing fees (Page X, column (A), line 11e) b Total fundralsing expenses (Part X, column (D), line 25) ▶ 572,360 789,964 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,757,660 3,765,752 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 591,453 751,163 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 8,648,442 9,204,050 20 Total assets (Part X, line 16) 1,570,021 21 Total liabilities (Part X, line 26) 1,765,576 6,882,866 7,634,029 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declage that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Signature of officer DRES. denT Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature X 11/10/10 employed > 435-31-3306 Preparer's OMEO WIGGINS & COMPANY, 56-1627242 EIN Firm's name (or you Use Only Creedmoor Rd., #202 if self-employed) Phone address, and ZIF Ralleigh, NC 27613 919-870-5151 May the IRS discuss this return the preparer shown above? (see instructions) No with Yes For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions Form 990 (2009)

) (Revenue \$

Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses

including grants of \$

3,426,195

Pa	rt IV Checklist of Required Schedules			
+)	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
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 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_		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_8		X
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		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		3.5	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 related 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			ŀ
	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	12	Х	$\vdash \vdash \vdash$
404	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	 **	
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 12A X			
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		-==-
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			n 990	(2009)

Checklist of Required Schedules (continued) No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X 21 in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 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 29 If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 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 lines X 24a 24b through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b 990-EZ? If "Yes," complete Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? Х 27 If "Yes." complete Schedule L. Part III 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c 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 direct or indirect owner? If "Yes," complete Schedule L, X Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Х III. IV. and V. line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 X 19? Note. All Form 990 filers are required to complete Schedule O 38

Form 990 (2009) NORTH CAROLINA MINORITY 58-1903219 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 7 U.S. Information Returns. Enter -0- if not applicable 1a Ō Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х 1c gaming (gambling) winnings to prize winners? 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 Х 2b 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 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X 3a this return? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 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 X 4a account)? 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? | 7d | 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 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as Х 7h required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Part VI

Form 990 (2009) NORTH CAROLINA MINORITY

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	_		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	·	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ļ
	the year by the following		X	
a	The governing body?	8a 8b	X	
þ	Each committee with authority to act on behalf of the governing body?	- 60		
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	ļ
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	-		
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	├
14	Does the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by	l		
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	ŀ
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	+
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	† -	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement]
100	with a taxable entity during the year?	16a		x
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		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NC			
18	Section 6104 requires an organization to make its Forms 1023 (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 Another's website X Upon request			
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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
ъ.	organization ► LENWOOD LONG 123 W MAIN STREET URHAM NC 27701 9	19-53	Λ 1	602
ע	<u> </u>			-003

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 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."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)			hat ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		Former	from from related the organizations (W-2/1099-MISC)		amount of other compensation from the organization and related organizations
ARMEER KENCHEN										
CHARIMAN	1.00	X			ĺ			0	0	0
FRANCES BRADSHAW		\Box								
DIRECTOR	1.00	X				l		0	0	0
BYRON T ROBINSON										
SECRETARY	1.00	X						0	0	0
MAURICE SMITH										· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1.00	X						0	0	0
SAUNDRA SCALES										
VICE CHAIR	1.00	X						0	0	0
SUSAN PERRY COLE										
DIRECTOR	1.00	X	ł		l	L		0	0	0
JOHN HERRERA										
DIRECTOR	1.00	X						0	0	0
EDWARD MILLS										
TREASURER	1.00	X						0	0	0
LUIS PASTOR										
DIRECTOR	1.00	X		L.				0	0	0
PETER SKILLERN								!		
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0	0	<u> </u>
W.T. HAYES				1				}		
DIRECTOR	1.00	X						0	0	0
PAULA MCCOY			l							
PRIOR CEO	40.00	<u> </u>		X				109,175	0	17,169
JAMES WALL		ļ								
PRIOR VP/CFO	40.00		L	X		<u> </u>		74,423	0	5,850
LENWOOD LONG										
CEO	40.00	<u> </u>	<u> </u>	X		<u> </u>	L	61,663	0	0
TANYA BRANCH										
CFO	40.00	-	_	X				17,919	0	1,299
		-				_				
DAA	<u></u>	<u> </u>	<u> </u>	Ļ	<u></u>	Τ	<u> </u>	I		Form 990 (2000)

Par	(A) Name and Title	(B) Average			((2)	hat a		(D) Reportable	(E) Reportable	(F) Estimated
·	Name and Tide	hours per week	Individual trustee or director		Officer	Key employee	employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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				_			ļ				
1b	Total	l	ł	I	l 	l 		<u> </u>	263,180		24,318
2	Total number of individuals (in reportable compensation from	=		to th	iose	liste	d ab	ove)	who received more than \$1	00,000 in	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schede	ıle J	for s	uch	ındıv	/idua	1	<u>-</u>		Yes No
E	the organization and related o individual Did any person listed on line 1	rganızatıons grea	ter th	an \$	150,	000	? If "\	res,"	complete Schedule J for si	uch	4 X
5 ——	services rendered to the organ	nization? If "Yes,"									5 X
Sec 1	ction B. Independent Contract Complete this table for your five compensation from the organic	e highest compe	nsate	ed in	depe	nde	nt co	ntrac	ctors that received more that	n \$100,000 of	
		(A) d business address							Descri	(B) otion of services	(C) Compensation
			· · · · · ·					-			
								-			
								-		_	
								-			
2	Total number of independent		_				d to ti	nose	listed above) who received		
DAA	more than \$100,000 in compe	nsation from the	orgai	nızat	on 🕨	<u> </u>					0 Form 990 (2009)

	(2009) NORTH CARO		NORTIT		30-1903219		Page 9
Part V	Illi Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(0) 4-	Foderated semporars	14-1			revenue		512, 513, or 514
⊆I	Federated campaigns	1a]			
a lg	Membership dues	1b		-			
<u>립</u> .	Fundraising events	1c					
e la	Related organizations	1d			1		
is e	Government grants (contributions)	1e	4,145,325				
j f	All other contributions, gifts, grants,						
히	and similar amounts not included above	1f	104,877				
일 9	Noncash contributions included in lines 1a	a-1f \$					
	Total. Add lines 1a-1f		•	4,250,202			
2a b c d e			Busn Code				
2a							
. b							
} c							
3 d							
. e							
$ar{\mathfrak{F}} \mid f$	All other program service reve	enue	L				
- <u>g</u>	Total. Add lines 2a-2f		•				
3	Investment income (including	dividends, inte	erest, and				
	other similar amounts)		> _	221,773			221,773
4	Income from investment of tax	x-exempt bond	proceeds 🕨 📘				
5	Royalties		•				
	(ı) Real		(II) Personal				
6a	Gross Rents			1			ŧ
b	Less rental exps						
С	Rental inc or (loss)						
d	Net rental income or (loss)		>				
7a	Gross amount from (i) Security	es	(II) Other				
	sales of assets other than inventory						
ь	Less cost or other			1			
	basis & sales exps				Ī		
c	Gain or (loss)						
- 1	Net gain or (loss)	I	•		i		
	Gross income from fundraising eve	ents					
b	(not including \$						
	of contributions reported on line 1c	.,					
	See Part IV, line 18	" a					
h	Less direct expenses	b					
֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Net income or (loss) from fund		•	İ	İ		
1	Gross income from gaming activiti	- 	· ·				
""	See Part IV, line 19						
	Less direct expenses	а b					
	Net income or (loss) from gan		•				
	_	_					
104	Gross sales of inventory, less returns and allowances						
.		a					
	Less cost of goods sold	b	—	•			
<u>c</u>	Net income or (loss) from sale		Busn. Code				-
44.				30 000	1		
11a			531120	30,000			30,000
þ		ORSHIP	900099	12,630			12,630
C	MISCELLANEOUS		900099	2,310			2,310
	All other revenue						
	Total. Add lines 11a–11d		<u> </u>	44,940			
12	Total Revenue. See instruction	ons	<u> </u>	4,516,915	0		0 266,713

NORTH CAROLINA MINORITY Form 990 (2009)

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must c				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U S See Part IV, line 21	2,577,816	2,577,816		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	210,404	97,319	113,085	
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,382	97,906	24,476	
8	Pension plan contributions (include section 401(k)		,		
v	and section 403(b) employer contributions)				
9	Other employee benefits	43,804	35,043	8,761	
10	Payroll taxes	21,382	17,105	4,277	***
11	Fees for services (non-employees)			,	
a	Management			1	
b	Legal	8,508	2,127	6,381	
c	Accounting	18,496	*	18,496	
d	Lobbying	44,800	44,800	* * * * * * * * * * * * * * * * * * * *	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			-	
g g	Other	102,929	32,063	70,866	
12	Advertising and promotion	18,970	17,073	1,897	
13	Office expenses	22,692	12,080	10,612	
14	Information technology				
15	Royalties				
16	Occupancy	113,247	66,816	46,431	- -
17	Travel	14,860	13,374	1,486	
18	Payments of travel or entertainment expenses	•	· ·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,343	37,994	11,349	
20	Interest	52,991	52,991		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,738	4,295	6,443	
23	Insurance	6,345		6,345	
24	Other expenses Itemize expenses not	‡		ļ.	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)	į		1	
а	LOSSES ON LOAN FUNDS	250,000	250,000		
b	LOSSES ON AT-RISK INVESTM	30,868	30,868		
c	STAFF DEVELOPMENT	11,352	9,082	2,270	
d	TELEPHONE	11,024	9,922	1,102	
е	SUBSCRIPTION AND DUES	10,826	9,743	1,083	
f	All other expenses	11,975	7,778	4,197	
25	Total functional expenses. Add lines 1 through 24f	3,765,752	3,426,195	339,557	
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				
DAA					Form 990 (2009

Part	X Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			2,106,066	1	2,199,185
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net			131,000	3	
4	Accounts receivable, net			4		
5	Receivables from current and former officers, directors, t	key				
İ	employees, and highest compensated employees. Comp	t t				
	Schedule L			5		
6	Receivables from other disqualified persons (as defined in	ction				
	4958(f)(1)) and persons described in section 4958(c)(3)(l					
	Part II of Schedule L		6			
Assets	Notes and loans receivable, net		38,268	7	1,058,491	
8 8	Inventories for sale or use			8		
و ۵	Prepaid expenses and deferred charges			9		
10	a Land, buildings, and equipment cost or					
	other basis Complete Part VI of Schedule D	10a	98,410		1	
	b Less accumulated depreciation	10b	75,030	18,445	10c	23,380
11	Investments—publicly traded securities			6,354,663	11	5,922,994
12				12		
13				13		
14				14		
15				15		
16)		8,648,442	16	9,204,050
17		19,589	17	34,876		
18				18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		[20	
ပ္က 21	Escrow or custodial account liability Complete Part IV of	Schedu	le D		21	
Liabilities						
ਙ	employees, highest compensated employees, and disqu				İ	
<u> </u>	persons Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties		1,513,658	23	929,601
24	Unsecured notes and loans payable to unrelated third pa	rties			24	
25	Other liabilities Complete Part X of Schedule D			232,329	25	605,544
26	Total liabilities. Add lines 17 through 25			1,765,576	26	1,570,021
ဂ္ဂ	Organizations that follow SFAS 117, check here ▶	X and				
Balances 27	complete lines 27 through 29, and lines 33 and 34.]	
<u>ह</u> 27	Unrestricted net assets			1,011,587	27	2,915,740
ໝິ 28	Temporarily restricted net assets			5,871,279	28	4,718,289
29 Lug	Permanently restricted net assets		_		29	
Ē	Organizations that do not follow SFAS 117, check he	re ▶				
<u> </u>	and complete lines 30 through 34.					
<u>တ</u> 30	Capital stock or trust principal, or current funds		ļ		30	·
g 31	Paid-in or capital surplus, or land, building, or equipment		· · · · · · · · · · · · · · · · · · ·	31		
Ÿ 32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32	
Net Assets or	Total net assets or fund balances			6,882,866		7,634,029
Ž 34	Total liabilities and net assets/fund balances			8,648,442	34	9,204,050

Form **990** (2009)

the Single Audit Act and OMB Circular A-133?

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

Form 990 (2009)

3a

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Reason for Public Charity Status (All organizations must complete this part) See instructions

► See separate instructions.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

NORTH CAROLINA MINORITY SUPPORT CENTER, INC

▶ Attach to Form 990 or Form 990-EZ.

Employer identification number 58-1903219

The o	organ	ization is not a	private foundation because i	t is (For lines 1 through 11, che	ck only on	e box)					
1		A church, conv	vention of churches, or assoc	ciation of churches described in s	section 17	′0(b)(1)(A	.)(i).				
2		A school desc	ribed in section 170(b)(1)(A)	(ii). (Attach Schedule E)							
3		A hospital or a	cooperative hospital service	organization described in section	on 170(b)(1)(A)(iii).					
4	П			n conjunction with a hospital des				(A)(iii). E	Enter the	hospit	al's name,
		city, and state									
5			n operated for the benefit of	a college or university owned or	operated I	oy a gove	rnmental	unit des	scribed i	n	
-)(1)(A)(ıv) (Complete Part II								
6				vernmental unit described in sec	tion 170(b)(1)(A)(v).				
7	X			bstantial part of its support from				the gen	eral pub	olic	
•		-	ection 170(b)(1)(A)(vi). (Cor		. 3			J	•		
8	\Box			0(b)(1)(A)(vi). (Complete Part II)						
9				more than 33 1/3 % of its suppo		atributions	memb	ership fe	es. and	aross	
3	ш			t functions—subject to certain ex							
				unrelated business taxable inco							
				1975 See section 509(a)(2) (0			,	200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
40			=	clusively to test for public safety			a)(A)				
10	H			clusively for the benefit of, to pe				carry out	the		
11	لــا			d organizations described in sec						ion	
				e type of supporting organization							
				c Type III–Functiona			d		· e IIIOth	er	
		a Type		nization is not controlled directly							
е	Ш			nd other than one or more public						tion	
		•	ection 509(a)(2)	ng other than one of more public	ory cappor	ou organi					
				mination from the IRS that it is a	Tyne I Ty	nell or T	vne III si	upporting	1		
f		_	check this box	initiation from the into that it is a	19001, 19	pc 11, 01 1	ypo m o	apportini;	,		
		-		on accepted any gift or contributi	on from ar	ny of the					اسا
g				on accepted any girt or contributi	on nom a	iy or the					
		following pers		itrols, either alone or together wi	th nersons	describe	d in (ii)				Yes No
					iii persona	describe	u III (II)				11g(i)
			below, the governing body of member of a person describe								11g(u)
											11g(III)
			ontrolled entity of a person de								[a//i
<u>h</u>			ollowing information about the		(IV) Is the c	organization	(v) Did v	ou notify	(vi) l:	s the	(VII) Amount of
(1)		e of supported janization	(II) EIN	(III) Type of organization (described on lines 1–9		sted in your		ization in	organizati	on in cot	support
		,		above or IRC section		document?	col (I)	of your oorl?	(i) organiz U S		
				(see instructions))	Yes	No	Yes	No	Yes	No	
					103	110	103	-	100		
	-				 				l		
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									-		
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Tota	a i		<u> </u>	t	<u>.t</u>	<u> </u>	<u> </u>	L	l	L,	

NCMSC 11/10/2010 11 51 AM Schedule A (Form 990 or 990-EZ) 2009 NORTH CAROLINA MINORITY Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (b) 2006 (c) 2007 (a) 2005 Gifts, grants, contributions, and membership fees received (Do not 4,089,728 4,150,816 4,250,202 18,432,673 3,718,809 2,223,118 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 3.718.809 2,223,118 4,089,728 4,150,816 4,250,202 18,432,673 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 200,069 shown on line 11, column (f) Public support. Subtract line 5 from line 4 18,232,604 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 18,432,673 2,223,118 4,089,728 4,150,816 4,250,202 Amounts from line 4 3,718,809 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 251,478 248,451 192,355 221,773 1,153,265 239,208 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 2,579 4,975 5.942 44.940 60.587 2,151 (Explain in Part IV) 19,646,525 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (1) divided by line 11, column (1))	14	
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	89.95%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009 NORTH CAROLINA MINORITY

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

	(Complete only if you che	cked the box of	on line 9 of Pai	t I.)			
	tion A. Public Support endar year (or fiscal year beginning in) ▶	(0) 2005	(F) 2006	(6) 2007	(4) 3006	(e) 2009	(f) Total
Cal	endar year (or tiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(8) 2009	(i) rotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		İ	1			
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				-		
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		1				
Sec	tion B. Total Support	<u> </u>	<u> </u>	· b . · · · · · · · · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				2000		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			<u> </u>	<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8,			(f))		15	%
16	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	9/
18	Investment income percentage from 2008	Schedule A, Part II	I, line 17			18	
19a	33 1/3 % support tests—2009 If the orga	nization did not che	eck the box on line	14, and line 15 is r	more than 33 1/3 %	, and line	ı
	17 is not more than 33 1/3 %, check this be		-				>
b	33 1/3 % support tests—2008 If the orga						
	line 18 is not more than 33 1/3 %, check th	-	-			=	•
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box	and see instruction	s	

Schedule A (Form 990 or 990-EZ) 2009 NORTH CAROLINA MINORITY

58-1903219

Page 4

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

Part II, Line 10 - Other Income Detail

MISCELLANEOUS INCOME

\$

60,587

NCMSC NORTH CAROLINA MINORITY
58-1903219 Federal Statements

FYE. 6/30/2010

11/10/2010 11:50 AM

Schedule A, Part II, Line 5 - Excess Gifts

X	Donor Name		Excess			
		\$	593,000	\$	200,069	
			58,709 375,000			
			150,000			
			50,000 40,000			
		 \$	1,266,709	\$	200,069	

SCHEDULE C (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

	If the organization answered	"Yes.	" to Form	990, Pa	rt IV.	line 5 (Prox	y Tax)	, then
--	------------------------------	-------	-----------	---------	--------	----------	------	--------	--------

•	Section 501(c)(4)	(5)	or (6) organizations. Con	nniete Part III
•	acciun au iccii4).	1:01	or to cordanizations. Cor	noiele Pan III

Nan	me of organization NORTH CAROLINA MINORITY			Employer identific				
	SUPPORT CENTER, INC 58-1903219							
Par	rt I-A Complete if the organization is exempt under section	1 501(c) (or is <u>a sectio</u>	n 527 organization	<u>. </u>			
1	Provide a description of the organization's direct and indirect political campaign ac	tivities in Pa	art IV					
2	Political expenditures			▶\$				
3	Volunteer hours			- -	~			
	rt I-B Complete if the organization is exempt under section		3).					
1	Enter the amount of any excise tax incurred by the organization under section 495			▶ \$	_			
2	Enter the amount of any excise tax incurred by organization managers under sections	on 4955		▶ \$				
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				Yes No			
-	Was a correction made?				Yes No			
	If "Yes," describe in Part IV rt I-C Complete if the organization is exempt under section	501(c)	except section	on 501(c)(3)				
				σπ σο τ(c)(σ).				
1	Enter the amount directly expended by the filing organization for section 527 exem	ipi iuricuori		▶ \$				
2	activities	ne for coety	nn	- -	-			
2	Enter the amount of the filing organization's funds contributed to other organization 527 exempt function activities	is for section) ii	▶ ¢				
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1	120-POI						
·	line 17b	1201 01,		▶ s				
4	Did the filing organization file Form 1120-POL for this year?				Yes No			
5	Enter the names, addresses and employer identification number (EIN) of all section	n 527 noliti	cal organizations	to which payments				
•	were made. For each organization listed, enter the amount paid from the filing org		-	, ,				
	contributions received that were promptly and directly delivered to a separate politic			· · · · · · · · · · · · · · · · · · ·				
	fund or a political action committee (PAC) If additional space is needed, provide ii	-		.,				
	(a) Name (b) Address		(c) EIN	(d) Amount paid from	(e) Amount of political			
	(2)		ν-,	filing organization's	contributions received and			
				funds If none, enter -0-	promptly and directly delivered to a separate			
		- (political organization If			
					none, enter -0-			
		ł						
]				
								
			· · · · · ·					
		1		<u> </u>				

chedule C (Fo	, orm 990 or 990-EZ) 2009 NO 3	RTH CAROLIN	A MINORITY		58-19032	219 Page 2
Part II-A	Complete if the organi	zation is exempt	under section 50	01(c)(3) and f	iled Form 5768 (ele	ction
<u> </u>	under section 501(h)).		egu . I			
Check I		tion belongs to ar	n affiliated group	ntrol" provincio	ne analy	
Check I				TILIOI PIOVISIO		
	Limits on Lo (The term "expenditures"	bbying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
4a Total Joh	bying expenditures to influence pu					
	bying expenditures to influence a f					
	bying expenditures (add lines 1a a		ioobyiiig/			
		ind 10)				
	empt purpose expenditures	nos 1s and 1d)				
	mpt purpose expenditures (add li		a table in both	<u> </u>		
t Lobbying columns	nontaxable amount. Enter the an	tount from the tollowin	g table in both			
	int on line 1e, column (a) or (b) is	The lobbying nonta	xable amount is			
Not over \$	500,000	20% of the amount or	n line 1e			
Over \$500	,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000			
Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,0	00	‡	
Over \$1,5	00,000 but not over \$17,000,000	0				
Over \$17,	000,000	\$1,000,000	······································			
g Grassro	ots nontaxable amount (enter 25%	of line 1f)		_		
h Subtract	line 1g from line 1a If zero or less	s, enter -0-				
 Subtract 	line 1f from line 1c If zero or less	, enter -0-		L		
j If there is	s an amount other than zero on en	ther line 1h or line 1i, d	lid the organization file	Form 4720 report	ing	— — —
section 4	911 tax for this year?	·-·-				Yes No
		4-Year Averagi	ng Period Under	Section 501(h)	
	(Some organizations th	at made a section	n 501(h) election	do not have	to complete all of t	he five
			tructions for line			
	Lot	bying Expenditu	res During 4-Yea	r Averaging	Period	··
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying	g non-taxable amount			_		
b Lobbying	g ceiling amount					
(150% o	f line 2a, column(e))					
c Total lob	bying expenditures				_	
d Grassro	ots nontaxable amount					
	ots ceiling amount			1		1
_(150% o	f line 2d, column (e))			<u> </u>		

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed 1	orm	5768			_
	(election dider section 301(III)).	(a)					
		Yes	No	,	Amou	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	ŀ					
	referendum, through the use of						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			4	4,	800
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
	Other activities? If "Yes," describe in Part IV		X				
J	Total Add lines 1c through 1i				4	4,	800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	or se	ction			
	33 1(0)(3).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			Γ	1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5).	or se	ction			·
, 4.	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."				l		
1	Dues, assessments and similar amounts from members	•	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political						
2	expenses for which the section 527(f) tax was paid).						
_	Current year		2a				
a b	Carryover from last year		2b				
	Total		2c				
า	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			-			

Part IV Supplemental Information

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Schedule C, Part II-B, Line 1i

PAID CONSULTANTS FOR LOBBYING ACTIVITIES.

5 Taxable amount of lobbying and political expenditures (see instructions)

Schedule C (Form 990 or 990-EZ) 2009 NORTH CAROLINA MINORITY

58-1903219

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identification number
N	ORTH CAROLINA MINORITY			
St	JPPORT CENTER, INC			903219
Pa	rt I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ids or Other Similar Funds or Ac Part IV, line 6	counts	. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		-	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclusi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
٠	used only for charitable purposes and not for the benefit of the donor or d			
	purpose conferring impermissible private benefit?			Yes No
Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	area
	Protection of natural habitat	Preservation of certified historic sti	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	ion	
	easement on the last day of the tax year		[T	
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure include		2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2 <u>d</u>	
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization	during	
	the taxable year			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	oring, inspection, handling of		Yes No
	violations, and enforcement of the conservation easements it holds?			Tes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ig conservation easements during the year		
_	Amount of expenses incurred in monitoring, inspecting, and enforcing coil	nsonyation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and emorting con	riservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
Ü	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	ınd	
Ī	balance sheet, and include, if applicable, the text of the footnote to the or			
	the organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Other S	imilar A	assets.
			uarke of	
1a	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition,			a
	provide, in Part XIV, the text of the footnote to its financial statements that		0110 001 1100	~1
b	V. 1		s of art.	
Ü	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items		- •	
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provid	e the	
_	following amounts required to be reported under SFAS 116 relating to the			
а	D. L. L. Francisco Ded VIII land 4		>	\$
b	Assets included in Form 990, Part X		>	\$
	Devices Act and Basenwerk Reduction Act Notice and the Instruction	- f F 000		Schodulo D (Form 990) 2009

4 Descrit	be in Part XIV the intended uses of the o	rganization's endowment fund	<u>us</u>		
Part VI	Investments—Land, Buildii	ngs, and Equipment.	See Form 990, Part X	, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Building	gs				
c Leaseh	old improvements				
d Equipm	nent		98,410	75,030	23,380
e Other		1			

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 NORTH CAROLINA MINORITY		58-1903219	Page 3
Part VII Investments—Other Securities. See Form 990, P	Part X, line 12		
(a) Description of security or category	(b) Book value	(c) Method of v	aluation
(including name of security)		Cost or end-of-year	market value
Financial derivatives			
Closely-held equity interests			
Other			
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		····	
Part VIII Investments—Program Related. See Form 990, I			
(a) Description of investment type	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15	k		
(a) Description			(b) Book value
(L) SSSSIPION			(-,
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Total (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25.		>	
	(b) Amount	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of hability Federal income taxes		>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of hability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES		>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of hability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of hability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	▶	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	>	
Part X Other Liabilities. See Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes CAPACITY GRANTS PAYABLE OTHER ACCRUED EXPENSES	601,146	▶	

organization's liability for uncertain tax positions under FIN 48

che	dule D (Form 990) 2009 NORTH CAROLINA MINORITY		903219	Page 4
Ŋа	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Financial	Statements	
1-	Total revenue (Form 990, Part VIII, column (A), line 12)		1	4,516,915
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	3,765,752
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	751,163
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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	751,163
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	oer Return	
1	Total revenue, gains, and other support per audited financial statements		1	4,516,915
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,516,915
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	4,516,915
Pá	rt XIII Reconciliation of Expenses per Audited Financial S	tatements With Expense	s per Return	
1	Total expenses and losses per audited financial statements		1	3,765,752
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,765,752
4	Amounts 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		
С	Add lines 4a and 4b		4c	1.21
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	3,765,752
Pa	art XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par	t III, lines 1a and 4, Part IV, lines	1b	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part X			
	part to provide any additional information			
_	 			
				
_ '				
<u> </u>				
_ ·				

Schedule D (Fo	· orm 990) 200	9 NO	RTH C	CAROL	INA M	INORI	ΓY		5	8-19	0321	9		Page 5
Part XIV	Suppler	nental In	format	ion (cor	ntinued)								
•								_						
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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service)	▶ Attach to Form 990.					Inspection :
Name of the organization NORTH CAROLINA MINORITY SUPPORT CENTER, INC	TORITY				Employer identification 58-1903219	Employer identification number 58–1903219	Jer	:
Part i General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? 2 Describe in Dat IV the organization's proportings for monitoring the use of grant funds in the United States.	he amount of the grant nce?	ts or assist	or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	ibility for the grants or a	assistance, and		X Yes	No Si
art II	overnments and	Organi	Organizations in the United States. Complete if the organization answered "Yes" to	ted States. Comp	lete if the organ	nization answe	ered "Yes" to	
	recipient that rece	eived mo	ore than \$5,000 C	heck this box if n	o one recipient	received more	e than \$5,000	Use _
1 (a) Name and address of organization	(b) EIN	(c) IRC section	unt of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpo	(h) Purpose of grant
or government		ıf applicable			other)	Solisional desiration		
							CAPACITY GRANT	RANT
CHARLOTTE NC 28216	56-0558528	14	847,290					
GENERATIONS COMMUNITY CREDIT UNION							CAPACITY GRANT	RANT
TES WEST MAIN SINGEL OF THE STATE OF THE STA	56_1868364	14	676 894					
COMMUNITY CREDIT			•					
MAIN STREE							CAPACITY GRANT	RANT
DURHAM NC 27701	56-2180770	14	845,000					
GREATER KINSTON CREDIT UNION								
QUEEN STREET	0	7	000				CAPACITY GRANT	KANT
KINSTON NC 28501	26-089288	14	709,027					
2 Enter total number of section 501(c)/3) and novemment organizations	organizations						•	:

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 58-1903219 Schedule I (Form 990) 2009 NORTH CAROLINA MINORITY

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

GRANTEES MUST SUBMIT AT LEAST ONE INTERIM AND THEN A FINAL REPORT.

Schedule I (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b

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

OMB No 1545-0047 2009

> Open To Public Inspection

Name of the organization

NORTH CAROLINA MINORITY

SUPPORT CENTER, INC

Employer identification number

58-1903219

SUPPORT CENTER,	T14.C						<u> </u>					
Part I Excess Benefit Transactions (see Complete if the organization answered "Yes							40b					
	311 0111	. 550, 1 a	v, mie 23a	J. 200, 01				-		(c) (Correcte	ed?
1 (a) Name of disqualified person					(b) Description	of transaction				Yes	N	0
									-			
				· -		<u>. </u>					_	
 2 Enter the amount of tax imposed on the organization in under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimb 				during th	e year		► \$ ► \$					
Part II Loans to and/or From Interested Complete if the organization answered "Yes			art IV line 26	or Form 9	90-EZ. Part V	line 38a					-	
(a) Name of interested person and purpose	(b) L or fro	(b) Loan to (c) Original (d) Balance due or from the principal amount organization?			by bo		(f) App	ard or	(g) W			
	То	From					Yes	No	Yes	No	Yes	No
								-				
			-				_	ļ				
		-	 	_	ļ							
Catal					\$. <u> </u>	 	l	_	L		
otal Part III Grants or Assistance Benefitting	g Intere	sted F	Persons.		Ψ				<u> </u>		.	
Complete if the organization answered "Yes												
(a) Name of interested person			(b) Relation	•	en interested po	erson and the	(c)	Amour	it and t	ype of	assista	ınce
						·	-				_	
	·								-			
							<u>L.</u>					
Part IV Business Transactions Involvin Complete if the organization answered "Yes	•			, 28b, or 2	28c						.,	
(a) Name of interested person		rested pe	hip between		Amount of nsaction	(d) Desc	ription	of tran	saction	1	reve	Sharing org nues?
	- 	organi			045 000	4151		D 7 1 -			Yes	+
LATINO COMMUNITY CREDIT UNION	-	ARD MI			845,000						+	X
FIRST LEGACY COMMUNITY CREDIT UNIO GENERATIONS COMMUNITY CREDIT UNION		ARD MI			847,290 676,894	-					+	X
GENERATIONS COMMONTH CREDIT UNION GREATER KINSTON CREDIT UNION		ARD MI			208,632							x
SELF HELP VENTURE FUND		ARD MI			109,050				-		†	x

GENERATIONS COMMUNITY CREDIT UNION | COMMON CEO

30,000 RENT INCOME

SCHEDULE O

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.

2009 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Department of the Treasury

NORTH CAROLINA MINORITY SUPPORT CENTER, INC

Employer identification number 58-1903219

Form 990 - Organization's Mission or Most Significant Activities SEE SCHEDULE O -

THE SUPPORT CENTER IS A STATEWIDE, NONPROFIT ADVOCATE THAT PARTNERS WITH COMMUNITY DEVELOPMENT CREDIT UNIONS, PROVIDING TECHNICAL AND ACCOUNTING ASSISTANCE, CAPACITY GRANTS AND LOANS TO HELP THEM BUILD GENERATIONAL WEALTH AND CREATE OPPORTUNITIES FOR INDIVIDUALS, FAMILIES AND COMMUNITIES.

Form 990, Part VI, Line 3 - Management Delegated

THE ORGANIZATION'S CEO IS EMPLOYED VIA A MANGEMENT COMPANY, BV & L

ASSOCIATES.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents
THE ORGANIZATION'S BYLAWS WERE CHANGED TO PROVIDE FOR STAGGERED TERMS FOR
THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR

TO ITS FILING AND REPORTS THE RESULTS TO THE FULL BOARD.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. THIS POLICY
IS MONITORED ON AN ANNUAL BASIS AND DOCUMENTED IN THE MINUTES.

Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPENSATION IS REVIEWED BY THE PERSONNEL COMMITTEE AND COMPARABLES ARE

Name of the organization

NORTH CAROLINA MINORITY

Employer identification number

58-1903219

CONSIDERED AMONG LIKE AGENCIES AND OTHER NONPROFIT ENTITIES. EACH YEAR A PERFORMANCE APPRAISAL IS DONE AND ANY INCREASE IN SALARY IS RECOMMENDED BY THE COMMITTEE AND APPROVED BY THE BOARD.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE EXECUTIVE DIRECTOR AND PERSONNEL COMMITTEE DETERMINE COMPENSATION FOR

ALL OTHER EMPLOYEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST TO
THE ORGANIZATION'S OFFICE.

Schedule L, Part IV - Business Transactions Involving Interested Persons

Name and Relationship Amount and Description Share Revenue

FIRST LEGACY COMMUNITY CREDIT UNION \$ 800,000

BOARD MEMBER SEDA BUSINESS LENDIN

GREATER KINSTON CREDIT UNION \$ 100,000

BOARD MEMBER SEDA BUSINESS LENDIN

Schedule O - Additional Information

SCHEDULE L, PART IV:

THE ORGANIZATION'S CEO, PAULA MCCOY, ALSO SERVED AS THE CEO OF GENERATIONS COMMUNITY CREDIT UNION FOR PART OF THE YEAR. THE ORGANIZATION WAS NOT REIMBURSED FOR ANY OF THE PAYROLL RELATED EXPENSES.

Forms	Oth	er Notes an	d Loans Receiva	able		
990 / 990-PF	Oti	iei Notes aii	u Luaiis Receiva	able		2009
*	For calendar year 2009, o	r tax year beginning	07/01/09	, and ending 06	/30/10	
Name NORTH CAROLIN	Ά ΜΤΝΟΡΤͲΫ				Employer Ide	ntification Number
SUPPORT CENTE			_		58-190	3219
D 000 D						
Form 990, Par	t X, Line 7 - 2	Additional	<u>Information</u>	<u> </u>		
	Name of borrower			Relationship to disc	qualified persor	1
(1) LOANS RECEI						
(2) ACCRUED INT (3) OTHER RECEI	EREST RECEIVAB	LE			· ,	
(4)	VADDED	-		····	 -	
(5)						
(6)					 -	
(7)						
(9)						
(10)						
		7				
Original amount borrowed	Date of loan	Maturity date	R	epayment terms		Interest rate
(1)						
(2)						
(3) (4)						
(5)						
(6)						
(7)						
(8)(9)					<u>.</u>	
(10)					· -	
Saa	urity provided by borrower			Purpose of	floor	
	unity provided by borrower			Purpose of	i loan	
(2)						
(3)						
(4) (5)						
(6)						
(7)	-					
(8)						
(9) (10)						
Considera	tion furnished by lender		Balance due at beginning of year	Balance due at end of year		ır market value (990-PF only)
(1)			20.000	1,032,		
(2)(3)			30,802 7,466	19,0	104	
(4)			7,100			
(5)						
(6)						
(7)						

38,268

1,058,491

(8) (9) (10) Totals

(10)

Totals

Forms 990 / 990-PF	Mortgages and Otl	her Notes Pay	/able		2009
1	For calendar year 2009, or tax year beginning	07/01/09	, and ending	06/30/10	
Name NORTH CAROLIN	NA MINORITY			Employer Ide	entification Number
SUPPORT CENTE	ER, INC			58-190	3219

ormation Relationship to disqua	58-1903219 allified person	
	alified person	
Relationship to disqua	alified person	
Relationship to disqui	ailleo person	
Penayment terms	Interest rate	
repayment terms	1.00	
	3.75	
	1.00	
	2.00	
	3.00	
	3.00	
	3.00	
Durnage of k	000	
Purpose of its	Jan	
	·	
	<u></u> .	
Dalana dua d	Balance due at	
593,559	593,553	
100,000		
289,696		
235,167	237,222	
99,076		
99,414		
96,746	98,826	
II.		
	beginning of year 593,559 100,000 289,696 235,167 99,076 99,414	

1,513,658

929,601

NCMSC NORTH CAROLINA MINORITY
58-1903219 Federal Statements

58-1903219 FYE: 6/30/2010

11/10/2010 11.50 AM

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INVESTMENT INCOME	\$ 221,773		14	NC	
Total	\$ 221,773				

,		
- MANOCII 0102/01/11	Fund Fund Raising	
-	Management & General \$ \$ 70,866 \$ \$ Annagement & General \$ \$ Annagement & General \$ \$ General \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 2,593
ements	11g - Other Fees for Service (Non-employee) Total Program Ma 102, 929 \$ 32,063 \$ 102, 929 \$ 32,063 \$ rt IX, Line 24f - All Other Expenses Service Ma	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Federal Statements		\$ 10,371 1,369 235 \$ 11,975
NCMSC NORTH CAROLINA MINORITY 58-1903219 FYE: 6/30/2010	Form 990,	MISCELLANEOUS EQUIPMENT REPAIR & MAINTN BANK FEES Total