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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2009 cal	endar ye	ar, or tax year beginning 7/1/2009 , and er	nding	6/30/2	010	<u> </u>					
В	Check if ap	plicable	Please use IRS	C Name of organization NORTH CAROLINA WILDLIFE HABITA	T FOU	Employer ider	ntification num	ıber					
	Address (change	label or	Doing Business As	:58	8-2011100							
יו	Name ch	ange	print or	Number and street (or P O box if mail is not delivered to street address) Ro	oom/suite E	Telephone nur	nber						
ı	nıtıal retu	ırn	type. See	PO BOX 29187									
	Terminate	ed	Specific instruc-	City or town, state or country, and ZIP + 4									
	Amended	l return		GREENSBORO NC 27429	G	Gross receipts	\$	315,355					
	Application	on pending	F N	ame and address of principal officer	H(a) Is this	s a group return fo	or affiliates?	Yes X No					
			Eddie C	Bridges PO Box 564, Greensboro, NC 27402-0564	H(b) Are a	ill affiliates include	ed?	Yes No					
	ax-exer	npt status		1(c) (3	7 ''	o," attach a list (s							
	J Website: ► H(c) Group exemption number ►												
K Form of organization													
			_=	poration Trust Association Other	ii oi ioimatio	оп	M State of lega	il domicile					
	art I		nmary	the ergenization's musical argument and front activities. The even	f 4b	- North Court	I \A/.1-II.f-						
	1	-		-		e North Carol							
9				assist in the acquisition, management and protection of wildlife harservation education for the benefit of future generations	apitat witi	ning the state	or Mortu Ca	rolina					
Jan		and pro	Tiore coi	iservation education for the benefit of luttile generations			•						
Activities & Governance	2	Check tl	hie boy	▶ ☐ If the organization discontinued its operations or disposed	of more t	than 25% of it	c not accet						
ő	3			g members of the governing body (Part VI, line 1a)	or more t	۱۱ مر ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱۵ ۱۱	3 1101 assets	23					
es Se	4			pendent voting members of the governing body (Part VI, line 1b)			4	23					
Σ	5		-	employees (Part V, line 2a)		├ ─	5	0					
Act	6	Total nu	mber of	volunteers (estimate if necessary)		├ ──	6	<u>-</u>					
8	7a	Total gro	oss unre	lated business revenue from Park W. column (C), line 12		7	'a	0					
9	Ь	Net unre	elated bu	isiness taxable income from 990-T, line 34		7	b d	0					
			<u> </u>	d grants (RALVIII, line 39) of the control of the c		Prior Year	Cu	irrent Year					
67	8	Contribu	itions an	d grants (Rattyll Lipoth)		279,4	55	164,853					
2 §	9	Program	n service	republic (Para 211, line 29)010 .			0	0					
	10	Investm	ent incor	ne (Part VIII, column (A) lines 3, 4, and 7d)		-55,2		13,286					
⊃ "	11	Other re	venue (f	me (Part VIII, column (A), lines 3, 4, and 7d) Part VIII, column (A), lines 5, 6d (Se, 9c, 10c, and 11e) Id lines 8 through 11 (mad Anna Ren Whi, column (A), line 12) ar amounts part (Ran (X) (Column (A), lines 1–3)		-160,8		137,216					
വ്ല_	12	Total rev	enue—ad	63,3		315,355							
Ë	13	Grants a	and simil	ar amounts par (Rart 1x (column (A), lines 1–3)		 	0	0					
	14	Benetits	paid to	or for members (Cab IX, column (A), line 4)	ļ		0	0					
ည်း သ	15			compensation, employee benefits (Part IX, column (A), lines 5–10) draising fees (Part IX, column (A), line 11e)	0	0							
SC/ Expenses	16a		ndraising	•	<u> </u>								
EXE	17		_	105,6	96	87,455							
	18		-	(Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), line 25)		105,6		87,455					
	19			-42,3		227,900							
5 9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		spenses Subtract line 18 from line 12	Beginnin	ng of Current Yea		nd of Year					
Assets or	20	Total as	sets (Pa	rt X, line 16)		1,679,2	07	1,907,104					
Ass	21			Part X, line 26)			0	0					
Net A	22	Net ass	ets or fur	nd balances Subtract line 21 from line 20		1,679,2	07	1,907,104					
Pa	irt II		nature										
				of perjury, I declare that I have examined this return, including accompanying schedul									
		ano	Deller, It is t	rue, correct, and complete Declaration of preparer (other than officer) is based on all i	inionnation	or writeri preparer	nas any known	:uge					
		\v	5	1 RA dod on Led		11-1	5-2010	,					
Sig	-	7	Signature	of officer		Date	~						
He	re		•	E C. BRIDGES EXECUTIVE DIRECTOR									
		7		int name and title									
			arer's		heck If elf-		eparer's identify	ying number					
Pai		signa	ature	►X (se	ee instructions)	' <i>D</i>							
	parer'	1 511111	<u>~ ~ 016</u>										
Us	e Only	ıf sel	f-employed	DONALD E CONNINGFIANI CPA		IN ► (2)	(226) 952 6911						
			ess, and ZI		ĮΡ	hone no P (3	36) 852-681						
	<u> </u>			turn with the preparer shown above? (see instructions)			X						
For	Privac	y Act and	Paperwo	ork Reduction Act Notice, see the separate instructions.			\sim	Form 990 (2009)					

Pa	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	The purpose of the North Carolina Wildlife Habitat Foundation is to assist in the acquisition, management and	protection of
	wildlife habitation within the state of North Carolina and promote conservation education for the benefit of futu	re generations
	the benefit of tale	ic gonerations
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	res NO
3		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
		Yes X No
4	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(πονοπασφ.	
	Habitat Projects	

	, , , , , , , , , , , , , , , , , , , ,	
		•••••
4h	(Code) (Expenses \$ 1/4) 0 including grants of \$ 0) (Revenue \$	0.
12	(Sode) (Expenses \$ o moduling grants of \$ o) (Nevenue \$)
	••••••	
	•••••••••••••••••••••••••••••••••••••••	••••••
	••••••	
4c	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)

	•	
4d	Other program services (Describe in Schedule O)	
))
4e	Total program service expenses ► 3,570	

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

NORTH CAROLINA WILDLIFE HABITAT FOUNDATION INC. 58-2011100 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A Х 1 Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Х 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 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 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes" complete Schedule D. Part III 8 Χ 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 Χ 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 Χ 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 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 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 12A Was the organization included in consolidated, independent audited financial statements for the tax No year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Χ 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 Χ 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 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

19

Х

Х

Part IV Checklist of Required Schedules (continued)

		Form	990	(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	×	
	VI	37	ļ	X
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			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
36	Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X_
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_32_		X
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>x</u>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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)			_
20	If "Yes," complete Schedule L, Part III	27		<u>x</u>
<u> </u>	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes " complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			-
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	<u> 240</u>		
	to defease any tax-exempt bonds?	24c 24d		<u>X</u> X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
b	24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_ <u>x_</u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			.,
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	,	<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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	22		Х
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No

Part	V Statements Regarding Other IRS Filings and Tax Compliance			-35 -
			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	· 4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	ı		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	'		
	gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		—
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see	20		-
	instructions)			l
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		V
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		-	X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	_3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4-	İ	V
	If "Yes," enter the name of the foreign country	4a		X
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	,		ĺ
	and Financial Accounts			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	į	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ĺ
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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	12.		
_	benefit contract? .	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	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		Ī	ı
	required?	7h		
	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?	8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	0-		
	·	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter		i	
	Gross income from members or shareholders . 11a	-		
	Gross income from other sources (Do not net amounts due or paid to other sources	1	1	
	against amounts due or received from them)		ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŀ	
 h	If "Vos." enter the amount of tax exempt interest received or accrued during the year.	u	 -	

Page 6

Part VI

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

0 4	Schedule O See Institutions			
Sect	ion A. Governing Body and Management			·
4	Enter the number of column according according according to the columns of the co		Yes	No
1a	Enter the number of voting members of the governing body 1a 23	* • .		
р	Enter the number of voting members that are independent 1b 23	4		- \
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		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		,	-
	the year by the following	- (*)	,	·
а	The governing body?	8a	Х	1
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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	9a	Х	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			· · · · · · · · · · · · · · · · · · ·
	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			•
	describe in Schedule O how this is done .	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	,	5.4	/*; /
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			·
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b	500	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	,	·\$7.	, '
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0	Ç.,	~ `_ *
	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	<u> </u>	5	· ,
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	466	-	
2004	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	L
5ect 17	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NC		-	
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	nlv)		
10	available for public inspection. Indicate how you make these available. Check all that apply	шу)		
	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	et		
. •	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	ne		
	organization ► Donald E Cunningham, CPA 336-852-681			
	5118 W. Market Street Groupshore NC 27400			

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

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

1a Complete this table for all persons required to be listed. 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."
- 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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kelly Harrill Chairman	3	,		Х				0	0	0
Teena Koury Vice Chairwoman	3			X				0	0	0
Harrison Stewart Treasurer	5			x				0	0	0
John Hagan Secretary	3			x				0	0	0
Executive Director	15			х				0	0	0
	,									

	rt VII Section A. Officers, Directors, Tru (A)	(B)	рюу	ees,		i Hig C)	nesi	COI	(D)	(E)	unue	(F)	
	Name and title	Average	Po	sition	•	•	nat ap	oly)	, ,				
	Name and die	hours per week	Individual trustee or director		Officer		employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISt		amour othe compens from t organiz and reli	nt of er sation the ation ated
			:										
											\perp		
													
_1b	Total							_] 0	<u> </u>	0]		0
2	Total number of individuals (including but no		se lis	ted a		e) wł	no re	ceive	ed more than \$1	00,000 in			
	reportable compensation from the organiza	uon 💆			0							Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sc			•		yee,	or h	ıghe	st compensated				X
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	•		•					•		4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								rganization for		5		X
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest cor compensation from the organization	mpensated inde	pend	ent d	contr	acto	rs th	at re	ceived more tha	in \$100,000 o	f		
	(A) Name and business a	address							(B) Description of sen	vices	Comp	(C) pensation	
								ļ					0
		* ***				_							0
								-					<u>0</u> 0
	<u></u>											_	0
2	Total number of independent contractors (in more than \$100,000 in compensation from	_		ed to	thos	se lis	ted a		e) who received		,1		

Part	VIII	Statement of Revenue							
	1.4. /					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इं इ	1a	Federated campaigns		1a	0				
gifts, grants lar amounts	b	Membership dues	ĺ	1b	0				
g, E	С	Fundraising events	i	1c	0		•		
ar a		Related organizations	i	1d	0				
n;6	e	Government grants (contributions)	1	1e	0			İ	
si s		All other contributions, gifts, grants	and						
ig et	•	similar amounts not included above		1f	164,853				
trik	_	Noncash contributions included in l	٠		104,033				
Contributions, gifts, grants and other similar amounts	g h	Total. Add lines 1a–1f	iiies ia-ii φ	,		164,853			Ì
		Total. Add lines Ta-11			Business Code	104,653			
Program Service Revenue	2a				Business code	0		,	*
Seve	b					0			
e e						0			
Ž	2					0			
ı Se	u								
Iran	e	All				0			
joc	Ţ	All other program service revenue				0			
	g	Total. Add lines 2a–2f				0	<u></u>		
	3	Investment income (including divident	ends, interest	t, an	d	40.00		1	
		other similar amounts)				13,286			
	4	Income from investment of tax-exe	mpt bond pro	cee	ds •	0			
	5	Royalties			<u> </u>	0			
			(ı) Real		(ii) Personal	4 ,	·		
	6a	Gross Rents							
	b	Less rental expenses						,	
	С	Rental income or (loss)		0	0			,	4
	d	Net rental income or (loss)			>	0			
	7a	Gross amount from sales of	(i) Securities	s	(II) Other				
		assets other than inventory		0	0		· .	1	,
	b	Less cost or other basis				\$	3.	,	,
		and sales expenses		0		•	,	,	
	С	Gain or (loss)		0	0			-	
	ď	Net gain or (loss) .				0			
ø	8a	Gross income from fundraising						ļ , <u>.</u>	,
Ž		events (not including \$	0				1	1, ` .	,
Other Revenue		of contributions reported on line 1c)			·	-	,	
8		See Part IV, line 18		а	0	•			
Jer		Less direct expenses		b	0		-		-
₽		Net income or (loss) from fundraisi	-		>	0			
_	9a	Gross income from gaming activities	es				,		
		See Part IV, line 19		а	0			,	
		Less direct expenses		b	0				
	С	Net income or (loss) from gaming a	activities		•	0			
	10a	Gross sales of inventory, less					,		
		returns and allowances		а	0				
	b	Less cost of goods sold		b	0			ļ ·	
	С	Net income or (loss) from sales of	nventory		•	0			
		Miscellaneous Revenue	1		Business Code				
	11a	Fair Market Value Adjustment				137,216			
	b					0			
	С					0			
	d	All other revenue				0			
	е	Total. Add lines 11a–11d				137,216			
	12_	Total revenue. See instructions				315,355	0	0	0

solicitation

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). Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to individuals in the U.S. See Part IV. line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the 2. U.S. See Part IV, lines 15 and 16 Benefits paid to or for members ol Compensation of current officers, directors, trustees, and key employees 0 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 0 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 Other employee benefits 9 0 10 Payroll taxes 0 Fees for services (non-employees) a Management b Legal 0 С Accounting 1,500 1,500 Lobbying d 0 Professional fundraising services See Part IV, line 17 е 0 f Investment management fees 0 Other g 0 12 Advertising and promotion 0 13 Office expenses 180 180 14 Information technology 0 15 Royalties 0 16 Occupancy 0 17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 0 20 Interest 0 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 5.200 0 5,200 23 Insurance 0 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) Director's Expenses 6,000 6,000 Insurance b 2.076 2.076 Habitat Projects C 3,570 3,570 Burmill Project d 0 Extravaganza 68,929 68,929 f All other expenses 0 Total functional expenses. Add lines 1 through 24f 87,455 25 3,570 14,956 68,929 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

	art X	Balance Sheet			(A)		
					Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	-	 	13,012	1	199,801
	2	Savings and temporary cash investments				2	100,001
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Receivables from current and former officers,	direct	ors, trustees, kev		-	
		employees, and highest compensated employees			, , , , ,		
		Schedule L	,	somplete rait is of	0	5	.,
	6	Receivables from other disqualified persons (as defi	ined under section			,
i		·	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
		Part II of Schedule L	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	6	- 11
sts	7	Notes and loans receivable, net	0	7	0		
Assets	8	Inventories for sale or use			126,180		126,675
Ä	9	Prepaid expenses and deferred charges				9	.20,010
i	10a	Land, buildings, and equipment cost or	10a	26,000	34 F		,
		other basis Complete Part VI of Schedule D				`.	, '
	b	Less accumulated depreciation	10b	20,800	10,400	10c	5,200
	11	Investments—publicly traded securities			1,529,615		1,575,428
	12	Investments—other securities See Part IV, III	ne 11		0	12	0
	13	Investments-program-related See Part IV, I	0	13	0		
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must e	qual lır	ne 34)	1,679,207	16	1,907,104
	17	Accounts payable and accrued expenses			***************************************	17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities .	0	20			
es	21	Escrow or custodial account liability Complet		21			
Liabilities	22	Payables to current and former officers, direct		*			
ap		employees, highest compensated employees	, and c	lisqualified		,	
		persons Complete Part II of Schedule L			0	22	
	23	Secured mortgages and notes payable to unr			0	23	0
	24	Unsecured notes and loans payable to unrela		rd parties	0	24	0
	25	Other liabilities Complete Part X of Schedule	D			25	0
	26	Total liabilities. Add lines 17 through 25			0	26	0
"		Organizations that follow SFAS 117, check	here	▶ and	* * * * * * * * * * * * * * * * * * * *		
češ		complete lines 27 through 29, and lines 33	and 3	4.	* *	,	
lan	27	Unrestricted net assets				27	
Ва	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117	chec	k here > X			
ō		and complete lines 30 through 34.	, onco	K Here > [X]		3.,	
ţ	30	Capital stock or trust principal, or current fund	lo.			, , ,	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or		ment fund		30	
Ϋ́	32	Retained earnings, endowment, accumulated		,	1,679,207	31 32	1 007 104
Ne.	33	Total net assets or fund balances	HICOHI	e, or other futios	1,679,207	•	1,907,104
	34	Total liabilities and net assets/fund balances			1,679,207		1,907,104 1,907,104
	<u> </u>	. Ctd. nabilities and flet abbetoriana balances			1,079,207		1,907,104

			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in	. /		
2a	Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	7, %		
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	,	,	,
	X Separate 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		Х
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		1

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.

See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

NORTH CAROLINA WILDLIFE HABITAT FOUNDATION INC. 58-2011100 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ۵ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 Type I Type II c | Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN (described on lines 1-9 in col (i) listed in your organization in col the organization in support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes 0 0 0 0 0

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 361,999 284,679 304,397 279,455 164,853 1,395,383 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3 284,679 361,999 304,397 279.455 164,853 1,395,383 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,395,383 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 361,999 284,679 304,397 279,455 164.853 1,395,383 Gross income from interest, dividends, 8 payments received on securities loans. rents, royalties and income from similar sources 27,710 56,774 112,502 58,940 43,699 299,625 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 Total support. Add lines 7 through 10 800 8 82 50 11 1,695,008 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 82 32% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 85 82% 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 16a and stop here. The organization qualifies as a publicly supported organization X b 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

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

800	(Complete only if you checked the tion A. Public Support	ne box on line	9 of Part I)				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0) 2000	(f) Total
		(a) 2003	(b) 2000	(0) 2007	(u) 2006	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")	o					
_			0				0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	ا					
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0				0
Ū	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's	-					0
	benefit and either paid to or expended on						
	its behalf	o	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3				-		
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		ĺ			[
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from		1.5%	î,		`* . '	
Sac	line 6) tion B. Total Support				<u> </u>		0
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
						(e) 2009	(i) Total
9	Amounts from line 6	0	0	0	0	0	0
iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b .	0	0	0	0	0	0
11	Net income from unrelated business			Ì			
	activities not included in line 10b,	Ì					
	whether or not the business is regularly carried on						0
12	Other income Do not include gain or						0
	loss from the sale of capital assets						
	(Explain in Part IV)	. 0	О				0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the org	anızatıon's firs	t, second, third	l, fourth, or fifth	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here					-	▶
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, co	• •		olumn (f))		15	0 00%
16	Public support percentage from 2008 Schedu			. .		16	0 00%
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2009 (line			e 13, column (1	7))	17	0 00%
18	Investment income percentage from 2008 Sch					18	0 00%
19a	33 1/3% support tests–2009. If the organizat						nd line 17 is
	not more than 33 1/3%, check this box and st						▶
D	33 1/3% support tests-2008. If the organization di						
20	line 18 is not more than 33 1/3%, check this box an	-	-		• • •	-	▶

Schedule A (Form	990 or 990-EZ) 2009	NORTH CAP	ROLINA WILI	OLIFE HA	BITAT FOU	NDATION INC		58-2011100	Page 4
Part IV						he explanations re			
						er additional infori			
			······································	-					
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Name of organization

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.

OMB No 1545-0047
2009

Open to Public Inspection

Employer identification number

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

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

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

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

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

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

	•			1		
NOR		HABITAT FOUNDATION INC				58-2011100
Pa	rt I-A Complete if t	he organization is exempt und	er section 501(c) or is a secti	on 527 c	organization.
1		the organization's direct and indirect	political campaig	n activities in Pa	rt IV	
2	Political expenditures				▶ \$	
3	Volunteer hours					
						
Pa		he organization is exempt und				
1		excise tax incurred by the organizati			▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	managers under s	section 4955	▶ \$	
3	If the organization incurr	ed a section 4955 tax, did it file Form	n 4720 for this yea	ar?		Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part	IV				
Pa		he organization is exempt und	er section 501(c), except sec	tion 501	(c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function		
	activities .			·	▶ \$	
2	Enter the amount of the	filing organization's funds contributed	d to other organiz	ations	•	
	for section 527 exempt f		-		▶ \$	
3	Total exempt function ex	penditures Add lines 1 and 2 Enter	here and on Fori	m 1120-POL,	•	•
	line 17b	•		,	▶ \$	0
4	Did the filing organizatio	n file Form 1120-POL for this year?			•	Yes No
5	• •	sses and employer identification num	ber (EIN) of all se	ection 527 politic	al organiz	ations to which
_		or each organization listed, enter the				
	amount of political contri	butions received that were promptly	and directly deliv	ered to a separa	te politica	l organization, such as
	a separate segregated for	und or a political action committee (P	PAC) If additional	space is needed	d, provide	information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid	d from	(e) Amount of political
	(a) Namo	(5), (45)	(0) 2	filing organizat		contributions received and
				funds if none, e	nter -U-	promptly and directly delivered to a separate
						political organization If
						none, enter -0-
					0	0
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Schedule C (Form 990 or 990-FZ) 2009

P	art II-A Complete if the organizat under section 501(h)).	tion is exempt under section 501(c)(3) and	filed Form 5768 (el	ection
A		belongs to an affiliated group		
В		checked box A and "limited control" provision	s apply	
		bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence		(
С	Total lobbying expenditures (add lines 1	a and 1b)	0	(
d	Other exempt purpose expenditures			(
ę	Total exempt purpose expenditures (add	0	(
f	Lobbying nontaxable amount Enter the columns	amount from the following table in both	0	(
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	. ;	
	Not over \$500,000	20% of the amount on line 1e	12 1 3 2 3 3	
[Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		•
ļ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		s -
- 1	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
1	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	0	(
h	Subtract line 1g from line 1a If zero or le	0	(
į	Subtract line 1f from line 1c If zero or le	0	(
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or line 1i, did the organization file Fo	orm 4720 reporting	Yes No

(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.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying nontaxable amount				0	0		
b	Lobbying ceiling amount (150% of line 2a, column(e))				***	0		
С	Total lobbying expenditures				0	0		
d	Grassroots nontaxable amount				0	0		
е	Grassroots ceiling amount (150% of line 2d, column (e))		A	, 22	× 20 1 1 1 1	0		
f	Grassroots lobbying expenditures				0	0		

Schedule C (Form 990 or 990-EZ) 2009

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	OT file	ed Fo	rm 5	768	
	(election under Section 301(ii)).	(8	1)		(b)	
		Yes	No	i	Amoun	t
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		1	1		
	referendum, through the use of			,		
а	Volunteers?			·		,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					,
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
ĺ	Other activities? If "Yes," describe in Part IV					
j	Total Add lines 1c through 1i		_			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or	secti	on	
	501(c)(6).				T.,	Т
4	Mars substantially all (00%) or mars) dues resoured pendedustible by marsh are 2				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	┿	ļ
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	 	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	line	<u>-</u>	answ	ered	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
_	political expenses for which the section 527(f) tax was paid).		2-			
a	Current year Carryover from last year		2a 2b			
b	Total .		20 2c			0
С 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	3	-			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Par						
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line s complete this part for any additional information	5, and	Part I	l-B, lır	ne 1ı	
			. 		. .	
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Part IV	Supplemental information (continued)	Page 4
	oupplemental information (commuted)	
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NORTH CAROLINA WILDLIFE HABITAT FOUNDATION INC

58-2011100

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Inspection

Employer identification number

NORTH CAROLINA WILDLIFE HABITAT FOUNDATION INC 58-2011100 Form 990, Part Sec C, Section C, Line 19, North Carolina Wildlife Habitat Foundation Inc publishes a progress report twice a year and puts it in the local paper