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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

NCSU BOX 7207

City or town, state or country, and ZIP + 4

RALEIGH, NC 276957207

F Name and address of principal officer

KATHRYN S HART

NCSU BOX 7207

RALEIGH, NC 27695

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW FIS NCSU EDU/FOUNDATIONS_ACCOUNTING

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1944

M State of legal domicile

NC

Part I	Summary																											
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO AID AND PROMOTE BY FINANCIAL ASSITANCE AND OTHERWISE ALL TYPES OF EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY																											
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																											
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>148</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>148</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>0</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>150</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>-116,513</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-116,513</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	148	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	148	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0	6	Total number of volunteers (estimate if necessary)	6	150	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-116,513	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-116,513			
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Part II

Signature Block

Under penalties of perjury, I declare 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

KATHRYN S HART TREASURER

2011-11-04

Date

Paid Preparer Use Only

Print/Type preparer's name

BRIAN SCHEPPERLEY CPA

Firm's name

WILLIAMS OVERMAN PIERCE LLP

Firm's address

PO BOX 31823 RALEIGH, NC 276221823

Preparer's signature

BRIAN SCHEPPERLEY CPA

Date

2011-11-04

Check if self-employed

☒

PTIN

Firm's EIN

Phone no

(919) 782-3444

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

TO AID AND PROMOTE BY FINANCIAL ASSISTANCE AND OTHERWISE ALL TYPES OF EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY

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 ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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 expenses

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

(Code) (Expenses \$ 12,479,949 including grants of \$ 5,282,499) (Revenue \$ 1,463,185)

AIDS AND PROMOTES BY FINANCIAL ASSISTANCE AND OTHERWISE ALL TYPES OF EDUCATION, RESEARCH, AND OTHER EXTENSION WITHIN THE COLLEGE OF AGRICULTURE AND LIFE SCIENCES AT NC STATE UNIVERSITY

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 12,479,949

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	Yes
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☒ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 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 and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8 Sponsoring 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	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders.			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b	
c Enter the amount of reserves on hand.			13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 148		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 148		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☒ Another's website ☒ 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KATHRYN S HART NCSU BOX 7207 RALEIGH, NC 27695 (919) 513-7149

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
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Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,091,076			
	g	Noncash contributions included in lines 1a-1f \$		1,904,127			
	h	Total. Add lines 1a-1f		14,091,076			
	Program Service Revenue	2a		Business Code			
		FEES/MATERIALS/SERVICE	611710	1,463,185	1,463,185		
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,463,185			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)		776,586		776,586
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		346,392		346,392	
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events . .		11,707		11,707
	9a	Gross income from gaming activities See Part IV, line 19 . .	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory . .				
11a	Miscellaneous Revenue	Business Code					
	LAPAZ GROUP K-1	110000	-116,513		-116,513		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		-116,513			
12	Total revenue. See Instructions		16,263,339	1,463,185	-116,513	825,591	

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, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	5,282,499	5,282,499		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees)				
	Management				
b	Legal	10,821	10,821		
c	Accounting	62,645		62,645	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	123,000			123,000
12	Advertising and promotion	30,314	30,039		275
13	Office expenses	228,676	205,592		23,084
14	Information technology				
15	Royalties				
16	Occupancy	680,745	673,073		7,672
17	Travel	1,009,023	982,710		26,313
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	459,869	424,894		34,975
20	Interest	34,219	34,219		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,918	20,918		
23	Insurance	65,461	48,585		16,876
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SERVICE AGREEMENTS	2,677,883	2,485,149	55,000	137,734
b	SUPPLIES	1,293,706	1,262,238		31,468
c	OTHER SERVICES	266,493	266,493		
d	EDUCATION EQUIPMENT	251,040	241,122		9,918
e	PRINTING & BINDING	228,827	220,465		8,362
f	All other expenses	471,127	291,132	165,700	14,295
25	Total functional expenses. Add lines 1 through 24f	13,197,266	12,479,949	283,345	433,972
26	Joint costs. Check here ☒ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			459,205	1	275,015
	2	Savings and temporary cash investments			15,555,062	2	16,579,970
	3	Pledges and grants receivable, net			4,751,713	3	8,900,688
	4	Accounts receivable, net			252,572	4	197,045
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	34,187,147			
	b	Less: accumulated depreciation	10b	137,946	34,164,993	10c	34,049,201
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			42,590,291	12	50,923,522
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			688,350	15	513,686
16	Total assets. Add lines 1 through 15 (must equal line 34)			98,462,186	16	111,439,127	
Liabilities	17	Accounts payable and accrued expenses			152,721	17	267,667
	18	Grants payable				18	
	19	Deferred revenue			489,252	19	203,092
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			1,500,000	24	1,500,000
	25	Other liabilities. Complete Part X of Schedule D			2,715,896	25	2,723,105
	26	Total liabilities. Add lines 17 through 25			4,857,869	26	4,693,864
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,798,753	27	1,684,633
	28	Temporarily restricted net assets			53,072,586	28	45,442,716
	29	Permanently restricted net assets			37,732,978	29	59,617,914
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			93,604,317	33	106,745,263
34	Total liabilities and net assets/fund balances			98,462,186	34	111,439,127	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,263,339
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,197,266
3	Revenue less expenses Subtract line 2 from line 1	3	3,066,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,604,317
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,074,873
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	106,745,263

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Employer identification number
56-6049304

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☒

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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)

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,703,215	18,512,450	14,938,762	11,740,027	14,091,076	87,985,530
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,703,215	18,512,450	14,938,762	11,740,027	14,091,076	87,985,530
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,391,570
6 Public Support. Subtract line 5 from line 4						72,593,960

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	28,703,215	18,512,450	14,938,762	11,740,027	14,091,076	87,985,530
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,181,425	1,445,032	728,622	812,689	1,122,978	6,290,746
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						94,276,276
12 Gross receipts from related activities, etc (See instructions)					12	4,648,758
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	77 000 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	76 160 %
16a 33 1/3% support test—2010. 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 ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. 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 ▶		
b 10%-facts-and-circumstances test—2009. 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 ▶		
18 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt 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 from other than disqualified persons that 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)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test

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

2010

Open to Public
Inspection

Name of the organization
THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Employer identification number
56-6049304

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure)☒ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____											
4	Number of states where property subject to conservation easement is located ► _____ 1											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☒ Yes☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____ 60 00											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____ 1,000											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	47,863,328	44,074,659	54,193,197		
b Contributions	830,236	1,321,035	503,436		
c Investment earnings or losses	26,949,855	3,096,552	-10,074,122		
d Grants or scholarships					
e Other expenditures for facilities and programs	853,895	628,918	547,852		
f Administrative expenses					
g End of year balance	74,789,524	47,863,328	44,074,659		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 79 000 %

c

Term endowment ▶ 21 000 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, 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		34,027,175		34,027,175
b Buildings				
c Leasehold improvements				
d Equipment		159,972	137,946	22,026
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				34,049,201

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	116,263,339
2	Total expenses (Form 990, Part IX, column (A), line 25)	213,197,266
3	Excess or (deficit) for the year Subtract line 2 from line 1	33,066,073
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)	810,074,873
9	Total adjustments (net) Add lines 4 - 8	910,074,873
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1013,140,946

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	126,650,174
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a6,073,825	
b	Donated services and use of facilities2b384,500	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d9,586,985	
e	Add lines 2a through 2d	2e16,045,310
3	Subtract line 2e from line 1	310,604,864
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a165,700	
b	Other (Describe in Part XIV)4b5,492,775	
c	Add lines 4a and 4b	4c5,658,475
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	516,263,339

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	113,531,012
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a384,500	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d267,667	
e	Add lines 2a through 2d	2e652,167
3	Subtract line 2e from line 1	312,878,845
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 7b4a165,700	
b	Other (Describe in Part XIV)4b152,721	
c	Add lines 4a and 4b	4c318,421
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	513,197,266

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	PART II, LINE 9	DONATED EASEMENTS ARE STATED AT FAIR VALUE AS OF THE DATE OF DONATION. THE ORGANIZATION HOLDS CONSERVATION EASEMENTS FOR WHICH IT MAY HAVE FUTURE COMMITMENTS FOR AN UNDETERMINABLE AMOUNT. THE PURPOSE OF THESE CONSERVATION EASEMENTS IS TO MAINTAIN WETLAND AND/OR RIPARIAN RESOURCES AND OTHER NATURAL VALUES AND PREVENT THE USE OR DEVELOPMENT FOR ANY PURPOSE OR IN ANY MANNER THAT WOULD CONFLICT WITH THE MAINTENANCE OF THE PROPERTIES IN THEIR NATURAL CONDITIONS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2007.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CURRENT YEAR ACCRUAL TO CASH ADJUSTMENT 8,626,970. UNREALIZED GAIN ON INVESTMENTS 6,073,825. DECREASE IN VALUE OF SPLIT INTEREST AGREEMENT -285,398. PRIOR YEAR ACCRUAL TO CASH ADJUSTMENT -4,362,312. TRANSFER FROM OTHER UNIVERSITY AFFILIATES 21,788.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CURRENT YEAR ACCOUNTS RECEIVABLE 9,097,733. PRIOR YEAR DEFERRED REVENUE 489,252.
PART XII, LINE 4B - OTHER ADJUSTMENTS		PRIOR YEAR ACCOUNTS RECEIVABLE 5,004,285. DECREASE IN VALUE OF SPLIT INTEREST AGREEMENT 285,398. CURRENT YEAR DEFERRED REVENUE 203,092.
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CURRENT YEAR ACCOUNTS PAYABLE 267,667.
PART XIII, LINE 4B - OTHER ADJUSTMENTS		PRIOR YEAR ACCOUNTS PAYABLE 152,721.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC	Employer identification number 56-6049304
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1 <u>ARBORETUM GALA</u> (event type)	(b) Event #2 <u>LIFETIME ACHIEVEMENT AWARDS</u> (event type)	(c) Other Events <u>1</u> (total number)	(d) Total Events (Add col (a) through col (c))
	1	Gross receipts	42,244	19,755	19,140	81,139
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	42,244	19,755	19,140	81,139
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	63,859		5,573	69,432
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				69,432
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				11,707

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes

☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
56-6049304

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTH CAROLINA STATE UNIVERSITYNCSU BOX 7207 RALEIGH,NC 27695	56-6000756	501(C)(3)	5,282,499		BOOK	N/A	SCHOLARSHIPS, FACULTY SUPPORT, DEPARTMENTAL SUPPORT AND FACILITY SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

1

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.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS REPRESENT REIMBURSEMENT OF EXPENSES PROCESSED THROUGH THE UNIVERSITY'S ACCOUNTING SYSTEMS, AND ARE SUBJECT TO UNIVERSITY AND STATE OF NORTH CAROLINA GUIDELINES, IN ADDITION TO ANY RESTRICTIONS PLACED DIRECTLY BY DONORS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC	Employer identification number 56-6049304
--	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
☐ First-class or charter travel		
☐ Travel for companions		
☐ Tax idemnification and gross-up payments		
☐ Discretionary spending account		
☐ Housing allowance or residence for personal use		
☐ Payments for business use of personal residence		
☐ Health or social club dues or initiation fees		
☐ Personal services (e g , maid, chauffeur, chef)		
1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
☐ Compensation committee		
☐ Independent compensation consultant		
☐ Form 990 of other organizations		
☐ Written employment contract		
☐ Compensation survey or study		
☐ Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 5a or 5b, describe in Part III		
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		No
b Any related organization?		No
If "Yes," to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHRYN HART	(i)	0	0	0	0	0	0	0
	(ii)	208,000	0	0	20,101	4,762	232,863	0
(2) CHARLES LEFFLER	(i)	0	0	0	0	0	0	0
	(ii)	260,000	0	0	25,038	4,762	289,800	0
(3) KEITH OAKLEY	(i)	0	0	0	0	0	0	0
	(ii)	158,025	1,401	0	15,218	4,762	179,406	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	THE BOARD MEMBERS THAT ARE COMPENSATED RECEIVE COMPENSATION FROM NC STATE UNIVERSITY, A 501(C)(3) ORGANIZATION RELATED TO NORTH CAROLINA AGRICULTURAL FOUNDATION

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Employer identification number
56-6049304

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	8	170,713	FMV
10 Securities—Closely held stock	X	1	1,389,269	FMV
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .	X	2	343,326	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (IPAD, CASE & APPLE CARE)	X	1	819	RETAIL COST
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Employer identification number

56-6049304

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DRAFT 990 IS DISTRIBUTED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	NC AGRICULTURAL FOUNDATION WILL ESTABLISH AND MAINTAIN CONFLICT OF INTEREST AND ETHICS POLICIES PERTAINING TO ITS RELATIONSHIP WITH NC STATE, MEMBERS OF THE GOVERNING BOARD OF NC AGRICULTURAL FOUNDATION, AND PERSONS DOING BUSINESS WITH NC AGRICULTURAL FOUNDATION AND ESTABLISHING REQUIRED ETHICAL STANDARDS FOR THE MEMBERS OF THE GOVERNING BOARD OF THE NC AGRICULTURAL FOUNDATION SUCH POLICIES SHALL PROVIDE THAT (A) ALL TRANSACTIONS (OTHER THAN EXPENSE REIMBURSEMENTS) BETWEEN NC AGRICULTURAL FOUNDATION AND AN OFFICER, DIRECTOR, OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION MUST BE APPROVED BY THE BOARD OF NC AGRICULTURAL FOUNDATION, (B) NO OFFICER, DIRECTOR OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION HAVING A PRIVATE BUSINESS INTEREST IN A NC AGRICULTURAL FOUNDATION BUSINESS TRANSACTION MAY BE INVOLVED IN THE DECISION WITH RESPECT TO WHETHER NC AGRICULTURAL FOUNDATION SHOULD ENTER INTO SUCH TRANSACTION, (C) NO NC AGRICULTURAL FOUNDATION SCHOLARSHIP OR FELLOWSHIP AWARD MAY BE MADE TO AN OFFICER, DIRECTOR, OR EMPLOYEE OF NC AGRICULTURAL FOUNDATION OR TO A FAMILY MEMBER OF SUCH PERSON UNLESS THE RECIPIENT OF THE AWARD IS DETERMINED BY AN INDEPENDENT AWARDS COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS AND OFFICERS OF THE NORTH CAROLINA AGRICULTURAL FOUNDATION THAT DO RECEIVE COMPENSATION ARE COMPENSATED BY NC STATE UNIVERSITY, A 501(C)(3) ORGANIZATION RELATED TO THE NORTH CAROLINA AGRICULTURAL FOUNDATION NC STATE UNIVERSITY SETS THE COMPENSATION OF THESE EMPLOYEES BY ACQUIRING COMPARABILITY DATA WHICH IS REVIEWED AND APPROVED BY INDEPENDENT PERSONS WITH CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE 990 IS LISTED ON THE WEBSITE AND AVAILABLE THROUGH GUIDESTAR FORM 1023 (WHICH WAS FILED PRIOR TO JULY 15, 1987) IS NOT PUBLICLY AVAILABLE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE HTTP //WWW FIS NCSU EDU/FOUNDATIONS_ACCOUNTING/FOUNDATIONS/AG ASP OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CURRENT YEAR ACCRUAL TO CASH ADJUSTMENT 8,626,970 UNREALIZED GAIN ON INVESTMENTS 6,073,825 DECREASE IN VALUE OF SPLIT INTEREST AGREEMENT -285,398 PRIOR YEAR ACCRUAL TO CASH ADJUSTMENT -4,362,312 TRANSFER FROM OTHER UNIVERSITY AFFILIATES 21,788 TOTAL TO FORM 990, PART XI, LINE 5 10,074,873

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC

Employer identification number

56-6049304

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NORTH CAROLINA STATE UNIVERSITY FOUNDATION INC NCSU BOX 7207 RALEIGH, NC 27695 56-6049503	SUPPORTS THE VARIOUS COLLEGES WITHIN THE UNIVERSITY	NC	501(C)(3)	170(B)(1)(A)(IV)	N/A		No
(2) NC STATE INVESTMENT FUND INC NCSU BOX 7207 RALEIGH, NC 27695 31-1607634	INVEST FUNDS OF NC STATE UNIVERSITY ENDOWMENT AND RELATED FOUNDATIONS	NC	501(C)(3)	509(A)(3)	N/A		No
(3) NORTH CAROLINA STATE UNIVERSITY NCSU BOX 7207 RALEIGH, NC 27695 56-6000756	EDUCATION	NC	501(C)(3)	170(B)(1)(A)(II)	N/A		No
(4) NORTH CAROLINA TOBACCO FOUNDATION INC NCSU BOX 7207 RALEIGH, NC 27695 59-1715828	SUPPORTS THE TOBACCO CURRICULUM AT NC STATE UNIVERSITY	NC	501(C)(3)	170(B)(1)(A)(IV)	N/A		No
(5) NORTH CAROLINA STATE UNIVERSITY ALUMNI ASSOCIATION INC NCSU BOX 7207 RALEIGH, NC 27695 56-6035544	SUPPORTS THE VARIOUS COLLEGES WITHIN THE UNIVERSITY	NC	501(C)(3)	170(B)(1)(A)(IV)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE LAPAZ GROUP LLC 3232 INDIAN GRAVE ROAD LENOIR, NC28645 56-2260077	INVESTMENTS	NC	NORTH CAROLINA AGRICULTURAL FOUNDATION INC	INVESTMENT	-116,513	511,379		No			No	56 600 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

Yes

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NC STATE INVESTMENT FUND INC	Q	1,377,497	FMV
(2) NORTH CAROLINA STATE UNIVERSITY	B	5,282,499	FMV
(3) NORTH CAROLINA STATE UNIVERSITY FOUNDATION INC	Q	217,768	FMV
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 56-6049304

Name: THE NORTH CAROLINA AGRICULTURAL FOUNDATION
INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG ANDERSON DIRECTOR	1 00	X						0	0	0
KELLY EDENS ARCHAMBAULT DIRECTOR	1 00	X						0	0	0
DARREN ARMSTRONG DIRECTOR	1 00	X						0	0	0
JOHN E ASHE JR DIRECTOR	1 00	X						0	0	0
WADE ASKEW DIRECTOR	1 00	X						0	0	0
CLEVIE AVERETTE DIRECTOR	1 00	X						0	0	0
ALAN AYERS DIRECTOR	1 00	X						0	0	0
ROBERT BRANT BANKS DIRECTOR	1 00	X						0	0	0
KAYE BARKER DIRECTOR	1 00	X						0	0	0
JB BARNES DIRECTOR	1 00	X						0	0	0
JOHNNY BARNES DIRECTOR	1 00	X						0	0	0
CHARLIE STEVEN BATTEN DIRECTOR	1 00	X						0	0	0
LUKE BEAM DIRECTOR	1 00	X						0	0	0
ULI BENNEWITZ DIRECTOR	1 00	X						0	0	0
EUGENE CALDWELL BERRYHILL JR DIRECTOR	1 00	X						0	0	0
RAY BEST DIRECTOR	1 00	X						0	0	0
STAN BICONISH DIRECTOR	1 00	X						0	0	0
BRYAN BLINSON ASST SECY	1 00	X		X				0	0	0
VINCENT P BONAMINIO DIRECTOR	1 00	X						0	0	0
GRAHAM BOYD DIRECTOR	1 00	X						0	0	0
SAM BRAKE JR DIRECTOR	1 00	X						0	0	0
TREY BRASWELL DIRECTOR	1 00	X						0	0	0
RANDY BRITT DIRECTOR	1 00	X						0	0	0
HASSEL BROWN DIRECTOR	1 00	X						0	0	0
NOWELL BROWN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
BROOKS BENNETT BUNN DIRECTOR	1 00	X						0	0	0	
ANDREW BURLESON DIRECTOR	1 00	X						0	0	0	
TOMMY BURLESON DIRECTOR	1 00	X						0	0	0	
DAVID BURNS DIRECTOR	1 00	X						0	0	0	
FRED BURT DIRECTOR	1 00	X						0	0	0	
EVERETT WADE BYRD JR DIRECTOR	1 00	X						0	0	0	
LEE CAMPBELL DIRECTOR	1 00	X						0	0	0	
JEFF CHANDLER DIRECTOR	1 00	X						0	0	0	
EUGENE R CHARVILLE DIRECTOR	1 00	X						0	0	0	
HERBERT CHEEKS DIRECTOR	1 00	X						0	0	0	
ALDEN CHILDERS DIRECTOR	1 00	X						0	0	0	
SYLVIA CHURCHWELL DIRECTOR	1 00	X						0	0	0	
ANNE CLAPP DIRECTOR	1 00	X						0	0	0	
MICHAEL CLAPP DIRECTOR	1 00	X						0	0	0	
STEVE COCKMAN DIRECTOR	1 00	X						0	0	0	
RAY COLLIER DIRECTOR	1 00	X						0	0	0	
WANDA COLLINS DIRECTOR	1 00	X						0	0	0	
MARY K COMBS DIRECTOR	1 00	X						0	0	0	
DAN COOK DIRECTOR	1 00	X						0	0	0	
HENRY LEE COOK DIRECTOR	1 00	X						0	0	0	
WADDELL ALBERT CORBETT DIRECTOR	1 00	X						0	0	0	
JOHN CHARLES COTHREN DIRECTOR	1 00	X						0	0	0	
SUE COUNTS DIRECTOR	1 00	X						0	0	0	
CAROL COX DIRECTOR	1 00	X						0	0	0	
DEAN CROCKER DIRECTOR	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
VANCE DALTON JR DIRECTOR	1 00	X						0	0	0	
PETER DANIEL DIRECTOR	1 00	X						0	0	0	
JAY B DARDEN IV DIRECTOR	1 00	X						0	0	0	
THOMAS PHILIP DARK DIRECTOR	1 00	X						0	0	0	
DAVID DAVENPORT DIRECTOR	1 00	X						0	0	0	
GK DAVIS DIRECTOR	1 00	X						0	0	0	
SAMUEL D DAVIS DIRECTOR	1 00	X						0	0	0	
CHARLES L DEAL DIRECTOR	1 00	X						0	0	0	
G BRANTLEY DELOATCHE DIRECTOR	1 00	X						0	0	0	
AL ELDER DIRECTOR	1 00	X						0	0	0	
BILL ENNIS DIRECTOR	1 00	X						0	0	0	
TYRONE FISHER DIRECTOR	1 00	X						0	0	0	
BOB FORD DIRECTOR	1 00	X						0	0	0	
BARRY S FOUSHEE DIRECTOR	1 00	X						0	0	0	
RICHARD JOSEPH FREEMAN DIRECTOR	1 00	X						0	0	0	
WILLIE S GEDDIE DIRECTOR	1 00	X						0	0	0	
JENNIE GENTRY DIRECTOR	1 00	X						0	0	0	
JIMMY GENTRY DIRECTOR	1 00	X						0	0	0	
CHARLES GLASS DIRECTOR	1 00	X						0	0	0	
ERIC GONDER DIRECTOR	1 00	X						0	0	0	
JOHN MCCOLLUM GRIFFIN DIRECTOR	1 00	X						0	0	0	
GEORGE CLEOPHOUS GRIFFIN III DIRECTOR	1 00	X						0	0	0	
CHARLES HALL DIRECTOR	1 00	X						0	0	0	
MARGARET G HAMM DIRECTOR	1 00	X						0	0	0	
JEFF HANSEN DIRECTOR	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
MICHAEL HARE DIRECTOR	1 00	X						0	0	0	
NORMAN HARRELL DIRECTOR	1 00	X						0	0	0	
LINDA HARRIS DIRECTOR	1 00	X						0	0	0	
DAVID HARTMAN DIRECTOR	1 00	X						0	0	0	
DONALD ALLEN HEATH DIRECTOR	1 00	X						0	0	0	
ZANE HEDGECOCK DIRECTOR	1 00	X						0	0	0	
SHARON HERRING DIRECTOR	1 00	X						0	0	0	
JAMES HESTER DIRECTOR	1 00	X						0	0	0	
KENDALL HILL DIRECTOR	1 00	X						0	0	0	
DAVID HINNANT DIRECTOR	1 00	X						0	0	0	
BONNIE HOLLOMAN DIRECTOR	1 00	X						0	0	0	
TOM HOLT DIRECTOR	1 00	X						0	0	0	
FORREST GLENN HOWELL DIRECTOR	1 00	X						0	0	0	
WAYNE HUDDLESTON DIRECTOR	1 00	X						0	0	0	
JIM HUNT DIRECTOR	1 00	X						0	0	0	
MARY W JAMES DIRECTOR	1 00	X						0	0	0	
EDDIE JENNINGS DIRECTOR	1 00	X						0	0	0	
DEBORAH JOHNSON DIRECTOR	1 00	X						0	0	0	
SUE JOHNSON-LANGDON DIRECTOR	1 00	X						0	0	0	
GRAHAM JONES III DIRECTOR	1 00	X						0	0	0	
CINDY S JOYNER DIRECTOR	1 00	X						0	0	0	
LEE ROY KECK DIRECTOR	1 00	X						0	0	0	
JAN G KELLY DIRECTOR	1 00	X						0	0	0	
J DONALD KERR DIRECTOR	1 00	X						0	0	0	
CHARLES KING DIRECTOR	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM KREGER DIRECTOR	1 00	X						0	0	0
BILL LAMM DIRECTOR	1 00	X						0	0	0
JEFF F LANCASTER III DIRECTOR	1 00	X						0	0	0
SAM LANG DIRECTOR	1 00	X						0	0	0
DONNY L LASSITER DIRECTOR	1 00	X						0	0	0
AYDEN R LEE JR DIRECTOR	1 00	X						0	0	0
GENE LEWIS DIRECTOR	1 00	X						0	0	0
HAROLD REID LINEBERGER DIRECTOR	1 00	X						0	0	0
WAYNE LUTZ DIRECTOR	1 00	X						0	0	0
RICKY MAY DIRECTOR	1 00	X						0	0	0
SHERRY MCCOMAS DIRECTOR	1 00	X						0	0	0
GARLAND D MCCULLEN DIRECTOR	1 00	X						0	0	0
JOHN MCINNIS DIRECTOR	1 00	X						0	0	0
JOHN MCNEILL DIRECTOR	1 00	X						0	0	0
RUBY MCSWAIN DIRECTOR	1 00	X						0	0	0
BILL MILLER DIRECTOR	1 00	X						0	0	0
ALLEN A MOLARO DIRECTOR	1 00	X						0	0	0
JIM MUNDAY DIRECTOR	1 00	X						0	0	0
ROBERT MYERS DIRECTOR	1 00	X						0	0	0
DOUG NETHAWAY DIRECTOR	1 00	X						0	0	0
GORDON NEVILLE DIRECTOR	1 00	X						0	0	0
DON NICHOLSON DIRECTOR	1 00	X						0	0	0
RON NIMMO DIRECTOR	1 00	X						0	0	0
CHRISTIAN OVERTON DIRECTOR	1 00	X						0	0	0
CONNIE OZMENT DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACOB J PARKER DIRECTOR	1 00	X						0	0	0
BILLY PARTON DIRECTOR	1 00	X						0	0	0
MARK PETERS DIRECTOR	1 00	X						0	0	0
BOB PIKE DIRECTOR	1 00	X						0	0	0
JIM L POINDEXTER DIRECTOR	1 00	X						0	0	0
VICTORIA P PORTER DIRECTOR	1 00	X						0	0	0
DEREK POTTER DIRECTOR	1 00	X						0	0	0
TOM POWELL DIRECTOR	1 00	X						0	0	0
MIKE QUINN DIRECTOR	1 00	X						0	0	0
COY M REESE DIRECTOR	1 00	X						0	0	0
DOUG REGISTER DIRECTOR	1 00	X						0	0	0
RICHARD P RENEGAR DIRECTOR	1 00	X						0	0	0
HEBER A RESPASS DIRECTOR	1 00	X						0	0	0
CHARLES TURNER REVELS JR DIRECTOR	1 00	X						0	0	0
DAVID RIVES DIRECTOR	1 00	X						0	0	0
SUSAN DEWAR ROLLINS DIRECTOR	1 00	X						0	0	0
JAY ROUSE DIRECTOR	1 00	X						0	0	0
LYNNE SAFRIT DIRECTOR	1 00	X						0	0	0
DAVID SIMONS DIRECTOR	1 00	X						0	0	0
GEORGE SIMPSON DIRECTOR	1 00	X						0	0	0
JAMES I SMITH CHAIRMAN	1 00	X		X				0	0	0
RACHEL SMITH DIRECTOR	1 00	X						0	0	0
WALTER SMITH DIRECTOR	1 00	X						0	0	0
RODNEY GRAY STAINBACK DIRECTOR	1 00	X						0	0	0
NEAL STAMEY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JASON A STARNES DIRECTOR	1 00	X						0	0	0	
MARK STOWERS DIRECTOR	1 00	X						0	0	0	
JO ANN STROUD DIRECTOR	1 00	X						0	0	0	
RAY STYER DIRECTOR	1 00	X						0	0	0	
NORFLEET L SUGG DIRECTOR	1 00	X						0	0	0	
ROBERT SUTTER DIRECTOR	1 00	X						0	0	0	
PAUL TALLEY DIRECTOR	1 00	X						0	0	0	
WILLIAM H TEAGUE DIRECTOR	1 00	X						0	0	0	
ROBERT E THOMPSON DIRECTOR	1 00	X						0	0	0	
DAVID TOWNSEND III DIRECTOR	1 00	X						0	0	0	
RONNIE TRANTHAM DIRECTOR	1 00	X						0	0	0	
TOM TRAYLOR DIRECTOR	1 00	X						0	0	0	
STEVE TROXLER DIRECTOR	1 00	X						0	0	0	
JEFF TURNER DIRECTOR	1 00	X						0	0	0	
ERICA UPTON PETERSON DIRECTOR	1 00	X						0	0	0	
KEATON VANDEMARK DIRECTOR	1 00	X						0	0	0	
C HESTER VERNON III DIRECTOR	1 00	X						0	0	0	
HENRY WALKER DIRECTOR	1 00	X						0	0	0	
MARK WALLER DIRECTOR	1 00	X						0	0	0	
DAN WARREN DIRECTOR	1 00	X						0	0	0	
WAYNE WATSON DIRECTOR	1 00	X						0	0	0	
MANLEY M WEST DIRECTOR	1 00	X						0	0	0	
GARLAND WYATT WHITFORD JR DIRECTOR	1 00	X						0	0	0	
L MARK WILLIAMS DIRECTOR	1 00	X						0	0	0	
WILLIAM H WILLIAMS DIRECTOR	1 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE WILLIAMSON DIRECTOR	1 00	X						0	0	0
KEITH WOOD DIRECTOR	1 00	X						0	0	0
PAULA WOODALL DIRECTOR	1 00	X						0	0	0
GEORGE WOOTEN DIRECTOR	1 00	X						0	0	0
LARRY WOOTEN DIRECTOR	1 00	X						0	0	0
DEBBIE E WORLEY DIRECTOR	1 00	X						0	0	0
KATHRYN HART TREASURER	1 00			X				0	208,000	24,863
KATHY KENNEL SECRETARY	1 00			X				0	0	0
CHARLES LEFFLER ASST TREAS	1 00			X				0	260,000	29,800
KEITH OAKLEY PRESIDENT	1 00			X				0	159,426	19,980