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## DLN: 93493025007497

OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 

Form <b>990</b>
<b>∞</b> ,]

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

nterna	ai Kevei	nue Servie	ce							
			lendar year, or tax year begin C Name of organization	ning 07-01-2015 , and endi	ng 06-30-20	16	D Empl		antification number	
	eck if ap ddress cl	pplicable hange	NC State Natural Resources Foun	dation Inc				-	entification number	
_	ame cha	-	% MARY PELOQUIN-DODD				56-0	6533	50	
In	itial retu	ırn	Doing business as							
	nal /termina	ated		f mail is not delivered to street add	ress) Room/su	ııte	E Teleph	one nu	mber	
	nended		NCSU BOX 7207				(919	) 513-	-7149	
Ap	plication	n pending	City or town, state or province, con Raleigh, NC 276957207	ountry, and ZIP or foreign postal co	de		<b>G</b> Gross	receipt	s \$ 9,258,986	
			<b>F</b> Name and address of princ	cıpal officer		<b>H(a)</b> Is	this a group	p retui	n for	
			MARY PELOQUIN-DODD NCSU BOX 7207				ubordinates?	•	☐ Yes 🗸	
			Raleigh, NC 276957207				No re all subord	linates	5	
Ta	x-exem	pt status	<b>√</b> 501(c)(3)	<b>◀</b> (insert no ) 4947(a)(1) or	527	in	cluded?		Yes No t (see instructions)	
W	ebsite	:▶ SEI	E SCHEDULE O				Froup exemp		,	
<b>(</b> Forr	m of org	anızatıon	✓ Corporation  Trust  Asso	ociation Other ►			of formation 1		<b>M</b> State of legal domicile NO	
Pa	rt I		mary	uon or most significant activit						
			scribe the organization's missi EDULE O	on or most significant activit	ies					
ע כ										
<u> </u>	_									
dovernance	<b>2</b> C	heck th	nis box ▶ ┌ if the organization	discontinued its operations	or disposed	of more th	an 25% of it	s net	assets	
5			,							
ð	3 N	lumber	of voting members of the gove	rning body (Part VI, line 1a)				3	13	
ב ב			of independent voting member					4	12	
SAULAIII A			mber of individuals employed i			5	5			
₹			mber of volunteers (estimate if			6	50			
			related business revenue from ated business taxable income	, ,,,				7a 7b	0	
		- umcie	ated business taxable medine				Prior Year	1 75	Current Year	
	8	Contri	ibutions and grants (Part VIII)	, line 1h)			2,104	,842	1,853,878	
Ę	9		am service revenue (Part VIII	•			3,026	,169	5,317,292	
Rəvenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						,616	294,997	
ď	11		revenue (Part VIII, column (A		•		118	,481	94,902	
	12	Total 12)	revenue—add lines 8 through :	11 (must equal Part VIII, co	lumn (A), lın	е	5,635	,108	7,561,069	
	13	Grants	s and similar amounts paid (Pa	art IX, column (A), lines 1–3	)		1,920	,830	3,196,179	
	14	Benefi	its paid to or for members (Par	t IX, column (A), line 4) .				0	0	
δ	15	Saları 5–10	es, other compensation, emplo	yee benefits (Part IX, colum	n (A), lines		517	,175	508,566	
Expenses	16a		<i>,</i> ssional fundraising fees (Part 1	IX, column (A), line 11e)			0	0		
xbe	ь		undraising expenses (Part IX, column							
ш	17		expenses (Part IX, column (A				3,160	,543	2,910,202	
	18	Total	expenses Add lines 13-17 (r	nust equal Part IX, column ( <i>F</i>		5,598	,548	6,614,94		
	19	Reven	nue less expenses Subtract lir	ne 18 from line 12		36,560				
Net Assets of Fund Balances						Beginnii	ng of Current	Year	End of Year	
aga aga	20	Total	assets (Part X, line 16)				33,481	,284	33,972,231	
2 Z	21		liabilities (Part X, line 26) .				1,207	,399	1,101,108	
žī	22	Net as	ssets or fund balances Subtra	ct line 21 from line 20			32,273	,885	32,871,123	
	rt II		ature Block							
			perjury, I declare that I have $\epsilon$ belief, it is true, correct, and c							
repa	arer ha	s any ki	nowledge							
		***	c# #				2017-01-24			
Sign	1	Signa	ature of officer				Date			
lere			Y PELOQUIN-DODD TREASURER							
		<b>I</b>	e or print name and title					I ==		
			Print/Type preparer's name Sandra L Feinsmith	Preparer's signature Sandra L Feinsmith		Date 2017-01-25	Check I if	PTIN P010	64157	
Paid		_  -	Firm's name  BDO USA LLP				self-employed Firm's EIN ►	1		
	pare Onl	r	Firm's address > 1100 Peachtree Stre	et Suite 700			Phone no (40	4) 688-	6841	
160	ini	14				I				

ATLANTA, GA 303094516

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	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?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🙎	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😏	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11</b> b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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</i> (see instructions)	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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

29

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: IV	Checklist of Required Schedules	(continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

complete Schedule J . . . . .

Pa	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Pait I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2015)

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Nο

Nο

Nο

Νo

Nο

Nο

Nο

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		eneak in seneaule o contains a response of note to any line in this	- GIC	<b>v</b>	·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	14			
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did th	L ie organization comply with backup withholding rules for reportable payments to	o vend	lors and reportable			
•		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered s return	2a	5			
h	•	east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear?	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a		y time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc int)?	count,	or other financial	4a		No
ь		,					110
_		s," enter the name of the foreign country ▶	c and f	Financial Accounts			
	(FBAF		· ana i	muneral Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	tax sh	elter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	-	s," did the organization include with every solicitation an express statement th		ŀ			
		not tax deductible?			6b		
	_	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributives provided to the payor?		d partly for goods and	7a		No
b		s," did the organization notify the donor of the value of the goods or services p		·d?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to			
		orm 8282?	 7d		<b>7</b> c		No
u	11 16	s," indicate the number of Forms 8282 filed during the year	/u				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No.
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal be	enefit contract?	76 7f		No
		organization received a contribution of qualified intellectual property, did the o		ŀ			
,	requir				<b>7</b> g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did t	the organization file a	7h		
8		oring organizations maintaining donor advised funds.	•				
Ĭ	-	donor advised fund maintained by the sponsoring organization have excess but	siness	s holdings at any time			
	during	the year?			8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966	· .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson <sup>,</sup>	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	446				
	ayains	st amounts due or received from them )	11b				
		o <b>n 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 I	ın lıe	u of Form 1041?	12a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	on 501(c)(29) qualified nonprofit health insurance issuers.					
2	Ic tha	parganization licensed to issue qualified health plans in more than one state?	lote C	ee the instructions for			
а		organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ole. 3	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves on hand	13c	<u> </u>	14a		l I No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•	•	14a 14b		NU
		,					l .

orm	990 (2015)					Page
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			b, or 1	0b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ction 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	1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,	•	5, <b>7b</b>		No
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
				-		

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 . . . . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? . . . . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? . . . . . . . . . . . . 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 Yes 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 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b

### Section C. Disclosure

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

  MARY PELOQUIN-DODD NCSU BOX 7207 RALEIGH, NC 27695 (919) 513-7149

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no	r an <b>y rela</b> ted or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e
(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Louis J Boos	1 0	l x						0	0	0
Director	0 0	^							0	0
(2) Jim Bowen		х						0	0	0
(3) James A Buzzard	0 0 1 0									
Chair	0 0	х		х				0	0	0
(4) Sam Cook Jr	1 0							0	0	0
Director	0 0	X						0	0	0
(5) Lewis R Ledford Director	1 0	х						0	0	0
(6) Barbara McCutchan	1 0	х						0	0	0
Director	0 0 1 0									
(7) Rıchard L Porterfield Director		×						0	0	0
	00									
(8) Arthur G Raymond Jr Chair	0 0	X		×				0	0	0
(9) Phillip S Rea	1 0	×						0	0	0
Director	0 0	^						0	0	0
(10) Harry Sidens Director	1 0	х						0	0	0
(11) Ronald L Terry Director	1 0	х						0	0	0
(12) R Scott Wallinger Sr	1 0									_
Director	0 0	X						0	0	0
(13) Mary Watzın	1 0									
Ex-Officio, Director	40 0	Х						0	254,094	32,417
(14) Jill A Tasaico	1 0			×				0	153,161	28,663
Assistant Treasurer	40 0							, and the second	·	
										Form <b>990</b> (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(15) Charles D Leffler	1 0			Х				C	294,23	1 48,844
Former Asst Treasurer	40 0			^					254,25	1 40,044
(16) Mary T Peloquin-Dodd	1 0			Х				C	227,12	5 34,362
Treasurer	40 0							,		31,302
(17) Lara Fuenmayor	1 0			Х				C		0 0
President	0 0			_ ^				·		٥
(18) Vicki S Hardee	1 0			Х				C	4E E1	9 0
Secretary	40 0			^				·	45,51	9
(19) Ken Hines Jr	1 0			.,						
Vice President	0 0			Х				C	1	0
(20) David L Ashcraft	1 0			.,					422.20	
Former President	40 0			Х				C	122,20	6 23,620
(21) Ashley Faircloth	40 0					,,		151.000		
Director, Forest Operation	0 0					X		154,808		0 18,714
1b Sub-Total				▶						-1
c Total from continuation sheets to Part VI				•						
d Total (add lines 1b and 1c)				▶			15	54,808	1,096,336	186,620

	_		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	İ
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	_		No

# Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Name and business address	Description of services	Compensation
Jones Land Developing, 1293 Deppe Loop Road MAYSVILLE, NC 28555	Strip Shearing	324,455
Premier Forestry Environmental Co, PO Box 1153 VANCEBORO, NC 28586	Herbicide Applic	107,678

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2

Form 99	0 (20	15)						Page <b>9</b>
Part V	1111	Statement o	f Revenue					
		Check if Schedu	ıle O contaıns a respor	nse or note to any lir	ne in this Part VIII  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
,, s	1a	Federated camp	paigns 1a					
ributions, Gifts, Grants Other Similar Amounts	b	Membership du	es <b>1b</b>					
Gra	С	Fundraising eve	ents 1c					
į į į	d	J	ations 1d					
Git		Government grants						
ns, Sim	е	-			ļ			
er S	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of the street o	1,853,878				
년 동	g		ons included in lines	302,875	i			
Contributions, and Other Sim	h	1a-1f \$ <b>Total.</b> Add lines	: 1a-1f		1,853,878			
ਹ ਜ਼		Total: Add lines	, 14 11	•	_,,_			
₹ E	2a	HOFMANN FOREST		Business Code	5 247 202	5 247 202		
Yey.	Za b	HOFMANN FOREST		110000	5,317,292	5,317,292		
ož l	c							
<u>ن</u> ۶	d							
₹	e							
ram	f	All other progra	ım service revenue					
Program Service Revenue	•	· -						
	g 3		s 2a-2f		5,317,292			
	,		ome (including dividend ar amounts)		72,179			72,179
	4	Income from inves	tment of tax-exempt bond	proceeds	0			
	5	Royalties		•	0			
	62	Gross rents	(ı) Real	(II) Personal				
	6a	GIOSS TEIRS						
	b	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d		me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,919,735	1,000				
	b	Less cost or other basis and	1,697,917					
		sales expenses						
	C	Gain or (loss)	221,818	1,000	222,818			222,818
	d 8a	Net gain or (los Gross income fi	· ·	· · · · <b>&gt;</b>	222,010			222,010
Other Revenue		events (not incl	luding reported on line 1c)					
Jer	_		а					
<u>و</u>			penses <b>b</b> loss)from fundraising	avents	0			
	c 9a		rom gaming activities	events p				
	b c		penses <b>b</b> loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	b	Less cost of ac	oods sold <b>b</b>					
			loss) from sales of inve	entory ▶	О			
		Miscellaneous	S Revenue	Business Code				
	11a	OTHER INCOM	1E	611600	94,902	94,902		
	b							
	С							
	d	All other revenu						
	e	Total. Add lines	s 11a-11d	•	94,902			
	12	Total revenue.	See Instructions	•	7,561,069	5,412,194		294,997

# Part IX Statement of Functional Expenses

Section	501(c)(3)a	and 501(c)(4) o	rganizations must a	complete all columns	All other organizations	must complete column (A)

	Check it schedule o contains a response of note to any fine in the	mis raitin			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,196,179	3,196,179		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	169,732	169,732		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	254,478	254,478		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,144	8,144		
9	Other employee benefits	46,264	46,264		
10	Payroll taxes				
		29,948	29,948		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	269,928	260,409	2,713	6,806
c	Accounting	88,000	25,000	63,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0		105 510	
f	Investment management fees	106,618		106,618	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	32,329	26,104		6,225
13	Office expenses	108,706	92,294		16,412
14	Information technology	0			
15	Royalties	0			
16	Occupancy	43,034	42,234		800
17	Travel	244,264	236,527		7,737
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	63,818	45,658		18,160
20	Interest	96,596	96,596		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	47,469	47,469		
23	Insurance	50,081	37,024		13,057
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACTED SERVICES	378,568	364,615		13,953
b	MISC SERVICES & FEES	830,627	722,514		108,113
c	SUPPLIES	342,650	336,622		6,028
d	EQUIPMENT RENTAL & REPAIRS	92,039	87,237		4,802
e	All other expenses	115,475	87,103		28,372
25	<b>Total functional expenses.</b> Add lines 1 through 24e	6,614,947	6,212,151	172,331	230,465
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

rm	990 (	2015)					Page <b>11</b>
Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note to any line	e in this	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			368,470	1	243,766
	2	Savings and temporary cash investments			4,449,022	2	4,389,602
	3	Pledges and grants receivable, net			588,641	3	321,049
	4	Accounts receivable, net			2,748	4	1,030,293
Control	5	Loans and other receivables from current and former office key employees, and highest compensated employees. Col Schedule L	,	, ,	0	5	0
	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of sevoluntary employees' beneficiary organizations (see instrict) of Schedule L	), and 501(c)(9)				
					0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges	0	9	0		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,616,244			
	b	Less accumulated depreciation	10b	650,031	964,889	<b>10</b> c	966,213
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11 .			26,972,055	12	26,879,986
	13	Investments—program-related See Part IV, line $11$ .			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			135,459	15	141,322
	16	Total assets.Add lines 1 through 15 (must equal line 34)			33,481,284	16	33,972,231
	17	Accounts payable and accrued expenses			149,641	17	95,512
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability Complete Part IV of	Sched	ule D	0	21	0
labilities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis		,			
<u> </u>		persons Complete Part II of Schedule L			0	22	0
ĭ	23	Secured mortgages and notes payable to unrelated third p	arties		0	23	0

se					C	6	0			
Asse	7	Notes and loans receivable, net			C	7	0			
	8	Inventories for sale or use			C	8	0			
	9	Prepaid expenses and deferred charges			C	9	0			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10</b> a	1,616,24	44					
	b	Less accumulated depreciation	10b	650,00	964,889	10c	966,213			
	11	Investments—publicly traded securities			C	11	0			
	12	Investments—other securities See Part IV, line 11 .			26,972,055	12	26,879,986			
	13	Investments—program-related See Part IV, line 11 .			C	13	0			
	14	Intangible assets	ntangible assets							
	15	Other assets See Part IV, line 11		135,459	15	141,322				
	16	Total assets.Add lines 1 through 15 (must equal line 34	)		33,481,284	16	33,972,231			
	17	Accounts payable and accrued expenses			149,641	17	95,512			
	18	Grants payable		C	18	0				
	19	Deferred revenue	C	19	0					
	20	Tax-exempt bond liabilities	C	20	0					
_	21	Escrow or custodial account liability Complete Part IV	C	21	0					
iabilities.	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di								
iq		persons Complete Part II of Schedule L			C	22	0			
Lia	23	Secured mortgages and notes payable to unrelated third	C	23	0					
	24	Unsecured notes and loans payable to unrelated third pa	C	24	0					
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D								
			1,057,758	25	1,005,596					
	26	Total liabilities.Add lines 17 through 25			1,207,399	26	1,101,108			
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ▶	<b>▽</b> and complete						
lan	27	Unrestricted net assets			5,957,332	27	6,544,207			
Ba	28	Temporarily restricted net assets			10,433,037	28	9,742,927			
pu	29	Permanently restricted net assets			15,883,516	29	16,583,989			
Fu		Organizations that do not follow SFAS 117 (ASC 958), c	heck he	ere ▶ □ and						
or		complete lines 30 through 34.		ı						
Assets or	30	Capital stock or trust principal, or current funds				30				
\$\$6	31	Paid-in or capital surplus, or land, building or equipment		31						
t A	32	Retained earnings, endowment, accumulated income, or		32						
Net	33	Total net assets or fund balances	32,273,885	33	32,871,123					
	34	Total liabilities and net assets/fund balances			33,481,284	34	33,972,231			
							Form <b>990</b> (2015)			

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

**Public Charity Status and Public Support** 

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

OMB No 1545-004 Open to Public Inspection

DLN: 93493025007497

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2

3

Total

990EZ)

NC State Natural Resources Foundation Inc

(Form 990 or

Employer identification number 56-0653350

An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

10,005,305

20,544,261

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 ted below, please complete Part III.)

				organiz	Lation	Tulis	 quanty	unuci	uic	10313	1130
Sect	tion A. Pu	ublic	Supp	ort							

_	Calendar year	(-)2011	(1)2012	(-)2012	(4)2014	(-)201E	(6)Tatal
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,039,123	1,234,726	2,121,764	2,104,842	1,853,878	8,354,333
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,039,123	1,234,726	2,121,764	2,104,842	1,853,878	8,354,333
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)						1,791,823
6	<b>Public support.</b> Subtract line 5 from line 4						6,562,510
S	ection B. Total Support	•	•		•		
10)	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
7	Amounts from line 4	1,039,123	1,234,726	2,121,764	2,104,842	1,853,878	8,354,333
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,307	76,773	60,008	67,430	72,179	359,697
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	306,976	416,335	354,581	118,481	94,902	1,291,275

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . .

### Section C. Computation of Public Support Percentage

Gross receipts from related activities, etc. (see instructions)

Total support. Add lines 7

through 10

12

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	65 590 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	59 380 %

16a 33 1/3% support test—2015. 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 - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	18					
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	<b>Private foundation.</b> If the organizati						

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4-	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	70		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	<b>5</b> C		
_	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in <b>Part VI</b> how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes." describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

## Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

<u> </u>	
Return Reference	Explanation

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SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

2015

DLN: 93493025007497

Department of the Treasury Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

Name of the organization

Employer identification number

	me of the organization State Natural Resources Foundation Inc			Empl	oyer identification number
					653350
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			nds c	or Accounts.
	complete if the organization unoner	(a) Donor advised fund		(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			r advis	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		2 2		purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes" or	1 Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	,	l that apply)		
	Preservation of land for public use (e g , recreducation)	eation or F	Preservation of an	histor	ically important land area
	✓ Protection of natural habitat	Г			d historic structure
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization	held a qualified conserva	ition contribution in th	e form	of a conservation
	easement on the last day of the tax year		г		
_	Total number of conservation easements		-	2a	Held at the End of the Year
a b	Total acreage restricted by conservation easeme	ents	<u> </u>	2a 2b	640 00
c	Number of conservation easements on a certified		led in (a)	2c	0 10 00
d	Number of conservation easements included in (o	c) acquired after 8/17/06	5, and not on a	_	
	historic structure listed in the National Register		L	2d	C
3	Number of conservation easements modified, tra	nsferred, released, extin	guished, or terminated	by the	e organization during the
	tax year ▶0				
4	Number of states where property subject to cons			_	
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		rıng, ınspection, handl	ling of	☐ Yes   ✓ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	iolations, and enforcin	ig cons	servation easements during the
	▶ <u>800</u>				
7	A mount of expenses incurred in monitoring, insperse.  \$ \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ecting, handling of violat	ons, and enforcing co	nserva	ition easements during the year
8	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?	ne 2(d) above satisfy the	e requirements of sect	ion 17	0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text	of the footnote to the or			· · · · · · · · · · · · · · · · · · ·
Par	t III Organization's accounting for conservation ea t III Organizations Maintaining Collec Complete if the organization answere	ctions of Art, Histor		r Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not assets held for public e	to report in its reveni khibition, education, o	r resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public e			
(	i) Revenue included on Form 990, Part VIII, line	1	1	<b>&gt;</b> \$	
(i	i) Assets included in Form 990, Part X		•	\$	
2	If the organization received or held works of art, following amounts required to be reported under S		ther similar assets for		
а	Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$
b	Assets included in Form 990, Part X				<b>&gt;</b> \$

30110	cadic D (	101111 330 / 2013						rage Z
Par		Organizations Maintaining (continued)	g Collections of A	Art, Historical	Treasure	s, or (	Other Similar A	ssets
3	Using	the organization's acquisition, accion items (check all that apply)	cession, and other re	cords, check any	of the follow	ng that	are a significant us	e of its
а	Public exhibition d Loan or exchange programs							
b	Scholarly research e Other							
c								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in							
	Part XI	III						
5		the year, did the organization sol to be sold to raise funds rather t						s No
Pa		Escrow and Custodial Arr Complete if the organization Part X, line 21.		n Form 990, Pai	rt IV, line 9	, or re	<u>'</u>	•
1a	Is the	organization an agent, trustee, cu ed on Form 990, Part X?	ıstodıan or other ınte	rmediary for contr	ibutions or c	ther as:	sets not	s No
Ь	If "Y	es," explain the arrangement in I	Part XIII and comple	te the following ta	ble		Am	nount
c		nning balance	are XIII and compre	te the following to	510	10		
d	_	itions during the year				10	ı	
e		ributions during the year				16		
f	Endi	ng balance				<b>1</b> f		
<b>2</b> a	Did the	e organization include an amount	on Form 990, Part X,	line 21, for escro	w or custodi	al accou	ınt lıabılıty?   Ye	s No
b	If"Yes	," explain the arrangement in Par	t XIII Check here ıf	the explanation h	as been prov	ıded in	Part XIII	🗆
Pa	rt V	Endowment Funds. Compl	ete if the organiza	tion answered "	Yes" to For	m 990		
			(a)Current year	(b)Pnor year	<b>b</b> (c)Two yea		(d)Three years back	(e)Four years back
1a		ing of year balance	27,393,222	26,465,084		822,055	21,176,225	21,610,482
b	Contril	outions •••••	1,097,234	1,378,468	1,	445,147	406,950	302,057
c	Net inv losses	estment earnings, gains, and	-273,506	2,122,916	2,	952,002	1,920,515	1,820,678
d	Grants	or scholarships						
e		expenditures for facilities ograms	910,675	2,573,246		754,120	681,635	2,556,992
f	A dmın	istrative expenses						
g	End of	year balance	27,306,275	27,393,222	26,	465,084	22,822,055	21,176,225
2	Provid	e the estimated percentage of the	current year end bal	ance (line 1g, col	umn (a)) hel	d as		
а	Board	designated or quasi-endowment 🕽	16 700 %					
b	Perma	nent endowment ► 60 730 %						
С		rarily restricted endowment Freentages on lines 2a, 2b, and 2c	22 570 % should equal 100%					
3а		ere endowment funds not in the pozation by	ossession of the orga	nization that are h	neld and adm	ıınıstere	ed for the	Yes No
	. ,	elated organizations						a(i) No
b		ated organizations " on 3a(ii), are the related organi		ured on Schedule	 D2		<u> </u>	n(ii) No 3b No
4		be in Part XIII the intended uses					· · · · <u>· · · · · · · · · · · · · · · </u>	30
Pa		Land, Buildings, and Equi						
		Complete if the organization			IV, line 11			
		Description of property		(a) Cost or othe (investme	I	(b) or other b (other)	Accumulated asis (c)depreciation	
<b>1</b> a	Land .					764,6	573	764,673
	_	s						
		old improvements						
d	Equipme	ent		.		686,3	336 604,5	591 81,745

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

119,795

966,213

45,440

165,235

. . . . . . .

Coo Form 000 Part V line 13	Complete if the orga		, ,
See Form 990, Part X, line 12.  (a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			The state of the s
(2)Closely-held equity interests (3)Other			
(A) NC STATE INVESTMENT FUND		25,438,623	F
(B) WELLS FARGO-LIFE INCOME FUNDS		1,327,961	F
(C) STIF		113,402	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	26,879,986	
Part VIII Investments—Program Related.  Complete if the organization answer	ed 'Yes' on Form 99	90, Part IV, line 11c. <sub>See</sub>	e Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
			Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15
Part IX Other Assets. Complete if the organiza		n Form 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza	tion answered 'Yes' or	n Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiza  (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) limits	tion answered 'Yes' or scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X  Other Assets. Complete if the organization (a) Description (b) Part X  See Form 990, Part X, line 25.	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X  Other Liabilities. Complete if the organiza	tion answered 'Yes' or scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 ) rganization answere	ed 'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere	ed 'Yes' on Form 990, P	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. Complete if the o See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  LIFE INCOME FUNDS PAYABLE	e 15 ) rganization answere		(b) Book value

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities . Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

Part XI

1 2

b

d

3

d

3

а b

Part XIII

information

PART II, LINE 9

7,258,067

-196,384

7,454,451

145,000

106,618 6,614,947

Schedule D (Form 990) 2015

6,508,329

4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 106,618		
b	Other (Describe in Part XIII) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	106,618
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	7,561,069
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	6,653,329
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 145,000		
b	Prior year adjustments		
c	Other losses	1	

# Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . .

Return Reference

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Investment expenses not included on Form 990, Part VIII, line 7b.

4a

DONATED EASEMENTS ARE STATED AT FAIR VALUE AS OF THE DATE OF DONATION

2a

2b

**2**c

2d

-552,883

145,000

211,499

2e

3

2e

3

4c

106,618

Schedule D (Form 990) 2015					
Part XIII Supplemental	Information (continued)				
Return Reference	Explanation				
PART X, LINE 2	MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2016, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS				
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCREASE IN VALUE OF SPLIT INTEREST 211,499				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493025007497 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number NC State Natural Resources Foundation Inc 56-0653350 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance (1) NC STATE UNIVERSITY 56-6000756 170(C)(1) овоок In/a SUPPORT 3,196,179 NCSU BOX 7205 RALEIGH, NC 27695 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

		<b>Domestic Individuals.</b> Continued of the	omplete if the organization	on answered "Yes" on For	m 990, Part IV, line 22	Page <b>2</b>
(a)Type of grant or assist	ance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental	l Informa	<b>tion.</b> Provide the inf	ormation required in	Part I. line 2. Part III.	column (b), and any other a	additional information.
Return Reference	Explanati				zo.z (z), zha any odiar e	
PART I, LINE 2	·					

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

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

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

DLN: 93493025007497 OMB No 1545-0047

2015 Open to Public

Schedule J (Form 990) 2015

Cat No 50053T

Department of the
Treasury
Internal Revenue Sen
Name of the org

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

nterr	nal Revenue Service			usb	ecuo	1
	me of the organization		Employer identification	on nur	nber	
NC	State Natural Resources Foundation Inc		56-0653350			
Pa	rt I Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Housing allowance or residence fo	r personal use			
	Travel for companions	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initia	tion fees			
	Discretionary spending account	Personal services (e g , maid, chai	uffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr			<b>1</b> b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive			2		
3	Indicate which, if any, of the following the filing organization organization organization to establish compensation.	apply Do not check any boxes for metho on of the CEO/Executive Director, but ex	ds			
	Compensation committee	Written employment contract				
	Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	ment?		4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	de the applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	ne 1a, did the organization pay or accrue	any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue	any			
а	The organization?			<b>6</b> a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc		on-fixed	7	Yes	
В	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III			8		No
9	If "Yes" on line 8, did the organization also follow the re section 53 4958-6(c)?	buttable presumption procedure describ	ed in Regulations	9		No

Page **2** 

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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		Base (1) compensation	I Bonic & incentive I ()ther reportable I		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Jill A Tasaico Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	153,161	0	0	23,270	5,393	181,824	0
2 Charles D Leffler Former Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	294,231	0	0	44,911	3,933	343,075	0
3 Mary T Peloquin-Dodd Treasurer	(i)	0	0	0	0	0	0	0
		227 125			20.000	5 202	264 407	

227,125 0 28,969 5,393 261,487 0 (ii) 4 Mary Watzın

(i) 254,094 32,417 286,511 0 Ω (ii) 129,808 25,000 18,714 173,522 (i)

Ex-Officio, Director 5 Ashley Faircloth Director, Forest Operation (ii) Schedule J (Form 990) 2015

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
•	ONE EMPLOYEE OF NC STATE NATURAL RESOURCES FOUNDATION, INC IS ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION BASED ON A VARIETY OF PERFORMANCE METRICS						

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

DIRECTLY BY NC STATE NATURAL RESOURCES FOUNDATION

**SCHEDULE M** 

**Noncash Contributions** 

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the

Treasury

DLN: 93493025007497

OMB No 1545-0047 2015

Open to Public Inspection

nter	nal Revenue Service							
	ne of the organization State Natural Resources Foundation Inc				Employer identificat	ion nu	mber	
iC 3	state Natural Resources Foundation Inc				56-0653350			
P	art 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 de noncash contrib	- etermı	_	its
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							
	Securities—Publicly traded .	X	3	83,551	FMV			
	Securities—Closely held stock .							
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							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
22	Historical artifacts							
	Scientific specimens				<u> </u>			
	Archeological artifacts							
	Other ► (	X	3	219,324	FMV			
	ROLLOVERS)				<del>                                     </del>			
	Other ► ()							
	Other ► ()							
	Other • ()	bu the era-	nization during the tay year	r for contributions	<del>                                     </del>			
29	Number of Forms 8283 received for which the organization comple				29		V	
30:	During the year, did the organize	ation receiv	e by contribution any prope	rty reported in Part I. lines	: 1 through 28 that		Yes	No
				, ,				ĺ
	it must hold for at least three ye				irea to be used			ļ
	for exempt purposes for the enti					30a		Νo
ı	<b>b</b> If "Yes," describe the arrangem	ent in Part :	II					l
31	Does the organization have a gif	ft accontant	so policy that requires the r	covious of any non-standard	contributions ?	31	Yes	

contributions? . . . . .

**b** If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

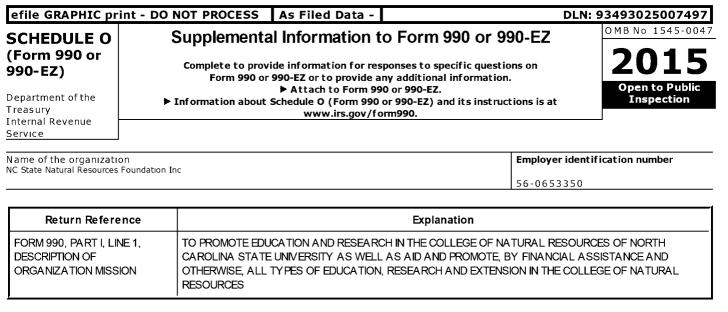
32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	The Executive Committee shall consist of the Chair, who shall serve as Chair of the Executive Committee, the Vice-Chair, the Past Chair, the Treasurer, and the chair of each Standing Committee of the Board. The President and Dean, CNR, will serve exofficious as nonvoting members of the Executive Committee and may also serve as nonvoting members of any other committee authorized by these Bylaws if duly appointed by the Board. By resolution adopted by a majority of the Directors then in office, the Board of Directors shall, at its regular annual meeting, appoint the members of the Executive Committee. The Executive Committee shall have and may exercise, in the interim between meetings of the Board of Directors, and except as otherwise provided in Section 5 of this Article, all the powers of the Board of Directors. Executive Committee Members appointed by the Board shall serve at the pleasure of the Board but only for so long as they also serve as Directors and maintain their qualifying offices or designations as the case may be

Return Reference	Explanation
Reference FORM 990, PART VI, SECTION A, LINE 2	Decotor Lou Boos is President of Nordic Eigneening within a supplier to MeadWestvaco Director Harry Sideris is \$7. Vic President, Erivoronmental Health and Safety of Dule Energy. The Foundation is explaring a solar energy project at Hofmann Forest Mix Sideris has recused himself from all mututes related to this project. FORM'850, PMRT VI. SECTION A, LINE 4 Antio Mix Sideris has recused himself from all mututes related to this project. FORM'850, PMRT VI. SECTION A, LINE 4 Antio Mix Sideris has recused the second of Directors in shall consist of a new feet (15) peaked where the Sideria was related to the Sideria of the Solar do the Sola
	1

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	IN ORDER TO MONITOR AND ENFORCE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, NC STATE NATURAL RESOURCES FOUNDATION FOLLOWS THE FOLLOWING PRACTICES 1) ALL TRANSACTIONS (OTHER THAN EXPENSE REIMBURSEMENTS) BETWEEN THE FOUNDATION AND A DIRECTOR, OFFICER, OR EMPLOYEE OF THE FOUNDATION, MUST BE AUTHORIZED AND APPROVED BY THE FOUNDATION'S BOARD OF DIRECTORS OR RATIFIED IN GOOD FAITH BY THE FOUNDATION'S BOARD OF DIRECTORS AT THE SUBSEQUENT MEETING FOLLOWING THE TRANSACTION 2) NO FOUNDATION DIRECTOR, OFFICER, OR EMPLOYEE HAVING A DIRECT OR INDIRECT INTEREST IN ANY FOUNDATION BUSINESS TRANSACTION MAY BE INVOLVED IN THE DECISION WITH RESPECT TO WHETHER THE FOUNDATION SHOULD ENTER INTO SUCH TRANSACTION FOR PURPOSES OF THIS SECTION, A DIRECTOR, OFFICER OR EMPLOYEE HAS AN INDIRECT INTEREST IN A TRANSACTION IF (A) ANOTHER ENTITY IN WHICH HE HAS A MATERIAL FINANCIAL INTEREST OR IN WHICH HE IS A GENERAL PARTNER IS A PARTY TO THE TRANSACTION, OR (B) ANOTHER ENTITY OF WHICH HE IS A DIRECTOR, OFFICER, OR TRUSTEE IS A PARTY TO THE TRANSACTION AND THE TRANSACTION IS OR SHOULD BE CONSIDERED BY THE BOARD 3) NO SCHOLARSHIP OR FELLOWSHIP AWARD MAY BE MADE TO A DIRECTOR, OFFICER, OR EMPLOYEE OF THE FOUNDATION OR TO A FAMILY MEMBER OF ANY SUCH PERSON UNLESS THE RECIPIENT OF THE AWARD IS DETERMINED BY AN INDEPENDENT AWARDS COMMITTEE.

Return Reference	Explanation
FORM 990, PART	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ALSO SERVES AS THE HR/EMPLOYEE BENEFITS COMMITTEE
VI, SECTION B,	COMPENSATION DECISIONS ARE RECOMMENDED TO THIS COMMITTEE BY THE DIRECTOR OF FOREST OPERATIONS FOR
LINE 15	HIS EMPLOYEES AND ARE BROUGHT BEFORE THE COMMITTEE FOR APPROVAL THE EXECUTIVE COMMITTEE
	RECOMMENDS, DETERMINES, AND APPROVES SALARY AND OTHER COMPENSATION ELEMENTS FOR THE DIRECTOR OF
	FOREST OPERATIONS, IN ADDITION TO APPROVING RECOMMENDATIONS FROM THE DIRECTOR ABOUT HIS STAFF

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

Return Reference	Explanation
VI, SECTION C,	THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE WEBSITE HTTP://FOUNDATIONSACCOUNTING OF AN NCSU EDU/FOUNDATIONS/NC-STATE-NATURAL-RES OURCES-FOUNDATION-INC. OTHER GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9,	INCREASE IN VALUE OF SPLIT INTEREST AGREEMENT 211,499 TRANSFER OF FUNDS TO/FROM
CHANGES IN NET ASSETS	ASSOCIATED ENTITY -7,500 TOTAL TO FORM 990, PART XI, LINE 9 203,999

Return Reference	Explanation
PAGE 1, ITEM J-	HTTP //FOUNDATIONSACCOUNTING OFA NCSU EDU/FOUNDATIONS/NC-STATE-NATURAL-RES OURCES-
WEBSITE	FOUNDATION-INC

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

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

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

OMB No 1545-0047 2015

DLN: 93493025007497

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

NC State Natural Resources Foundation Inc

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

56-0653350 Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No See Additional Data Table

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, P	art 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)	controlling i 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 Disprop alloca	) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	(k) Percentage ownership
				514)			Yes	No		Yes	No	
							<u> </u>					
							<u> </u>					

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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>(b)</b> Primary activity	<b>(c)</b> 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	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	13) olled y?
CHARITABLE REMAINDER (1)TRUSTS (2)	ASSET INVESTMENT	NC	NCSNR	Trust				Yes	No No
1									

						ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more	related organizations l	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)				1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
Performance of services or membership or fundraising solicitations for related organization(s)				11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				<b>1</b> s		No
If the answer to any of the above is "Yes," see the instructions for information on who must complet				5		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining ar	mount II	nvolved	i
	+					
	-					

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Name, actives, and FIN of entity   Capt   Capt	revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
	(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		total	tal end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?		(k) Percentage ownership
	9			314)	Yes	No			Yes	No		Yes	No	
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Schedule R (Form 990) 2015 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation

Schedule R (Form 990) 2015

PART IV, IDENTIFICATION OF INAME OF RELATED ORGANIZATION CHARITABLE REMAINDER TRUSTS (2) DIRECT CONTROLLING ENTITY NC STATE NATURAL RESOURCES

RELATED ORGANIZATIONS

TAXABLE AS CORP OR TRUST

FOUNDATION

## Software ID: Software Version:

**EIN:** 56-0653350

Name: NC State Natural Resources Foundation Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	<b>(b)</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 entity?	
						Yes	No
NORTH CAROLINA STATE UNIVERSITY FDN INC NCSU BOX 7207 RALEIGH, NC 27695 56-6049503	SUPPORT	N C	501(C)(3)	170(B)1A IV	NA		No
NC STATE INVESTMENT FUND INC NCSU BOX 7207 RALEIGH, NC 27695 31-1607634	FUND INVEST	N C	501(C)(3)	509(A)(3)	NA		No
NORTH CAROLINA STATE UNIVERSITY NCSU BOX 7205 RALEIGH, NC 27695 56-6000756	EDUCATION	N C	170(C)(1)	170(B)1A IV	NA		No
NORTH CAROLINA VETERINARY MEDICAL FOUNDATION INC NCSU BOX 7207 RALEIGH, NC 27695 58-1344473	SUPPORT	NC	501(C)(3)	170(B)1A IV	NA		No
NORTH CAROLINA STATE UNIVERSITY ALUMNI ASSOCIATIONINC NCSU BOX 7207 RALEIGH, NC 27695 56-6035544	ALUMNI	NC	501(C)(3)	170(B)1A IV	NA		No
NC STATE UNIVERSITY COLLEGE OF SCIENCES FOUNDATION INC NCSU BOX 7207 RALEIGH, NC 27695 58-1524289	SUPPORT	NC	501(C)(3)	170(B)1A IV	NA		No
NORTH CAROLINA TOBACCO FOUNDATION NCSU BOX 7207 RALEIGH, NC 27695 59-1715828	SUPPORT	NC	501(C)(3)	170(B)1A IV	NA		No
NC STATE ENGINEERING FOUNDATION NCSU BOX 7207 RALEIGH, NC 27695 56-6046987	SUPPORT	NC	501(C)(3)	170(B)1A IV	NA		No
NC STATE UNIVERSITY STUDENT AID ASSOCIATION INC PO BOX 37100 RALEIGH, NC 27627 56-0650623	ATHLETIC	NC	501(C)(3)	170(B)1A IV	NA		No
NORTH CAROLINA TEXTILE FOUNDATION INC NCSU BOX 8301 RALEIGH, NC 27695 56-6045324	SUPPORT	NC	501(C)(3)	170(B)1A IV	NA		No
THE NORTH CAROLINA AGRICULTURAL FOUNDATION INC NCSU BOX 7207 RALEIGH, NC 27695 56-6049304	SUPPORT	NC	501(C)(3)	170(B)1A 1V	N A		No
NC STATE UNIVERSITY PARTNERSHIP CORPORATION NCSU BOX 7207 RALEIGH, NC 27695 56-1444287	SUPPORT	NC	501(C)(3)	509(A)(3)	NA		No