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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

.Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 years its gov/form990.

OMB No 1545-0047 2015 Open to Public

Ā	For th	ne 2015 c	alendar vea	r, or tax yea	r beginning 0	7/01/15			/30/1		30.			· pounon
В	Check if a		C Name of org		CAROLINA S						D	Employe	r identification i	number
	Address	• •			FUND									
[Ter]			Doing busin	ess as					.,	 -		58-1	903219	
•	Name cha	ange			x if mail is not delivered	to street address)			-	Room/suite	E	Telephone	e number	
	Initial retu	um	3128	HIGHWOOD	S BLVD, SU	ITE 170						<u>919-</u>	<u>803-14</u>	37
	Final retu		City or town	, state or province	, country, and ZIP or for	reign postal code						•	•	
\equiv	terminate		RALEI	GH		NC 27604					G	Gross reco	eipts \$5	,153,833
	Amended	d return	F Name and a	address of principa	l officer				-] [9]
	Application	on pending	LENW	OOD LON	IG					H(a) is th	nis a group i	eturn for si	ubordinates?	Yes X No
			3128	HIGHWO	ODS BOUL	EVARD, S	SUITE	170		H(b) Are	all subords	nates inclu	ded?	Yes No
			RALE				27604	.		ŀ	If "No," att	ach a list ((see instructions)	ı
1	Тах-ехы	mpt status	X 501)1(c) () ◀	(insert no)	4947(a)(1		7	1				
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ĸ	Form of o	organization	X Corpor			Other >			L Y	ear of formation	4 0		M State of leg	al domicile NC
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_	+-0	Net unreia	ated busines	ss taxable inco	ome from Form 99	90-1, line 34				Pr	nor Year		Curre	ent Year
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Revenue	1		_	nue (Part VIII	•							165		613,440
Š					nn (A), lines 3, 4, a	and 7d)						388		41,858
æ	1), lines 5, 6d, 8c,		e)					531		-29,156
					11 (must equal F		•	12)		2	591			109,835
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Ϋ́			- ,	=	(2), lines 11a–11d,			-		1	108	670	2.	880,389
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t Assets or	<u>2</u> 1		lities (Part X								188			426,397
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Ü	nder per				examined this return	n, including acco	mpanying	schedules and	statemen	its, and to t	he best o	f my kno	wledge and b	elief, it is
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Jehs.	20	Ту	pe or print name	e and title										
20	7	Print/Type	preparer's name	6		Preparer's signatu	ire n	•		D	ate	Check	X of PTIN	
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	parer	Firm's nam	ne 🕨	ROMEO,	WIGGINS	& COMP	ANY,	LLP			Firm	s EIN	56-1	627242
Use	Only			8210 C	REEDMOOR	RD. / #2	02							· • · · · · · · · · · · · · · · · ·
		Firm's add	ress	RALEIC	H, NC 2	7613					Phor	ne no	919-8	70-5151
May	the IR	S discuss	this return	with the prepa	rer shown above	? (see to structue	ns)					,		Yes No
For DAA	Paperw	ork Redu	ction Act No	tice, see the s	eparate instructio	ns.							. ^(^	Form 990 (2015)
													. / 1 1 / 1	117

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		Service Accomplishments ntains a response or note to any line in the	nis Part III	
, -, -, -, -, -, -, -, -, -, -, -, -,	be the organization's mission	كالتكافي والتناف والمناف	no rattin	
		TER ECONOMIC DEVELOPMENT		
BUSINES		SINESS SERVICES, AND POLI	ICI RESEARCH TO SUPPORT	SMALL
				,
-	, -	cant program services during the year which were	not listed on the	· 기 v [한] N-
•	90 or 990-EZ? cribe these new services on	Schedule O	Ĺ	Yes X No
		· make significant changes in how it conducts, any p	program	
services?	•			Yes X No
	cribe these changes on Sche		corram convices, as measured by	
		ice accomplishments for each of its three largest pr		
		or each program service reported		
		2 005 000		
4a (Code		3,805,890 including grants of \$ SS DEVELOPMENT FUND IS A) (Revenue \$ CERTIFIED COMMUNITY)
			2010, THE ORGANIZATION	•
		SINESS REVOLVING LOAN FUR		
		ES AND POPULATIONS THAT I		
CAPITAL		ATION ALSO PROVIDES FINAM PS AND EXISTING BUSINESSI		
	TY-BASED ORGAN		S AND LENDING SERVICES	10
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
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	_			
4d Other progra	m services (Describe in Sch			
(Expenses		including grants of \$) (Revenue \$	
4e Total program	n service expenses >	3,805,890		Form 990 (2015)

Form 990 (2015) CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219 V Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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 Ç, Part I	3		X
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	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ļ
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Í _ Í		.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ۾ ا		X
	complete Schedule D, Part III	8		
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f	,	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			3.
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b		ĺ		
	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
9	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		<u> </u>
			~~/	•

	And the second of the second o		Yes	No
202	Did the expenses are as a second provided facilities of 15 May 7 accordate School de LI	20a	res	X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		-
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	J		 -
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	1		
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	· · · · ·		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		х
26	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? If "Yes," complete Schedule L, Part II	26		x
27	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 member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ļ ,
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	["		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	'		`
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			Ì
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			[
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}	{	ł
	Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			i
		38	x	t

Form 990 (2015)

⊬Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 22 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 22 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c C Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

919-803-1437

LENWOOD LONG RALEIGH

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

3128 HIGHWOODS BLVD, SUITE 170

NC 27604

•	•				
Earm 000 /2015\	CAPOLTNA	CMAT.T.	RUSTNESS	DEVELOPMENT	58-1903219

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Page	7

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

Check if Schedule O contains a response or note to any line in this Part VII

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations
(1)DAN CABUCO, JR.		† ,								
DIRECTOR	1.00	x						o	0	0
(2) CHERYL DIUGUID								****		
(-,	1.00									
DIRECTOR	0.00	X						0	0	0
(3) NANCY PATRICK ST										
	1.00	1		ŀ						
DIRECTOR	0.00	X						0	0	0
(4) MARSHALL CHERRY										
	1.00					1 [
DIRECTOR	0.00	X						0	0	0
(5) DR. LUCY REUBEN										
	1.00									_
TREASURER	0.00	X		X				0	0	0
(6) MAURICE SMITH		1								
	1.00	1						_ [
CHAIR	0.00	X		X	ļ			0	0	0
(7) LYNN HOLMES		1				H				
	1.00	1				ΙI			•	_
VICE-CHAIR	0.00	X	L	X		L		0	0	0
(8) JOHN HOLDSCLAW,	IV	l			ļ					
	1.00	l	1		1	1			^	_
DIRECTOR	0.00	X	<u> </u>	ļ	┞	\vdash		0	0	0
(9) STEPHANIE SWEPSC		9	İ							
	1.00								^	o
SECRETARY	0.00	X	├	X	├			0	0	
(10) BARBARA LEE	1 1 00		1	1			'			
D.T.D.T.C.TO.D.	1.00							o	o	o
DIRECTOR (11) KEN REECE	0.00	X	├	├	\vdash					ļ -
(11) REN KEECE	1.00									
DIDECEOD	0.00	x						o	o	o
DIRECTOR	1 0.00	1~	<u> </u>	<u> </u>	<u> 1 —</u>	ــــــــــــــــــــــــــــــــــــــ			<u>_</u>	Form 990 (2015

NCMSC 01/23/2017 2 42 PM Form 990 (2015) CAROLINA											P	age 8
Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any	(d	o not	Pos Check ess pe	C) ition more	than one	, -	d Highest Compensated (D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estima amoui othi compen	ated nt of er	
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employes	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organiz and rei organiz:	ation lated	
(12) JAMES H. SILI	S, III 1.00 0.00	x						0	0			0
(13) LENWOOD LONG		<u> </u>	-	-								`
PRESIDENT/CEO	40.00			x			ļ	126,783	o			0
(14) AWAMARY LOWE-	KHAN											
СГО	40.00		_	x				94,149	0		13,	798
			j								·	
												-
												
1b Sub-total	<u></u>	<u> </u>				Щ		220,932			13,	7 98
c Total from continuation shee	ets to Part VII, S	ectio	on A			ì	>					
d Total (add lines 1b and 1c) 2 Total number of individuals (inc	luding but not lir	nıted	to th	ose	liste	d abov	<u>►</u> (e) \	220, 932 who received more than \$1	[13,	798
reportable compensation from			1	_							Yes	No
3 Did the organization list any for							loye	ee, or highest compensated	I	3		х
employee on line 1a? If "Yes," of 4 For any individual listed on line	1a, is the sum of	f rep	ortab	ole co	omp	ensatio			m the	-		==
organization and related organi individual	zations greater t	han S	\$150	,000	? f "	'Yes,"	con	nplete Schedule J for such		4		х
5 Did any person listed on line 1a for services rendered to the ord									dividual	5	1	х
Section B. Independent Contractor	rs											
Complete this table for your five compensation from the organize	e highest compe ation Report co	nsate mper	ed inc	depe on fo	ndei r the	nt cont calen	rac dar	year ending with or within t	he organization's tax year			
Name and	(A) business address							Descrip	(B) tion of services	c	(C) ompensa	tion
				_								
Total number of independent correceived more than \$100,000 corrections.							se	listed above) who	0			

- j. 4	nt a		if Schedule		response o	r note to any line i	n this Part VIII		
T			***************************************	···· ·································		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
श्चर	1a	Federated car	npaigns	1a			15.0.00	,,	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership o		1b					
Q.E	c	Fundraising e	vents	1c	59,275				
ar /	d	Related organ		1d					
S,E	e	Government grants	(contributions)	1e 2	,623,817				
Š	1	All other contributio	ns, gifts, grants,		, , , , , , , , , , , , , , , , , , , ,				
the sta		and similar amounts	s not included above	1f	800,601				
EO.	g	Noncash contribution	ns included in lines 1a-	1f \$					
<u>3 E</u>	h	Total. Add line	es 1a-1f		>	3,483,693			
ne					Busn Code				
Yell	2a	BUISINE	SS LOAN INTE	REST	900099	1,229,815	1,229,815	····	
a Re	b	PREMIUM	ON SALE OF	LOANS	900099	195,520	195,520	· · · · · · · · · · · · · · · · · · ·	
<u>Z</u>	C	LOAN OR	IGINATION/CL	OSING FEES	900099	166,105	166,105		
Sel	d	MEMBERS	HIP FEES		900099	22,000		i	22,000
Lam.	е								
Program Service Revenue	f	_	am service rever	nue	L				
<u>-</u>	9					1,613,440			
	3		come (including o	lividends, intere	est,	44 050			47 050
	_	and other simi	•			41,858			41,858
	4		rvestment of tax-	exempt bond p	roceeds 🕨				
	5	Royalties						· · · · · · · · · · · · · · · · · · ·	
	C	C	(i) Real	(1)) Personal				
		Gross rents							
	D	•						ì	
	d	Rental inc or (loss)					:		
		7a Gross amount from (1) Securities (11)		(II) Other				, , , , , , , , , , , , , , , , , , ,	
i		sales of assets	(1) 0000111100		(ii) Othor				
	b	other than inventory Less cost or other							
	-	basis & sales exps							
	c	Gain or (loss)							
	d		c			1			
			om fundraising ever	nts		***************************************		:	
Other Revenue		(not including \$	59,						
a e			eported on line 1c)						
Ž.		See Part IV, line		a	7,460				
랿	b	Less direct ex	penses	b	43,998				
0	C	Net income or	(loss) from fundi	aising events	>	-36,538			
	9a	Gross income fro	om gaming activities	3					
ŀ		See Part IV, line	19	a					
	þ	Less direct ex	penses	b					
	C	Net income or	(loss) from gami	ng activities	>				
	10a	Gross sales of	inventory, less				·	·	
		returns and all	owances	a					
	b	Less cost of g	oods sold	b					
	С	Net income or	(loss) from sales	of inventory	<u> </u>				
1		Mis	cellaneous Revenue		Busn Code	İ	•	•	
ļ	11a		OF BAD DEBT	?	900099	5,414			5,414
- 1	b	MISCELLAN	EOUS		900099	1,968	·		1,968
	C								
-	d	All other reven	-				· · · · · · · · · · · · · · · · · · ·		
- }	е	Total. Add line				7,382	1 501 440		74 040
	<u>12</u>	i otal revenue	. See instruction	S	▶ }	5,109,835	1,591,440	0	71,240

Form 990 (2015) CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219 - Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Management and Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 180,751 50,982 231,733 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 818,474 230,852 1,049,326 7 Other salaries and wages Pension plan accruals and contributions (include 28,583 22,295 6,288 section 401(k) and 403(b) employer contributions) 138,392 107,945 30,447 Other employee benefits 84,394 108,196 23,802 Payroll taxes Fees for services (non-employees) Management 93,276 20,521 72,755 **b** Legal 45,130 35,202 9,928 c Accounting 115,945 115,945 d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 537,526 393,762 143,764 (A) amount, list line 11g expenses on Schedule O) 35,038 27,329 7,709 12 Advertising and promotion 9,342 43,215 33,873 13 Office expenses 11,778 9,189 2,589 14 Information technology 15 Royalties 18,601 84,030 65,429 16 Occupancy 115,282 147,797 32,515 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 39,749 32,522 7,227 19 Conferences, conventions, and meetings 290,230 290,230 20 21 Payments to affiliates 19,498 5,500 24,998 Depreciation, depletion, and amortization 13,216 16,945 3,729 23 Insurance 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.) 1,256,500 LOSSES ON LOANS 1,256,500 53,032 41,362 11,670 SUBSCRIPTION AND DUES 40,481 31,575 8,906 STAFF DEVELOPMENT 6,357 28,897 22,540 TELEPHONE d 15,822 15,822 e All other expenses 630,729 4,436,619 3,805,890 0 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

· Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 674,586 55,012 Cash-non-interest bearing 2 Savings and temporary cash investments 2,294,570 4,098,002 2 335,510 56,043 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 316,325 Notes and loans receivable, net 299,571 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 232,378 other basis Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 150,359 10b 59,944 82,019 10c 11 Investments---publicly traded securities 11 Investments-other securities See Part IV, line 11 12 17,198,459 25,200,111 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 29,790,758 16 20,879,394 Total assets. Add lines 1 through 15 (must equal line 34) 16 41,145 74,699 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 8,113,514 16,339,235 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 33,590 12,463 25 16,426,397 8,188,249 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 9,796,998 27 10,131,373 Unrestricted net assets 3,232,988 28 Temporarily restricted net assets 2,894,147 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 13,364,361 29,790,758 Total net assets or fund balances 12,691,145 33 33 20,879,394 Total liabilities and net assets/fund balances

Form 990 (2015)

	n 990 (2015) CAROLINA SMALL BUSINESS DEVELOPMENT 58~1903219			Pa	ge 12
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,1	L09,	835
2	Total expenses (must equal Part IX, column (A), line 25)	2		136,	
3	Revenue less expenses Subtract line 2 from line 1	3		673 ,	216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,6	591,	145
5	Net unrealized gains (losses) on investments	5			<u>-</u> -
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
_	33, column (B))	10	13,3	364,	361
Pa	art XII Financial Statements and Reporting			7,	
	Check if Schedule O contains a response or note to any line in this Part XII			_	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	J	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ł	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-		
	the Single Audit Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

FUND

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CAROLINA SMALL BUSINESS DEVELOPMENT

Employer idea

Employer identification number 58-1903219

Pŧ	irt l	Reas	on for Public Charity	Status (All organizations r	nust co	nplete t	his part) See instructions	3						
he (orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only on	e box)								
1	\Box			ciation of churches described in s			A)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	.)(ii). (Attach Schedule E (Form 9	90 or 990)-EZ))								
3	П			e organization described in section										
4	\vdash	•	•	in conjunction with a hospital des				tal's name.						
7	ш	city, and state		oonganonon min a noophan dee				,						
_		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5	Ш				operateu	by a gove	ITIME Har drift described in							
_		section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X													
		described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) n	o more than 33 1/3% of its							
		support from	gross investment income and	l unrelated business taxable inco	me (less :	section 51	1 tax) from businesses							
		acquired by th	ne organization after June 30,	1975 See section 509(a)(2). (0	Complete	Part III)								
10		An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a	a)(4).							
11	\Box	An organization	on organized and operated ex	clusively for the benefit of, to per	form the	functions (of, or to carry out the purposes	of						
		one or more p	oublicly supported organizatio	ns described in section 509(a)(1) or sect	ion 509(a)(2). See section 509(a)(3). Cl	neck						
		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												
а		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.												
b		•	•	sed or controlled in connection w	th its sup	ported org	anization(s), by having							
	لـــا			rganization vested in the same p										
			You must complete Part				•							
С		•	•	rting organization operated in col	nnection v	vith, and fi	unctionally integrated with,							
•	ш			ons) You must complete Part I										
d	\Box	• •	• • • • • • • • • • • • • • • • • • • •	upporting organization operated										
•	ш			nization generally must satisfy a										
				complete Part IV, Sections A a										
_	\Box		•	a written determination from the			L Type II Type III							
е	Ш		_				st, type II, type III							
	Ent	•	of supported organizations	tionally integrated supporting org	jarnzanon									
t			ing information about the sup	norted organization(s)										
9		e of supported		·	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of						
ĮI,		anization	(II) EIN	(III) Type of organization (described on lines 1–9		ur governing	support (see	other support (see						
	_			above (see instructions))	docu	ment?	instructions)	instructions)						
					Yes	No								
					108	NO		<u> </u>						
A)]								
	,				<u> </u>			<u> </u>						
B)														
		 			 	 								
C)					1									
					ļ									
D)					}									
					 									
E)														
					ļ	ļ								
					1									

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

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

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	3,124,563	3,959,500	4,420,103	1,660,590	3,483,693	16,648,449
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,124,563	3,959,500	4,420,103	1,660,590	3,483,693	16,648,449
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)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	196,065
6	Public support. Subtract line 5 from line 4	<u> </u>					16,452,384
	tion B. Total Support	T	(1) 0040 T	4) 2040	(-1) 004.4	(5) 2045	(f) T-4-1
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,124,563	3,959,500	4,420,103	1,660,590	3,483,693	16,648,449
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	180,520	154,026	71,546	43,388	41,858	491,338
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	15,837	12,757	16,147	4,846	7,382	56,969
11	Total support. Add lines 7 through 10	ļ					17,196,756
12	Gross receipts from related activities, etc. (see instructions)				12	3,312,448
13	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here						<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2015 (line 6,	column (f) divided b	y line 11, column (f))		14	95 . 67 %
15	Public support percentage from 2014 Scheo					15	95.92%
16a	33 1/3% support test—2015. If the organic				/3% or more, chec	k this	⊾ 57
	box and stop here. The organization qualifi	• • •	-				► X
b	33 1/3% support test—2014. If the organization				33 1/3% or more,		▶ □
	check this box and stop here. The organization		• • •	-	401		
17a							
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac organization						▶ 🗌
þ	10%-facts-and-circumstances test—201					ne	
	15 is 10% or more, and if the organization r					L .	
	Explain in Part VI how the organization mee	ets the "facts-and-ci	rcumstances" test	The organization q	ualities as a public	ıy	▶ □
18	supported organization Private foundation. If the organization did	not chack a hav on	line 13 16a 16h	17a or 17h check	this box and see		
10	instructions	HOLDIECK & DOX OIL	c 10, 10a, 10b,	a, or 17.0, oncor			▶ □

Page 3

Part III		Organizations		

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

<u> </u>	ti the organization fails to	quality under the	ie tests listed t	elow, please c	ompiete Part II.	<i>'</i>		
	tion A. Public Support ndar year (or fiscal year beginning in) ▶	(c) 2044	(h) 2042	(a) 2012	(d) 2014	(e) 2015		(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2013	+	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							· · · · · · · · · · · · · · · · · · ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6)						- 1	
900	tion B. Total Support		<u> </u>	<u> </u>	<u> </u>		l_	
	ndar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015		(f) Total
9	Amounts from line 6	(4) 2011	(3) 20 12	(0, 20, 3	35/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- 1-
i0a	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)	ī						
13	Total support. (Add lines 9, 10c, 11,							
14	and 12) First five years. If the Form 990 is for the c	organization's first	second third four	th, or fifth tax vear	as a section 501(c)	(3)		
. •	organization, check this box and stop here		2200110, 41110, 1001	, ,				▶□
Sec	tion C. Computation of Public Su	pport Percen	tage					
5	Public support percentage for 2015 (line 8,	column (f) divided	by line 13, column	(f))		-	15	%_
16	Public support percentage from 2014 Sche						16	%
<u>Sec</u>	tion D. Computation of Investme							
7	Investment income percentage for 2015 (lin			column (f))		}	17	<u>%</u>
8	Investment income percentage from 2014 \$						18	%_
9a	33 1/3% support tests—2015. If the organ							▶ [
L	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests—2014. If the organine 18 is not more than 33 1/3%, check this							▶ □
20	Private foundation. If the organization did							
	The state of the s		.,		···			

Part IV Supporting Organizations

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

Section A. All	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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 Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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
- 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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in line 9a) 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 Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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)

		Yes	No
	1		
	2		
		-,	
	3a		
	3b		·····
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***************************************	ule A (Form 990 or 990-EZ) 2015 CAROLINA SMALL BUSINESS DEVELOPMENT 58-19032:	<u>. 9</u>		Page 5
- Pa	t IV Supporting Organizations (continued)			
44	the theorem to the first the following agreement		Yes	No
11	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?	11a		ĺ
h	A family member of a person described in (a) above?	11b		
	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.	11c		
	ion B. Type I Supporting Organizations	+		4
			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 Part VI 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		<u> </u>
Sect	ion Ç. Type II Supporting Organizations			,
		r	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Cook	the supported organization(s)	1.1.1		L
Sect	ion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ĺ
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 Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			-
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	3)		
				1
2 /	Activities Test Answer (a) and (b) below.	F	Yes	No
а	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 Part VI identify			
	those supported organizations and explain 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		
b	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	שט	L	1

Schedule A (Form 990 or 990-EZ) 2015 CAROLINA SMALL BUSINESS I			3219 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			····
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on I			
other Type III non-functionally integrated supporting organizations must complete Sec	tions A through	<u>E</u>	T
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<u> </u>
6 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		
7 Other expenses (see instructions)	• 7		
8 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			, , , , , ,
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	· · · · · · · · · · · · · · · · · · ·	
7 Recoveries of prior-year distributions	7	_,· · · · · · · · · · · · · · · · · · ·	
8 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		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1	., ., ., ., ., ., ., ., ., ., ., ., ., .	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integri	ated Type III su	pporting organization (se	ee

Schedule A (Form 990 or 990-EZ) 2015

instructions)

	ule A (Form 990 or 990-EZ) 2015 CAROLINA SMALL BUS			219 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	<u>ipporting Organizati</u>	ons (continued)	
Sect	on D - Distributions	· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported		
	organizations, in excess of income from activity		 	
3	Administrative expenses paid to accomplish exempt purposes of supported	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	n is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u>.</u>		,
,	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		, in the second	
2	Underdistributions, if any, for years prior to 2015			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015	***		
а				
b				
C			Ì	
d	From 2013			
e	From 2014			
	Total of lines 3a through e		,	
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section			
	D. line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			, in the second
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)			}
7	Excess distributions carryover to 2016. Add lines 3			
•	and 4c.			1
8	Breakdown of line 7	12. 1 · 11 · 11 · 11 · 11 · 11 · 11 · 11		, , , , , , , , , , , , , , , , , , , ,
a				
b				
···	Excess from 2013			
	Excess from 2014	······································		
	Excess from 2015			
-				

Schedule A (Form 990 or 990-EZ) 2015 CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

\$ 56,969

SCHEDULE C -(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Attach to Form 990 or Form 990-F7

2015
Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

_ • ;	Section 501(c)(4), (5), or (6) organizations Complete Part III					
Nam	e of organization CAROLINA SMALL BUSI	NESS DEVELOPMEN	<u>ר</u>	Employer ident	ification number	
	FUND			58-19032	19	
Pa	rt I-A Complete if the organization is exen	pt under section 501(c	or is a sectio	n 527 organizatio	n	
1	Provide a description of the organization's direct and indirect	t political campaign activities in	Part IV			
2	Political expenditures			▶ \$		
3	Volunteer hours					
~~~~						
Pa	t I-B Complete if the organization is exen		(3).			
1	Enter the amount of any excise tax incurred by the organiza			<b>&gt;</b> \$		
2	Enter the amount of any excise tax incurred by organization	<del>-</del>		▶ \$		
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No	
	Was a correction made?				Yes No	
	If "Yes," describe in Part IV		\	F04(-)(2)		
	t I-C Complete if the organization is exen			on 501(c)(3).		
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	n	<b>&gt;</b> 0	-	
•	activities			▶ \$	ب	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sec	uon	▶ €		
3	527 exempt function activities	- have and an East 1120 BOL		<b>~</b> •		
3	Total exempt function expenditures Add lines 1 and 2 Enter line 17b	r here and on Form 1120-POL,		<b>▶</b> \$		
A		•		•	Yes No	
<ul> <li>Did the filing organization file Form 1120-POL for this year?</li> <li>Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing</li> </ul>						
•	organization made payments. For each organization listed,					
	the amount of political contributions received that were pro-	•				
	as a separate segregated fund or a political action committee			•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
	(a) Name	(b) Address	(6/2/14	filing organization's	contributions received and	
				funds if none, enter -0-	promptly and directly	
					delivered to a separate political organization If	
					none, enter -0-	
(1)						
(2)						
(3)						
				<u> </u>		
(4)					}	
			<u> </u>	<u> </u>		
(5)					}	
	<del></del>		<del> </del>	<del> </del>		
6)						
		i	1	i		

Sche	edule C (Form 990 or 990-EZ) 2015 <b>CAROL</b> .	INA SMALL	BUSINESS DE	VELOPMEN	T 58-190321	9 Page 2
Pa	rt II-A Complete if the organiza	ation is exempt	under section 5	01(c)(3) and f	iled Form 5768 (el	ection under
	section 501(h)).			11: 4 - 5 - 4	N /   <b>ff</b> ()   -   -   -   -   -   -   -   -   -	
4	Check ▶ ☐ if the filing organization	n belongs to an	affiliated group (a	nd list in Part	IV each affiliated gr	oup members
_	name, address, EIN, e					
3	Check ▶ ☐ if the filing organization			roi provisions	<del></del>	
	Limits on Lobi (The term "expenditures" m	bying Expendit			(a) Filing organization's totals	(b) Affiliated group totals
1-	Total lobbying expenditures to influence public	<del></del>				
	Total lobbying expenditures to influence a leg	· · ·				· · · · · · · · · · · · · · · · · · ·
			lobbying)	<del> </del>		
d		1 10)				<del></del>
-	Total exempt purpose expenditures (add line)	e 1c and 1d)		-	· · · · · · · · · · · · · · · · · · ·	
-	f Lobbying nontaxable amount Enter the amount		a table in both	<u> </u>		
,	columns	BIR HOITI THE TOHOWIN	g table in both			
1		The jobbying por	taxable amount is:		<del>, , , , , , , , , , , , , , , , , , , </del>	,, , <del> </del>
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	20% of the amoun				
ļ	Over \$500,000 but not over \$1,000,000	<del></del>	6 of the excess over \$50	0,000		
	Over \$1,000,000 but not over \$1,500,000	<del>                                     </del>	6 of the excess over \$1,0			
	Over \$1,500,000 but not over \$1,500,000	<del></del>	of the excess over \$1,50			
	Over \$17,000,000  Over \$17,000,000	\$1.000.000	Of the excess over \$1,50	70,000		
	Grassroots nontaxable amount (enter 25% o	<del></del>				I
_	Subtract line 1g from line 1a If zero or less, e	•				
	Subtract line 1f from line 1c. If zero or less, e					<del> </del>
	If there is an amount other than zero on either		id the organization file	ــــ Form 4720		
	reporting section 4911 tax for this year?	a line iii o line ii, u	id the organization me	, 01111 4720		Yes No
	reporting section 4911 tax for this year	4 1/2 4		4: F04/h)		
	(0		ing Period Under s		to all of the five colu	mana halayy
	(Some organizations that made					mms below.
	50	ee the separate i	nstructions for line	es za trirough i	21.)	
-,	Lo	bbying Expendit	ures During 4-Year	Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount			I		
	(150% of line 2a, column(e))					
С	Total lobbying expenditures	· · · · · · · · · · · · · · · · · · ·				
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

3

2a

2b

2c

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

PAID CONSULTANTS FOR LOBBYING ACTIVITIES.

Taxable amount of lobbying and political expenditures (see instructions)

Schedule C (Form 990 or 990-EZ) 2015 CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

_	AROLINA SMALL BUSINESS DEVELOPMENT			
	UND			903219
P	Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or Ac	counts	•
	Complete if the organization answered "Yes" on F	<del></del>		
		(a) Donor advised funds	(0	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)	<del> </del>	· · · · ·	<del>, , , , , , , , , , , , , , , , , , , </del>
3	Aggregate value of grants from (during year)		- ,	<del> </del>
4	Aggregate value at end of year	be contained in denot advised		
5	Did the organization inform all donors and donor advisors in writing that the			☐ Yes ☐ No
_	funds are the organization's property, subject to the organization's exclus Did the organization inform all grantees, donors, and donor advisors in w			
6	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	advisor, or for any other purpose		Yes No
P	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	II that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically import	ant land a	area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	on	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	•		2b	······································
C			2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	5, and not on a		
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization of	furing the	
	tax year ▶			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	iring, inspection, handling of		Yes No
_	violations, and enforcement of the conservation easements it holds?	walations and anformer appropriation concern	anta dur	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation easen	ients dun	ing the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions and enforcing conservation easements	during th	ne vear
•	S	ions, and emoraling conservation education		io your
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easemer	nts in its revenue and expense statement, ar	ıd	<del></del>
	balance sheet, and include, if applicable, the text of the footnote to the or	· · · · · · · · · · · · · · · · · · ·		
	organization's accounting for conservation easements			
Pŧ	organizations Maintaining Collections of Art,		milar A	issets.
	Complete if the organization answered "Yes" on f	orm 990, Part IV, line 8.		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not			
	works of art, historical treasures, or other similar assets held for public ex		ce of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to r			
	works of art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtheran	ce of	
	public service, provide the following amounts relating to these items			•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>P</b>	ф Ф
_	(ii) Assets included in Form 990, Part X	About also designed for English and Toronto.	tho	Þ
2	If the organization received or held works of art, historical treasures, or o		ui <del>c</del>	
_	following amounts required to be reported under SFAS 116 (ASC 958) re	erating to these items.		•
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X			\$
U	ASSES INGUEU III FUITI 330. FAILA			

		NESS DEVELO			903219				ge <b>2</b>
- Part III Organizations Maintainin	g Collections of	Art, Historical Tre	easures, o	r Other	Similar As	sets (con	tinue	d)	
3 Using the organization's acquisition, accessing collection items (check all that apply)	on, and other records,	check any of the follow	ing that are a	significant	use of its		<del></del>		
a Public exhibition	d 🗌	Loan or exchange prog	rams						
b Scholarly research	e 🗍	Other							
c Preservation for future generations	لــا								
4 Provide a description of the organization's co	ollections and explain h	now they further the orga	anızatıon's ex	empt purp	ose in Part				
XIII		-							
5 During the year, did the organization solicit o		•		ılar		Г	٦.,	$\Box$	
assets to be sold to raise funds rather than to		t of the organization's o	collection?				Yes	<u>. L.J</u>	No
Part IV Escrow and Custodial Ar					1				
Complete if the organizatio	n answered "Yes"	on Form 990, Par	τ IV, line 9	, or repo	nteα an am	ount on F	orm		
990, Part X, line 21.			<del> </del>						
1a Is the organization an agent, trustee, custodi	an or other intermedia	ry for contributions or of	ther assets no	ot		_	٦.,		
included on Form 990, Part X?						L	<b>∫</b> Yes		No
b If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table							
_					ļ	An	nount	-,	
c Beginning balance					1c	<del></del>			
d Additions during the year					1d				
Distributions during the year					1e			,	
f Ending balance					1 <u>f</u>	L	<del></del>		
2a Did the organization include an amount on Fo				-		L	<b>∫</b> Yes		No
b If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been provi	ded on Part X	(III				41	
Part V Endowment Funds.				_					
Complete if the organizatio	n answered "Yes"					<del></del>			
	(a) Current year	(b) Pnor year	(c) Two year	rs back	(d) Three year	s back (	e) Four ye	ears ba	ick
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and									
losses									
d Grants or scholarships	·								
e Other expenditures for facilities and									
programs			,		·				
f Administrative expenses									
g End of year balance				l					
2 Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) hei	ld as						
a Board designated or quasi-endowment ►	%								
b Permanent endowment ► %									
c Temporarily restricted endowment ▶	%								
The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a Are there endowment funds not in the posses	ssion of the organization	on that are held and add	ministered for	the			_		
organization by						_	Y	'es	No
(i) unrelated organizations						3	a(i)	_	
(ii) related organizations						3	a(ii)		
b If "Yes" on line 3a(ii), are the related organiza	ations listed as require	d on Schedule R?				L	3b	ļ	
4 Describe in Part XIII the intended uses of the	organization's endow	ment funds							
Part VI Land, Buildings, and Equ	ipment.								
Complete if the organizatio	n answered "Yes"	on Form 990, Par	t IV, line 1	1a See	Form 990,	Part X, lin	e 10.		
Description of property	(a) Cost or other t	pasis (b) Cost or o	ther basis	(c) A	ccumulated	(d	Book va	lue	
	(investment)	(othe	er)	de	preciation				
1a Land			T						
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment		2	32,378		150,35	9	8:	2,0	19
e Other									
Total. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part X	(, column (B), line 10c)				<b>\</b>	8:	2,0	19
						Schodula	) (East	. 000	2015

Schedule D (Fo	orm 990) 2015 CAROLINA SMALL BUSINES	SS DEVELOPMENT	58-1903219	Page
- Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on		11b See Form 990, Par	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	ļ	Cost or end-of-year n	narket value
(1) Financial d				<del></del>
	d equity interests	<u></u>		
(3) Other			······································	<del></del>
(A)		ļ	· · · · · · · · · · · · · · · · · · ·	
(B)		<b></b>		<del></del>
(C)			<del>-</del>	<del></del>
(D)				
(E)			<del></del>	<del></del>
(F)			<del></del>	<del></del>
(G)			<del></del>	<del></del>
(H)	(1) 15 000 B (V 1 (B)) 40 b	<del></del>	<del></del>	- A 11-11 A1
	(b) must equal Form 990, Part X, col (B) line 12 ) ▶		<del></del>	
Part VIII	Investments—Program Related.	000 Deat IV line	14a Saa Farma 000 Bard	LV line 10
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(4) TONIC	DECETIVADI E	19,396,016		
	RECEIVABLE TTED LOAN SUPPORT FUNDS	7,082,373		
	COMMITTED SUPPORT FUNDS	186,162		
	ITS PLEDGED AGAINST MORTGAGES	180,102	COST	
	VE - AT RISK DEPOSITS	-12,130		<u> </u>
	LOSS RESERVE	-1,452,310		<del></del>
	1000 REGERVE	1,432,310		
(7) (8)		<del>                                     </del>	<del></del>	
(9)	<del></del>	<del>                                     </del>	<del></del>	
	(b) must equal Form 990, Part X, col (B) line 13 ) ▶	25,200,111		· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.		<del></del>	
	Complete if the organization answered "Yes" on	Form 990. Part IV line	11d See Form 990, Part	t X. line 15
<del></del>	(a) Description			(b) Book value
(1)				
(1)				<del></del>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 15)		_ ▶	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11e or 11f See Form 99	0, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2) OTHER	ACCRUED EXPENSES	12,463		
(3)				
(4)				
(5)				
(6)	<del></del>			
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)		<u> </u>		

12,463

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219 Schedule D (Form 990) 2015 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,153,833 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 43,998 2đ d Other (Describe in Part XIII ) 43,998 e Add lines 2a through 2d 2e 5,109,835 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) 4b 4c c Add lines 4a and 4b 5,109,835 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,480,617 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 43,998 2d d Other (Describe in Part XIII ) 43,998 e Add lines 2a through 2d 2e 4,436,619 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII ) 4b c Add lines 4a and 4b 4c 4,436,619 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER \$ 43,998 SPECIAL EVENT EXPENSES PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER \$ SPECIAL EVENT EXPENSES 43,998

Schedule D (Form 990) 2015 CAROLINA SMALL BUSINESS DEVELOPMENT 58-1903219

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Part XIII Supplemental Information (continued)

#### **SCHEDULE G** -(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990 Ópen to Public Inspection

lame of the organization CAROLINA SMALL FUND	BUSINESS DEV	ELOPME		Employer Identification number 58–1903219				
Part I Fundraising Activities. Compl Form 990-EZ filers are not requ	ete if the organizatio	n answere part	ed "Yes" on Form 9	990, Part IV, line	17			
1 Indicate whether the organization raised funds thro	ough any of the following a	ctivities Che	eck all that apply		·			
a  Mail solicitations	e Solicitation	of non-gove	rnment grants					
b Internet and email solicitations	f Solicitation	f Solicitation of government grants						
c Phone solicitations	g 🗌 Special fun	draising evei	nts					
d In-person solicitations								
2a Did the organization have a written or oral agreem or key employees listed in Form 990, Part VII) or e	entity in connection with pr	ofessional fu	ndraising services?		Yes No			
b If "Yes," list the ten highest paid individuals or entil compensated at least \$5,000 by the organization	ties (fundraisers) pursuant	to agreemer	nts under which the fur	draiser is to be				
(I) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fund- raiser have custody or control of contributions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization			
		Yes No						
1								
2		+						
4								
3								
4								
•								
5								
6								
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otal		<b>•</b>						

Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through SBA LUNCHEON (total number) col (c)) (event type) (event type) 66,735 66,735 1 Gross receipts 59,275 59,275 2 Less Contributions 3 Gross income (line 1 minus 7,460 7,460 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 43,998 43,998 9 Other direct expenses 43,998 10 Direct expense summary Add lines 4 through 9 in column (d) -36,538 11 Net income summary Subtract line 10 from line 3, column (d) Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes Yes 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

11		219	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No.
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_
	formed to administer charitable gaming?	Yes	i 📙 No
13	Indicate the percentage of gaming activity conducted in		
а	· · · · · · · · · · · · · · · · · · ·	13a	%
b	An outside facility	13b	%_
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ▶		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
1	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
I	retain the state gaming license?	Yes	s 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$	<del> </del>	
Part			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informa	tion (see	
	nstructions)		

-SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CAROLINA SMALL BUSINESS DEVELOPMENT FUND

Employer Identification number 58–1903219

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

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

ASSOCIATES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR
TO ITS FILING AND REPORTS THE RESULTS TO THE FULL BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST. THIS POLICY
IS MONITORED ON AN ANNUAL BASIS AND DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE AND COMPARABLES ARE

CONSIDERED AMONG LIKE AGENCIES AND OTHER NONPROFIT ENTITIES. EACH YEAR A

PERFORMANCE APPRAISAL IS DONE AND ANY INCREASE IN SALARY IS RECOMMENDED BY

THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EACH YEAR, A PERFORMANCE APPRAISAL IS DONE AND ANY INCREASE IN SALARY IS

RECOMMENDED BY THE PRESIDENT/CEO AND FINANCE COMMITTEE, AND APPROVED BY THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST TO

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

CAROLINA SMALL BUSINESS DEVELOPMENT

58-1903219

THE ORGANIZATION'S OFFICE.

SPECIAL EVENT EXPENSES

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

**DESCRIPTION** 

PROGRAM	M SERVICE	MGT &	GENERAL	FUNDRA	AISING			
LOAN SERVICING FEES								
\$	30,658	\$	8,645	\$	0			
CONTRACT SERVICES								
\$	363,104	\$	135,119	\$	0			
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION								
SPECIAL EVENT EXPEN	ISES			\$	43,998			

-43,998