Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

DLN: 93491312000378

2017

Form 990-PF

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	idar year 2017, or tax year beginning 01-01-20)17 , an	nd ending 12-31-	-2017					
		indation OLD H BATE FOUNDATION INC		A Employer Id 56-2121302	lentification numbe	r				
	ber and O BOX 1	street (or P O box number if mail is not delivered to street address) .4298	Room/suite		umber (see instruction	ns)				
Cıty	or town	, state or province, country, and ZIP or foreign postal code			(252) 638-1998					
NEW	BERN,	NC 28561		C If exemption	application is pendin	g, check here				
G Cł	neck al		former public charity	D 1. Foreign or	ganızatıons, check he	ere 🕨 🔲				
		Final return Amended return			rganizations meeting ck here and attach co					
		☐ Address change ☐ Name change		·	undation status was t	· -				
		pe of organization Section 501(c)(3) exempt private 4947(a)(1) nonexempt charitable trust Other taxabl	foundation e private foundation		on 507(b)(1)(A), chec					
			☑ Cash ☐ Accrus	al F If the found:	ation is in a 60-montl	h termination				
		rom Part II, col (c), \$ 31,798,185		under sectio	on 507(b)(1)(B), chec	k here				
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)				
	1	Contributions, gifts, grants, etc , received (attach schedule)				(,				
	2	Check ▶ ☑ If the foundation is not required to attach Sch. B								
	3	Interest on savings and temporary cash investments	6,409	6,409	,					
	4	Dividends and interest from securities	806,705	806,705	;					
	5a	Gross rents								
	b	Net rental income or (loss)								
Мe	6a	Net gain or (loss) from sale of assets not on line 10	1,446,309							
Revenue	b	Gross sales price for all assets on line 6a 34,036,019								
	7	Capital gain net income (from Part IV, line 2)		1,446,309	,					
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	11	Other income (attach schedule)	28,787	1,154	1					
	12	Total. Add lines 1 through 11	2,288,210							
	13	Compensation of officers, directors, trustees, etc	46,000			36,800				
	14	Other employee salaries and wages	50,377			37,783				
Sè	15	Pension plans, employee benefits	6,300	C	,	4,725				
1156	16a	Legal fees (attach schedule)								
Expenses	ь	Accounting fees (attach schedule)	11,035	3,642		3,641				
e e	С	Other professional fees (attach schedule)	184,654	184,654	}	(
Administrative	17	Interest								
Str	18	Taxes (attach schedule) (see instructions)	49,021	22,290		4,709				
Ē	19	Depreciation (attach schedule) and depletion	8,385							
Adi	20	Occupancy	4,877	C		3,658				
and	21 22	Travel, conferences, and meetings	1,378		<u>'</u>	1,033				
e 6	23	Other expenses (attach schedule)	40,285	231		35,508				
E E	24	Total operating and administrative expenses.				,				
Operating		Add lines 13 through 23	402,312	215,417	,	127,857				
ō	25	Contributions, gifts, grants paid	1,555,784			1,555,784				
	26	Total expenses and disbursements. Add lines 24 and 25	1,958,096	215,417	,	1,683,641				
	27	Subtract line 26 from line 12								
	a	Excess of revenue over expenses and disbursements	330,114							
	b	Net investment income (if negative, enter -0-)		2,045,160	1	1				
For	C	Adjusted net income(If negative, enter -0-)		Cat No 11289	<u></u>	 m 990-PF (2017				
U	. aper	TOUR REGUESION ACT MOTICE, SEE MISH MICHORS.		Cat No 11/89:	A FOI	m 330-PF (/01/				

- 1	_	,			1
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	17,514		
AS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	15,965,352	18,154,263	19,890,685
	С	Investments—corporate bonds (attach schedule)	3,162,114	3,058,172	3,112,169
	11	Investments—land, buildings, and equipment basis ▶			

6,901,633

271,967

138,902

138,902

28,287,419

28,287,419

28,426,321

18,267

28,426,321

9

(چ

6,363,917

262.387

28,657,852

40,319

40,319

28,617,533

28,617,533

28,657,852

2

3

4

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6

28,287,419

28,617,533

28,617,533 Form 990-PF (2017)

330,114

18,180

7,713,831

262,387

18,180

31,798,185

Less accumulated depreciation (attach schedule) Investments—mortgage loans Investments—other (attach schedule)

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

Other assets (describe > _

Grants payable.

Other liabilities (describe -_

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) Add lines 1, 2, and 3

Enter amount from Part I, line 27a

Less accumulated depreciation (attach schedule) ▶ 71,532

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27 28

29

30 31

Part III

2

Liabilities

Balances

or Fund

Assets

Net

	(a) the kınd(s) of property sold (e g , r rehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a ACL ALTERNATIVE FUNI) SAC LIMITED		P	2017-12-31	2017-12-31
b ACL ALTERNATIVE FUNI			P .	2017-12-31	2017-12-31
c PUBLICILY TRADED SEC			P	2017-12-31	2017-12-31
d PUBLICILY TRADED SEC		P	2017-12-31	2017-12-31	
е				2017 12 31	2017 12 31
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed	Cost or	other basis	Gain c	r (loss)
	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
	24,727				24,727
b	935				935
	82,683		25,794,691		487,992
d 7,7	27,674		6,795,019	1	932,655
e					
Complete only for asset	s showing gain in column (h) and o	wned by the foundation	on 12/31/69		1)
(i)	(j)		(k)		h) gain minus
FMV as of 12/31/6	Adjusted basis	I	s of col (ı)		less than -0-) or om col (h))
	as of 12/31/69	over co	ol (j), if any	Losses (III	
a b					24,727 935
				 	487,992
C				+	932,655
d					932,033
e		If gain, also enter in l	Dowt T. line 7	 	
•	gain or (loss) as defined in sections art I, line 8, column (c) (see instruc	tions) If (loss), enter -	0-	3	1,446,309
	Under Section 4940(e) for R private foundations subject to the so				
If section 4940(d)(2) applies,	leave this part blank			·	
	he section 4942 tax on the distribut not qualify under section 4940(e) Do		· ·	7	es 🔽 No
1 Enter the appropriate a	mount in each column for each year	, see instructions before	e making any entrie	.s	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ble-use assets	(d) Distribution rati (col (b) divided by c	
2016	1,804,663		29,092,999		0 062031
2015	1,755,592	2	30,696,081		0 057193
2014	1,579,934	4	31,367,897		0 050368
2013	1,721,95	2	31,001,733		0 055544
2012	1,350,028	3	30,741,467		0 043916
2 Total of line 1, column	(d)		2		0 269052
	o for the 5-year base period—divide		5, or by the 3		0 053810
4 Enter the net value of n	oncharitable-use assets for 2017 fro	m Part X, line 5	4		30,266,404
5 Multiply line 4 by line 3			5		1,628,635
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		20,452
7 Add lines 5 and 6			7		1,649,087
	tions from Part XII, line 4 ,			1	1,683,641
. , ,	reater than line 7, check the box in I			ng a 1% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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Part VIII	Information About 0 and Contractors	inagers, Highly Paid Em	iployees,		
1 List all officers, directors, trustee		es, foundation managers ar	nd their compensation	(see instructions).	
(a) N	ame and address	Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee	Expense a

(a) Name and address	hours per week (b) devoted to position	not paid, enter -0-)	benefit plans and deferred	(e) other allowances
See Additional Data Table			compensation	
2 Compensation of five highest-paid	l employees (other than t	nose included on line 1	-see instructions). If no	ne, enter "NONE."
(a) Name and address of each employee par more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
JOYCE HENDRICKS	OPERATIONS DIRECTOR	50,37	+	0
PO BOX 14298 NEW BERN, NC 28561	40 00			
HEW BEINI, HE 20001				
Total number of other employees paid ove	r \$50,000 			0
3 Five highest-paid independent co	ntractors for professional	services (see instruction	ons). If none, enter "NON	
(a) Name and address of each person MORGAN STANLY FINANCIAL ADVISORS	paid more than \$50,000	(b) Type	e of service FNT	(c) Compensation 134,611
100 EUROPA DRIVE STE 201				13 1,011
CHAPEL HILL, NC 27517				
		1		
		1		
Total number of others receiving over \$50,	000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable a organizations and other beneficiaries served, confe	activities during the tax year Inclierences convened, research paper	ude relevant statistical inform	ation such as the number of	Expenses
1	,			
2				
3				
4				
Part IX-B Summary of Program	-Related Investments	(see instructions)		
Describe the two largest program-related inves	tments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3				
Total. Add lines 1 through 3 .				0
				Form 990-PF (2017)

1b

2

3a 3h

4

5

1.683.641

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20.452 1,663,189

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

b Total for prior years

a From 2012. **b** From 2013. . . . c From 2014. . . d From 2015. e From 2016.

1,401,870

118,631

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0

(d)

(b)

Years prior to 2016

Corpus

0

0

(c)

2016

281.771

281,771

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Part XIII	Und

Undistributed Income (see instructions)	

(20	017)	
I	Undistributed Income (see instruc	tions)
		(a)

17)	
Undistributed Income (see instruc	:
	ſ

1 Distributable amount for 2017 from Part XI, line 7

a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. 4 Qualifying distributions for 2017 from Part XII, line 4 > \$ 1,683,641 a Applied to 2016, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

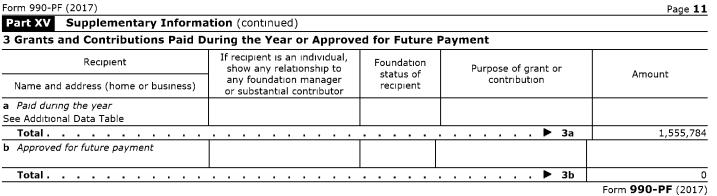
same amount must be shown in column (a))

2 Undistributed income, if any, as of the end of 2017

GRANT APPLICANTS MUST APPLY FOR PROGRAMS OR CAPITAL PROJECTS THAT SERVE THE RESIDENTS OF CRAVEN, PAMLICO AND JONES COUNTIES OR BE CONNECTED WITH EAST CAROLINA UNIVERSITY IN SERVING EASTERN NORTH CAROLINA

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

MAY 15 AND OCTOBER 1 OF EACH YEAR



m 990-P art XVI	-A Analysis of Income-Producing	Activities				T
er gross	amounts unless otherwise indicated	Unrelated bus		Excluded by section		(e) Related or exempt function income
_	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
d						
	and contracts from government agencies					
	rship dues and assessments					
Intere	st on savings and temporary cash					
	ments			14	6,409	
	ds and interest from securities tal income or (loss) from real estate			14	806,705	
	financed property					
	ebt-financed property					
Net re	ntal income or (loss) from personal property					
	nvestment income			14	1,154	
	r (loss) from sales of assets other than ory			18	1,446,309	
	ome or (loss) from special events			1	1, 10,000	
	profit or (loss) from sales of inventory					
Other r						
	REFUNDS	+		14		27,63
с		I .				
d e						
d e			(2,260,577	
d e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	ations)		13	2,260,577	
d e Subtota Total.	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Orksheet in line 13 instructions to verify calcul	ations)		13		
e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
d e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's exinstructions)	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
d e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's ex	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
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d e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's exinstructions)	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
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d e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's exinstructions)	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
d e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's exinstructions)	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21
d e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul B Relationship of Activities to th Explain below how each activity for which is the accomplishment of the foundation's exinstructions)	ations) e Accomplishi ncome is reporte empt purposes (o	ment of Exemed in column (e) column than by pro	pt Purposes If Part XVI-A contribut	ted importantly to	2,288,21

orm 9	990-PF (2017)											Pa	ge 13
Par	t XVII	Information Re Exempt Organis		ansfers	То а	nd Transa	ctio	ns and	Relatio	nships With No	ncharit	able		
		ganization directly or in Code (other than sectio									on 501		Yes	No
		rom the reporting foun								-				
(1) Cash.											1a(1)		No
(2) Other	assets										1a(2)		No
b Ot	her tran	sactions												
(1) Sales	of assets to a nonchar	table exempt	organızatı	ion.							1b(1)		No
(2) Purch	ases of assets from a n	oncharitable e	exempt or	ganız	ation						1b(2)		No
(3) Renta	al of facilities, equipmer	nt, or other as	sets								1b(3)		No
(4) Reim	bursement arrangemen	ts									1b(4)		No
•	•	or loan guarantees.					•				•	1b(5)		No
•	-	mance of services or m			-						•	1b(6)		No
	-	facilities, equipment, n ver to any of the above	-								•	1c		No
	any trar	ds, other assets, or services of services or sharing arra	ngement, sho	w ın colun	nn (d		f the	goods, of	ther asse		ved		ngemen	ts
							-							
							-							
de	scribed	ndation directly or indire in section 501(c) of the omplete the following so	Code (other t								[□Yes	✓	No
		(a) Name of organization	on		(b) Type of organ	ıızatıo	n		(c) Description	of relation	nship		
			_											
	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co											
Sigr Her		*****				2018-11-05			****		return with th	ne IRS di: ne prepar		
	,	Signature of officer or to	rustee			Date		, , , , , , , , , , , , , , , , , , ,	ītle		below (see ır	nstr)? 🖸	Yes	□ _{No}
		Print/Type preparer's	name	Preparer's	s Sıgn	ature		Date		Check if self-	PTIN	DOGGO	E04	
Paic		WILLIAM O AUSTII	N CPA					2018-	-11-05	employed ▶ □		P00620	J0 4	
	oarer Only		R RIGGS & IN		:						Fırm's E	IN ▶ 72-	13966	521
		Firm's address ► 31	.05 TRENT RO	AD							D.	/5=5		-02-
		NE	W BEDN NC	28563							Phone n	o (252)) 633-!	5821

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation GARY BALDREE SR BOARD MEMBER 9,000 3 00 PO BOX 14298 NEW BERN, NC 28561 DONALD BRINKLEY BOADD MEMBED 10 000 Λl NEW BERN, NC 28561 MARVIN MULLINIX BOARD MEMBER 9,000 ٥

DOMALD BIGHRELI	BOARD MEMBER	10,000	١	
PO BOX 14298 NEW BERN, NC 28561	6 00			
ROBERT MATTOCKS	BOARD MEMBER	9,000	0	0
PO BOX 14298	3 00			

9,000

0

3 00

3 00

BOARD MEMBER

PO BOX 14298 NEW BERN, NC 28561

STLAS SEYMOUR

PO BOX 14298 NEW BERN, NC 28561

If recipient is an individual, Foundation Purpose of grant or Recipient Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN HEART ASSOCIATION CPR TRAINING IN PAMLICO 10,000 101 CENTREPORT DRIVE **CRAVEN & JONES COUNTIES** GREENSDORO, NC 27409

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

AMERICAN RED CROSS - COASTAL SMOKE DETECTORS 10,000 CAROLINA CHAPTER PO BOX 10 NEW BERN, NC 28563 AREA DAY REPORTING PROGRAM FOR YOUTH PROGRAMS 4.000

YOUTH

3a

500 FORT TOTTEN DR NEW BERN, NC 28560 1,555,784 Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BACKPACK BLESSINGS INC CHILDRENS FEEDING PROGRAM 12,500

PO BOX 1675 NEW BERN, NC 28563			
BACKPACK BLESSINGS INC PO BOX 1676 NEW BERN, NC 28563		FEEDING PROGRAM	12,500

PO BOX 1676 NEW BERN, NC 28563		7 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
BOYS & GIRLS CLUB OF COASTAL CAROLIN PO BOX 1512		BUILDING RENOVATIONS	

BOYS & GIRLS CLUB OF COASTAL CAROLIN		BUILDING RENOVATIONS	7,500
PO BOX 1512			
MOREHEAD CITY, NC 28554			

BOYS & GIRLS CLUB OF COASTAL		BUILDING RENOVATIONS	7,5
CAROLIN			
PO BOX 1512			
MOREHEAD CITY, NC 28554			

	•	
MOREHEAD CITY, NC 28554		
PO BOX 1512		
CAROLIN		

Total	•	<u> </u>	1 555 784
MOREHEAD CITY, NC 28554			

	, , , , , , , , , , , , , , , , , , ,	
Total	 	1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS & GIRLS CLUB OF COASTAL TEEN CENTER 6,000 CAROLIN PO BOX 1513 MOREHEAD CITY, NC 28555

BOYS & GIRLS CLUB OF COASTAL CAROLIN PO BOX 1514 MOREHEAD CITY, NC 28556		TEEN CENTER	6,000
CAROL S PETERA YOUTH GOLF FOUNDATIONGOLF FOR YOUTH PO BOX 14701		GOLF FOR YOUTH PROGRAM	5,000

NEW BERN, NC 28561

Total . 1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CAROLINAEAST FOUNDATION CANCER CENTER 300,000 2207-B NEUSE BLVD

NEW BERN, NC 28560			
CATHOLIC CHARITIESPO BOX 826 NEW BERN, NC 28563		SENIOR PHARMACY PROGRAM	10,000
CITY OF NEW BERNPO BOX 63005		WORKFORCE DEVELOPMENT	25,000

NEW BERN, NC 28563			
CITY OF NEW BERNPO BOX 63005 NEW BERN, NC 28561		WORKFORCE DEVELOPMENT CENTER	25,00

Total .

1,555,784 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COASTAL CAROLINA CHAMBER MUSIC COMMUNITY OUTREACH 2,000 **FEST PROGRAMS** PO BOX 1591 NEW BERN, NC 28563

COASTAL WOMEN'S SHELTER PO BOX 13080 NEW BERN, NC 28561	FAMILY RESOURCES	5,000
COASTAL WOMEN'S SHELTER PO BOX 13081	RENOVATE OFFICE SPACE	7,500

NEW BERN, NC 28561

1,555,784

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITIES IN SCHOOLS OF NC INC PAMLICO COUNTY SCHOOLS 3.000 222 N PERSON ST PROGRAM

RALEIGH, NC 27601			
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560		REPLACE ROOD AND BUIDLING MAINTENANCE	10,000
CDAVEN COMMUNITY COLLECT		CCUOL ADCUTEC	F0 000

CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560		REPLACE ROOD AND BUIDLING MAINTENANCE	10,000
CRAVEN COMMUNITY COLLEGE FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562		SCHOLARSHIPS	50,000

NEW BERN, NC 28560			
CRAVEN COMMUNITY COLLEGE FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562		SCHOLARSHIPS	50,00

CRAVEN COMMUNITY COLLEGE FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562		SCHOLARSHIPS	50,000
Total	 		1,555,784

NEW BERN, NC 28562		i
Total	 	1,555,784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CRAVEN COMMUNITY COLLEGE **SCHOLARSHIPS** 50,000 **FOUNDATION**

800 COLLEGE COURT NEW BERN, NC 28562			
CRAVEN CONCERTS INCPO BOX 12213 NEW BERN, NC 28561		INSTRUMENT LOAN PROGRAM	3,000
CRAVEN COUNTY PARKS AND		YOUTH PROGRAMS	23,000

NEW BERN, NC 28561			
CRAVEN COUNTY PARKS AND RECREATION 406 CRAVEN STREET NEW BERN, NC 28560		YOUTH PROGRAMS	23,000
Total			1.555.784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CRAVEN COUNTY PARKS AND CREEKSIDE PICNIC SHELTER 35,000 RECREATION 406 CRAVEN STREET NEW BERN, NC 28560

CRAVEN COUNTY PARTNERS IN EDUCATION 3601 TRENT RD NEW BERN, NC 28562		INDIVIDUAL SCHOOL GRANTS, BEGINNING TEACHER'S STORE	25,000
CRAVEN COUNTY PARTNERS IN EDUCATION 3602 TRENT RD NEW BERN, NC 28562		INDIVIDUAL SCHOOL GRANTS, BEGINNING TEACHER'S STORE	25,000

1,555,784

Total.

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CRAVEN LITERACY COUNCIL 2800 NEUSE BLVD NEW BERN, NC 28562		IMPROVED INSTRUCTION	7,500

CRAVEN LITERACY COUNCIL 2800 NEUSE BLVD NEW BERN, NC 28562		WORKFORCE INNOVATION PROJECT	7,500
CRAVEN SMART START		PROGRAMS	20,000

2800 NEUSE BLVD NEW BERN, NC 28562		PROJECT	
CRAVEN SMART START		PROGRAMS	

NEW BERN, NC 20302			
CRAVEN SMART START		PROGRAMS	
2111-F NEUSE BLVD			
NEW BEDN NC 28560	1		

111-F NEUSE BLVD	
IEW BERN, NC 28560	

	PROGRAMS	
		-

T			4 55
2111-F NEUSE BLVD NEW BERN, NC 28560			

NEW BERN, NC 20300		
Total	 	1,555,784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EAST CAROLINA UNIVERSITY **PROFESSORSHIP** 66,600 **FOUNDATION** 2200 SOUTH CHARLES BLVD GREENVILLE, NC 27858

EAST CAROLINA UNIVERSITY FOUNDATION 2201 SOUTH CHARLES BLVD GREENVILLE, NC 27858		VARIOUS SCHOLARSHIPS	171,000
ECU EDUCATIONAL FOUNDATION INC WARD SPORTS MEDICINE BUIL GREENVILLE, NC 27858		ENDOWMENT (SCHOLARSHIPS)	100,000

1,555,784

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

FOOD BANK OF CENTRAL & EASTERN		FEEDING PROGAM	10,000
NC 3808 TARHEEL DIRVE			
RALEIGH, NC 27609			

FOSCUE PLANTATION 909 ROCKFORD RD HIGH POINT, NC 27262		SECURITY AND ELECTRICAL UPGRADES	5,000
RALEIGH, NC 27609			

909 ROCKFORD RD HIGH POINT, NC 27262		UPGRADES	
FRIENDS OF HAVELOCK PUBLIC LIBRARY 301 CUNNINGHAM BLVD		BOOKS	2,000

FRIENDS OF HAVELOCK PUBLIC LIBRARY		BOOKS	2,000
301 CUNNINGHAM BLVD			
HAVELOCK, NC 28532			

Total		1 555 784
LIBRARY 301 CUNNINGHAM BLVD HAVELOCK, NC 28532		,

HAVELOCK, NC 28532		
Total	 	 1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF ORIENTALS HISTORY TECHNOLOGY UPDATE AND 5,000 PO BOX 103 MEMBERSHIP

ORIENTAL, NC 28571			
FRIENDS OF THE NEW BERN FIREMANS MUSEUM 408 HANCOCK STREET NEW BEEN NC 28560		SECOND FLOOR BATH ROOM	5,000

NEW BERN, NC 28560			
GREATER DUFFYFIELD RESIDENTS COUNCIL PO BOX 331		NEIGHBORHOOD REVITALIZATION	

GREATER DUFFYFIELD RESIDENTS COUNCIL PO BOX 331 NEW BERN, NC 28563		NEIGHBORHOOD REVITALIZATION	2,500
Total	 		1,555,784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HEARTWORKSPO BOX 365 BAYBORO, NC 28515		SUSTAINABLE EXCELLENCE FOR CHILDREN	3,000
HEARTWORKSPO BOX 365		BUILDING MAINTENANCE	5,000

HEARTWORKSPO BOX 365 BAYBORO, NC 28515		BUILDING MAINTENANCE	
HOPE CLINICPO BOX 728		INDIGENT MEDICAL CARE AND	

,			
HOPE CLINICPO BOX 728 BAYBORO, NC 28515		INDIGENT MEDICAL CARE AND OPERATING COSTS	

HOPE CLINICPO BOX 728 BAYBORO, NC 28515		INDIGENT MEDICAL CARE AND OPERATING COSTS	20,000

AYBORO, NC 28515		OPERATING COSTS	
OPE CLINICPO BOX 728		INDIGENT MEDICAL CARE AND	

3AYBORO, NC 28515	OPERATING COSTS	
Total	 	1,555,784

Total																	•		1,5	55
3a																				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

JAMES CITY COMMUNITY ORGANIZATION PO BOX 12766 NEW BERN, NC 28560		TECHNOLOGY FOR CLASSES	2,500
JAMES CITY HISTORICAL SOCIETY INC		FENCE AROUND HISTORIC	4 000

DAMES CITY HISTORICAL SOCIETY INC PO BOX 12766 NEW BERN, NC 28560		FENCE AROUND HISTORIC CEMETERY	
NAZZ PRESERVATION SOCIETY OF NEW		2017 BLUES FESTS=	

NEW BERN, NC 28560			
JAZZ PRESERVATION SOCIETY OF NEW BERN		2017 BLUES FESTS=	3
PO BOX 1446			
NEW BERN, NC 28561			l

JAZZ PRESERVATION SOCIETY OF NEW BERN PO BOX 1446 NEW BERN, NC 28561		2017 BLUES FESTS=	3,000
Total	 		1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JONES COUNTY SCHOOLS **TEXTBOOKS** 10,000 320 WEST JONES ST TRENTON, NC 28585

JONES SENIOR HIGH SCHOOL 1490 HWY 58 S TRENTON, NC 28585		PROGRAMS	10,000
LENOIR COMMUNITY COLLEGE FOUNDATION PO BOX 188 KINSTON, NC 28502		SCHOLARSHIPS	10,000

Total . . 1,555,784

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

LONG POINT COMMIMUNITY CENTER PO BOX 1363 MAYSVILLE, NC 28555		YOUTH CENTER	2,500
MERCI CLINIC1315 TATUM DR		PHARMACY ASSISTANCE	31,000

MERCI CLINIC1315 TATUM DR NEW BERN, NC 28560		PHARMACY ASSISTANCE	31
MERCI CLINIC1316 TATUM DR		DIABETES MANAGEMENT	19

За

MERCI CLINIC1316 TATUM DR NEW BERN, NC 28560		DIABETES MANAGEMENT PROGRAM	19,0

MERCI CLINIC1316 TATUM DR NEW BERN, NC 28560		DIABETES MANAGEMENT PROGRAM	19,000
Total			1 555 784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

2,500

10,000

10,000

NATIONAL SOCIETY DAUGHTERS OF		PROGRAMS	
AMERICAN REVOLUTION			
1800 PEPPERCOM CT			
NEW BERN, NC 28562			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

IC DENTAL HEALTH FUND 600 EVANS RD CARY, NC 27513		MOMS CLINIC	

1600 EVANS RD CARY, NC 27513			
NC RELIGIOUS COMM SERVICES OF NB INC PO BOX 704		RENT & UTILITY ASSISTANCE	

NC RELIGIOUS COMM SERVICES OF NB		RENT & UTILITY ASSISTANCE	
INC			I
PO BOX 704			I
NEW BERN, NC 28563			I

NC			
O BOX 704			
EW BERN, NC 28563			
		-	

PO BOX 704	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NC RELIGIOUS COMM SERVICES OF NB HOMELESS PREVENTION 10,000 INC PROGRAM PO BOX 704 NEW BERN, NC 28563

NEUROMUSCULAR DISEASE SUPPORT ORGANIZATION PO BOX 1001 HAVELOCK, NC 28532	OUTREACH AND EDUCATION SUMMIT	2,000
NEW BERN CHRISTIAN ACADEMY 2911 OLD CHERRY POINT RD	GYM BLEACHER AND LOCKERS AND MAN-LIFT	15,000

HAVELOCK, NC 28532			
NEW BERN CHRISTIAN ACADEMY 2911 OLD CHERRY POINT RD NEW BERN, NC 28560		GYM BLEACHER AND LOCKERS AND MAN-LIFT	15,00

Total . 1,555,784 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW BERN CIVIC THEATRE THEATRE FACADE REPAIR 7,500 412 POLLOCK STREET NEW BERN, NC 28560

NEW BERN CRAVEN COUNTY YMCA INC 100 YMCA LANE NEW BERN, NC 28560		SCHOLARSHIP FUND	50,000
NEW BERN CRAVEN COUNTY YMCA INC 101 YMCA LANE		WATER SAFETY MONITORING SYSTEM	7,534

NEW BERN, NC 28560			
NEW BERN CRAVEN COUNTY YMCA INC 101 YMCA LANE		WATER SAFETY MONITORING SYSTEM	
NEW BERN, NC 28560			

NEW BERN CRAVEN COUNTY YMCA INC 101 YMCA LANE NEW BERN, NC 28560	1	WATER SAFETY MONITORING SYSTEM	
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Total .

1,555,784 За

Foundation Purpose of grant or Recipient If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NEW BERN POLICE DEPT - CITIZEN YOUTH OUTREACH PROGRAMS 6,000

CONCERTS FOR YOUTH

5,000

5,000

1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PO BOX 1129
NEW BERN, NC 28560

NEW BERN VITA1013 YACHT CLUB RD
NEW BERN, NC 28560

TAX PREP FOR LOW INCOME
PEOPLE

VOLUNTEERS

За

NORTH CAROLINA SYMPHONY

3700 GLENWOOD AVE RALEIGH, NC 27612

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

30,000

13,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

5049 NC-306 GRANTSBORO, NC 28529		DENTAL LABORATORY PROGRAM	
PAMLICO COUNTY PARKS & REC DEPT		YOUTH SPORTS PROGRAM	

AMLICO COUNTY PARKS & REC DEPT 02 MAIN STREET AYBORO, NC 28515		YOUTH SPORTS PROGRAM	
OLLOCKSVILLE VOLUNTEER FIRE		BUILDING RENOVATIONS	

BAYBORO, NC 28515			
POLLOCKSVILLE VOLUNTEER FIRE DEPARTMENT INC PO BOX 220		BUILDING RENOVATIONS	15
I DOLLOCKSVILLE NC 30E73			

POLLOCKSVILLE VOLUNTEER FIRE		BUILDING RENOVATIONS	
DEPARTMENT INC			
PO BOX 220			
POLLOCKSVILLE, NC 28573			

POLLOCKSVILLE VOLUNTEER FIRE		BUILDING RENOVATIONS	15,0
DEPARTMENT INC			
PO BOX 220			
POLLOCKSVILLE, NC 28573			

POLLOCKSVILLE VOLUNTEER FIRE		BUILDING RENOVATIONS	15,000
DEPARTMENT INC			
PO BOX 220			
POLLOCKSVILLE, NC 28573			

POLLOCKSVILLE, NC 28573			
PO BOX 220	ļ		
DEPARTMENT INC	<u>'</u>		1

POLLOCKSVILLE, NC 28573		
Total	 	 1.555.784

POLLOCKSVILLE, NC 28573		
Total	 	1,555,784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

a Paid during the year			
PROMISE PLACE1401 PARK AVE NEW BERN, NC 28560		TRAUMA FOCUS THERAPY PROGRAM	7,500

12,500

12,500

PUBLIC RADIO EAST 800 COLLEGE COURT NEW BERN, NC 28562		GENERAL OPERATING	

or substantial contributor

800 COLLEGE COURT NEW BERN, NC 28562			
PUBLIC RADIO EAST		GENERAL OPERATING	

PUBLIC RADIO EAST		GENERAL OPERATING	
800 COLLEGE COURT			
NEW BERN, NC 28562			

ROBLIC RADIO EAST 800 COLLEGE COURT NEW BERN, NC 28562		GENERAL OPERATING	

800 COLLEGE COURT			
NEW BERN, NC 28562			
		_	

EW BERN, NC 28562		
Total	 	 1,555,784

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

PUBLIC RADIO EAST 800 COLLEGE COURT NEW BERN, NC 28562		GENERAL OPERATING	12,500
PUBLIC RADIO EAST		GENERAL OPERATING	12,500

ROLLEGE COURT NEW BERN, NC 28562		GENERAL OPERATING	
REACH OUT AND READ INC		CHILDRENS LITERACY	

NEW BERN, NC 28562			
REACH OUT AND READ INC 703 NEWMAN ROAD		CHILDRENS LITERACY INITIATIVE	

HEIT BEINT, HE 20002			
REACH OUT AND READ INC 703 NEWMAN ROAD		CHILDRENS LITERACY INITIATIVE	
NEW DEDN NC 30EC3			

REACH OUT AND READ INC		CHILDRENS LITERACY	
703 NEWMAN ROAD		INITIATIVE	
NEW BERN, NC 28562			

703 NEWMAN ROAD NEW BERN, NC 28562		INITIATIVE 	
Total	 		1,555,784

5,000

NEW BERN, NC 28562		
Total	 	 1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year REVIVING LIVES MINISTRIES 12-STEP RECOVERY PROGRAM 5.000 507 CYPRESS STREET NEW BERN, NC 28560

RIVERTOWNE REPERTORY PLAYERS 514 HANCOCK STREET NEW BERN, NC 28560		CHILDRENS THEATER PROGRAM	4,000
SALVATION ARMY OF JONES ONSLOW COUNTY 510 MAIN ST		MAYSVILLE OPERATIONS	7,500

1,555,784

MAYSVILLE, NC 28555

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTHERN GENTLEMEN CHORUS YOUTH IN HARMONY 2,500

NEW BERN, NC 28560			
SPECIAL OLYMPICS 2200 GATEWAY CENTRE BLVD MORRISVILLE, NC 27560		SPORTS INCLUSION PROGRAM	8,500

2200 GATEWAY CENTRE BLVD MORRISVILLE, NC 27560			
SUDAN SHRINERS HOSPITAL FUND PO DRAWER 490		HOSPITAL FUND	

Total . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PHONICISVILLE, NC 27500			
SUDAN SHRINERS HOSPITAL FUND PO DRAWER 490 NEW BERN, NC 28563		HOSPITAL FUND	1

SUDAN SHRINERS HOSPITAL FUND PO DRAWER 490 NEW BERN, NC 28563		HOSPITAL FUND	1

SUDAN SHRINERS HOSPITAL FUND		HOSPITAL FUND	10,000
PO DRAWER 490			
NEW BERN, NC 28563			
		I .	

1,555,784

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE GARDEN CLUB OF NC JUDGE GASTON HOUSE 6.000 1024 COLLETON WAY NEW BERN, NC 28560

*			
THE GARDEN CLUB OF NC 1024 COLLETON WAY NEW BERN, NC 28560		JUDGE GASTON HOUSE	4,000
THE MEDIATION CENTER OF EASTERN CAR PO BOX 1184		CRAVEN COUNTY TEEN COURT	5,000

NEW BERN, NC 28560			
THE MEDIATION CENTER OF EASTERN CAR PO BOX 1184 NEW BERN, NC 28563		CRAVEN COUNTY TEEN COURT	5,00

THE MEDIATION CENTER OF EASTERN CAR PO BOX 1184 NEW BERN, NC 28563		CRAVEN COUNTY TEEN COURT	5,0
	•		

1,555,784

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE SALVATION ARMY FEEDING ASSISTANCE CENTER 7,500 535 BELL FORK ROAD OF JONES COUNTY JACKSONVILLE, NC 28540

*			
THE YMCA OF THE TRIANGLE AREA 802 CORPORATE CENTER DR RALEIGH, NC 27608		PAMLICO COUNTY OUTREACH PROGRAMS	10,000
TOWN OF TRENT WOODS		COTTLE PARK	25,000

RALEIGH, NC 27608		PROGRAMS	
TOWN OF TRENT WOODS 898 CHELSEA RD		COTTLE PARK	25,

TOWN OF TRENT WOODS		COTTLE PARK	
898 CHELSEA RD			
TRENT WOODS, NC 28562			

TOWN OF TRENT WOODS		COTTLE PARK	
898 CHELSEA RD			
TRENT WOODS, NC 28562			

		_	
TRENT WOODS, NC 28562			
898 CHELSEA RD			
TOWN OF TRENT WOODS		COTTLE PARK	25,000

TRENT WOODS, NC 28562		
Total	 	1,555,784

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TRENTON VOLUNTEER FIRE **EQUIPMENT** 10,000 DEPARTMENT 105 CHERRY STREET TRENTON, NC 28585

TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS 1820 JAMES STREET DURHAM, NC 27707	RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE	5,000
TRYON PALACE COUNCIL OF FRIENDS INC PO BOX 1007 NEW BERN NC 28563	PROGRAMMING AND EDUCATION	15,650

MEW BERN, NC 20003 Total . 1,555,784

3a

Recipient If recipient is an individual, show any relationship to status of any foundation manager recipient Purpose of grant or contribution

Name and address (home or business)

Amount recipient

or substantial contributor

За

a Paid during the year			
UPTOWN BUSINESS & PROFESSIONAL ASSOC 1230 BORAD ST		LEARN AND EARN PROGRAM	10,000

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TY 2017 Accounting Fe	TY 2017 Accounting Fees Schedule							
I					1			
	Name: THE HAROLD H BATE FOUNDATION INC							
	EIN: 56-212	21302			l			
Accounting Fees Schedule								
Category	Amount	Net Inve		Adjusted Net Income	Disbursements for Charitable Purposes			

3,641

11,035

LEGAL & ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -						DLN: 934	91312000378
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Amortization Schedule Name: THE HAROLD H BATE FOUNDATION INC EIN: 56-2121302								
Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
GRANT ADM SOFTWARE	2014-09-23	8,000	6,223	36 000000000000	1,777	0		8,000

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
REFRIGERATOR	2017-04-02	582		SL	7 000000000000	62	0		
COPIER	2001-01-01	6,466	6,466	200DB	5 000000000000	0	0		
COMPUTER	2004-12-31	1,721	1,721	ADS	5 000000000000	0	0		
OFFICE FURNITURE - BRANCH'S	2006-08-14	4,599	4,599	SL	7 000000000000	0	0		
DELL COMPUTER	2007-10-04	2,236	2,236	SL	5 000000000000	0	0		
PRINTER	2007-03-05	696	696	SL	5 000000000000	0	0		
LATERAL FILE	2007-03-17	587	587	SL	7 000000000000	0	0		
OIL PAINTING	2007-04-16	5,000		NC	0 %	0	0		
DESK	2007-10-01	1,046	1,046	SL	7 000000000000	0	0		
OFFICE CHAIR	2008-08-01	192	192	SL	7 000000000000	0	0		
OFFICE FURNITURE	2009-07-13	3,032	3,032	SL	7 000000000000	0	0		
EQUIPMENT	2009-08-19	1,000	1,000	SL	7 000000000000	0	0		
SIGN	2009-03-02	776	776	SL	5 00000000000	0	0		
ART WORK	2010-05-18	974	640	SL	10 000000000000	97	0		
PRINTER	2010-08-02	288	186	SL	10 000000000000	29	0		
OFFICE FURNITURE	2013-02-26	2,154	825	SL	10 000000000000	215	0		
SIGN	2013-02-26	811	621	SL	5 000000000000	162	0		
OFFICE FURNITURE	2013-06-14	1,280	459	SL	10 000000000000	128	0		
OFFICE EQUIPMENT	2013-08-20	534	177	SL	10 000000000000	53	0		
BUILDING	2013-01-02	236,324	24,240	SL	39 000000000000	6,060	0		

DLN: 93491312000378

Description of Property	Date Acquired	Cost or Other Basıs	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BUILDING IMPROVEMENTS	2013-03-01	52,385	5,148	SL	39 000000000000	1,343	0		
DELL LAPTOP	2014-09-16	874	394	SL	5 000000000000	175	0		
HVAC UNIT	2015-03-23	2,362	106	SL	39 000000000000	61	0		

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TY 2017 Investments Corporate Bonds Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302						
Investments Corporate Bonds Schedule						
Name of Bond	End of Year Book Value	End of Year Fair Market Value				
ISHARES 20+ YR TREASU BOND ETF	526,605	539,409				
COLUMBIA US GOVT MORTGAGE Z	126,826	124,427				
GOLDMAN SACHS EMEG MKTS DEBT I	235,189	238,748				
GUGGENHEIM TOTAL RETURN BD I	416,604	429,350				
JANUS HENDERSON STRAT INC	157,260	164,398				
JOHN HANCOCK BOND I	220,079	215,995				
LORD ABBETT HIGH YIELD F	156,655	161,009				
LORD ABBETT SHT DURATION INC F	63,760	62,433				
PIMCO INCOME P	228,692	231,407				
PIONEER GLOBAL HIGH YIELD Y	428,926	450,304				
T ROWE PRICE EMRG MRKTS	164,103	161,255				
VOYA GLOBAL BOND I	333,473	333,434				

TY 2017 Investments Corporate Stock Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ISHARES INC MSCI JAPAN ETF	664,232	826,375
ISHARES MSCI EAFE SMALL CAP	2,256,289	2,513,952
ISHARES MSCI SOUTH KOREA ETF	596,539	600,789
ISHARES MSCI TAIWAN CAPPED ETF	815,311	912,347
ISHARES S&P 500 GRWTH ETF	3,426,433	4,025,795
ISHARES S&P 500 VAL ETF	2,477,483	2,841,492
ISHARES S&P SMALL CAP 600 V ETF	601,428	629,023
VANECK VECTORS ETF RUSSIA	916,362	924,353
WISDOMTREE TRUST INDIA	334,535	354,097
ABBOTT LABORATORIES	201,550	205,452
ARTHUR GALLAGHER	197,984	196,168
BANK OF NEW YORK MELLON CORP	204,251	220,826
CARMAX INC	202,398	173,151
CITIGROUP INC NEW	207,114	208,348
EBAY INC	199,421	200,022
HEICO CORP	201,057	207,570
INVESCO LTD	189,312	193,662
MARSH & MCLENNAN COS INC	202,773	195,336
MOTOROLA SOLUTIONS INC	200,672	207,782
STARBUCKS CORP WASHINGTON	204,274	212,491
SUNTRUST BANKS	176,281	193,770
SYNOPSYS	203,473	204,576
TIFFANY & COMPANY	199,737	218,295
WASTE MGMT INC	162,620	181,230
XILINX INC	202,786	188,776
ADIDAS AG	39,192	35,536
ADIENT PLC	74,966	77,913
AFLAC INCORPORATED	74,700	79,616
ALIBABA GROUP	58,634	57,419
ALLERGAN PLC SHS	34,981	29,281

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMADEUS IT GROUP	57,315	61,987
AMCOR LIMITED ADR NEW	40,225	40,337
ASML HOLDING NV NY	100,182	102,901
ASOS PLC SPON	46,161	54,307
ATLAS COPCP AB SP	52,127	52,547
BROADCOM LTD	32,387	31,856
BURBERRY GROUP	46,133	47,727
CDN PACIFIC RY LTD	74,406	83,704
CHECK POINT SOFTWARE TECH	55,944	54,090
CK HUTCHISON HLDGS	62,333	61,645
COCA COLA AMATIL LTD	49,390	53,971
DIAGEO PLC	97,574	106,309
ERSTE GROUP	83,915	86,546
FANUC CORPORATION	82,239	91,039
FERGUSON PLC	49,451	54,506
GIVAUDAN SA ADR	44,116	46,164
HONG KONG EXCHANGES & CLEARING	37,886	41,486
HOYA CORP SPONS	80,703	73,900
ICON PLC	73,496	74,468
INDUSTRIA DISENO TEXTIL IND	49,034	46,285
ING GROEP	61,968	63,539
INTESA SANPAOLO SPA	80,155	78,483
KAO CORP	46,538	50,208
KBC GROUP NV	47,616	50,115
LONDON STK EXCHANGE	92,442	94,084
METTLER TOLEDO INTL	44,787	45,225
NESTLE SPON ADR	106,568	108,580
NIDEC CORP	58,401	61,513
NOVO NORDISK	64,892	72,132
ORIX CORP	75,491	78,337

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PING AN INSURANCE ADR	30,722	31,377
RECKITT BENCKISER PLC SPNS	56,906	60,224
RENTOKIL GROUP	85,412	91,751
RYANAIR HLDGS	45,391	43,551
SAP AG	88,171	90,787
SHIMANO INC	46,316	47,880
SHISEIDO LTD	125,746	144,169
SOCIEDAD QUIMICA Y MINERA	14,267	16,683
SUNCOR ENERGY INC	66,238	72,669
TEMENOS GROUP AG	64,353	78,954
TENCENT HLDGS LTD	37,833	44,028
UMICORE SA ADR	41,881	48,035
VALE SA	30,364	37,143

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TY 2017 Investments - Other Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-	2121302		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ACL ALT LTD USD A	AT COST	790,833	764,605
ALKEON GROWTH OFFSHORE LTD	AT COST	1,100,000	1,531,335
AURORA OFF FD LTD II CL R	AT COST	1,000	5,169
LIGHTHOUSE DIV FD LTD	AT COST	766,774	1,053,273
HPC MILLENNIUM INTL LTD CL A	AT COST	550,000	851,504
HPC STARBOARD VALUE LTD CL A	AT COST	450,000	711,914
BLACKSTONE EP II OFFSHORE	AT COST	112,284	116,831
GS VINTAGE VI OFFSHORE	AT COST	140,549	236,238
MS PMF V CAYMAN LP	AT COST	371,284	329,416
NH CREDIT PTR II OFFSH	AT COST	263,129	254,602
DIV CREDIT OPP FUND CAY	AT COST	271,520	264,638
RIVERVIEW SOFI II	AT COST	386,354	379,232
RIVERVIEW STRAT OPP I OFF	AT COST	279,645	278,233
TCG BDC II	AT COST	315,687	387,009
GS MARKET LENDING	AT COST	220,007	221,391
AIP PHOENIX GLBL RE FD OFF	AT COST	344,851	328,441

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DLN: 93491312000378

TY 2017 Land, Etc. Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
REFRIGERATOR	582	62	520	520
COPIER	6,466	6,466	0	0
COMPUTER	1,721	1,721	0	0
OFFICE FURNITURE - BRANCH'S	4,599	4,599	0	0
DELL COMPUTER	2,236	2,236	0	0
PRINTER	696	696	0	0
LATERAL FILE	587	587	0	0
OIL PAINTING	5,000	0	5,000	5,000
DESK	1,046	1,046	0	0
OFFICE CHAIR	192	192	0	0
OFFICE FURNITURE	3,032	3,032	0	0
EQUIPMENT	1,000	1,000	0	0
SIGN	776	776	0	0
ART WORK	974	737	237	237
PRINTER	288	215	73	73
OFFICE FURNITURE	2,154	1,040	1,114	1,114
SIGN	811	783	28	28
OFFICE FURNITURE	1,280	587	693	693
OFFICE EQUIPMENT	534	230	304	304
BUILDING	236,324	30,300	206,024	206,024
BUILDING IMPROVEMENTS	52,385	6,491	45,894	45,894
DELL LAPTOP	874	569	305	305
GRANT ADM SOFTWARE	8,000	8,000	0	0
HVAC UNIT	2,362	167	2,195	2,195

As Filed Data -

Name: THE HAROLD H BATE FOUNDATION INC.

ETAL EC 2121202

ACL DEPRECIATION DEPOSIT

	EIN: 30-2121302	
Other Assets Schedule		

Description

18,180

DLN: 93491312000378

18,267

Beginning of Year -

Book Value

End of Year - Book Value

End of Year - Fair Market Value

18,180

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TY 2017 Other Expenses Schedule				
Name:	THE HAROLD H	BATE FOUNDATI	ON INC	
EIN:	I: 56-2121302			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	6,125	0		6,125

	Expenses per Books	Income	Income	Charitable Purposes
DUES & SUBSCRIPTIONS	6,125	0		6,125
INSURANCE	2,310	231		1,848
PUBLIC RELATIONS	16,080	0		16,080
CONTRACT LABOR	1,300	0		1,300

4,137

1,777

49

0

0

0

0

6,806

3,310

39

OFFICE EXP

VEHICLE

AMORTIZATION

TELEPHONE & INTERNET

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Schedule

DLN: 93491312000378

27,633

Name: THE HAROLD H BATE FOUNDATION INC.

EIN: 56-2121302

GRANT REFUNDS

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
OTHER INVERSTMENT INCOME	1,154	1,154	1,154	

27,633

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TY 2017 Other Liabilities Sche	dule			
Name:	THE HAROLD I	H BATE FOUI	NDATION INC	1
EIN:	56-2121302			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES		,	1,587	1,975
CALLS			137,315	35,406
EXCISE TAXES DUE			0	2,938

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TY 2017 Other Professional Fees Schedule						
Name: THE HAROLD H BATE FOUNDATION INC						
EIN: 56-2121302						
Category	Amount	Net Investment	Adjusted Net	Disbursements		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
				Pulposes

184,654

INVESTMENT MANAGEMENT FEES

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TY 2017 Taxes Schedule					
				1	
Na	me: THE HAROLI	D H BATE FOUNDA ⁻	TION INC	!	
			1101(1.10		
E	EIN: 56-2121302				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FEDERAL EXCISE TAX	20,452	0	1	0	
FOREIGN TAXES	22,290	22,290		0	
PROPERTY TAXES	2,426	0		1,819	
PAYROLL TAXES	3,853	0	·	2,890	