efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Return of Private Foundation

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

OMB No 1545-0052

DLN: 93491320006009

2018

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , ar	nd endi	ng 12-31-	2018			
		indation OLD H BATE FOUNDATION INC		Α	Employer ide	entification numbe	r		
				5	56-2121302				
	ber and D BOX 1	l street (or P O box number if mail is not delivered to street address) .4298	Room/suite	В	Telephone nu	mber (see instructior	ns)		
			(2	(252) 638-1998					
		, state or province, country, and ZIP or foreign postal code NC 28561		С	If exemption	application is pending	g, check here		
G Ch	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		1. Foreign org	ganizations, check he	re \square		
		Final return Amended return				ganizations meeting			
		Address change Name change			test, chec	k here and attach cor	mputation 🕨 🔲		
H Ch	eck ty	pe of organization Section 501(c)(3) exempt private	foundation	E		indation status was t n 507(b)(1)(A), chec			
	Section	4947(a)(1) nonexempt charitable trust	e private foundation		411401 0001101				
		et value of all assets at end J Accounting method	☑ Cash ☐ Accru	ial F		tion is in a 60-month			
		rom Part II, col (c), ▶\$ 30,209,385	be on cash basis)		under sectioi	1 507(b)(1)(B), chec	k here • L		
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements		
		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		investment income	(c) Adjusted net income	for charitable purposes		
	1	Contributions, gifts, grants, etc , received (attach					(cash basis only)		
	-	schedule)							
	2	Check ▶ ☑ If the foundation is not required to attach							
	_	Sch B							
	3	Interest on savings and temporary cash investments	1,461		1,461				
	4	Dividends and interest from securities	373,526		373,526				
	5a b	Gross rents							
a.	- Б 6а	Net gain or (loss) from sale of assets not on line 10	819,387	,					
Ĭ	_		013,307						
Revenue	ь	Gross sales price for all assets on line 6a 35,252,775							
ž	7	Capital gain net income (from Part IV, line 2)			819,387				
	8	Net short-term capital gain				0			
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	103,993	1	0	0			
	12	Total. Add lines 1 through 11	1,298,367	,	1,194,374	0			
	13	Compensation of officers, directors, trustees, etc	46,000)	4,600	0	36,800		
	14	Other employee salaries and wages	50,384		0	0	37,788		
es	15	Pension plans, employee benefits	7,558	5	0	0	5,669		
ens	16a	Legal fees (attach schedule)							
dx:	ь	Accounting fees (attach schedule)	11,077		3,689	0	3,689		
e E	С	Other professional fees (attach schedule)	154,112		154,112	0	0		
atı	17	Interest	8,262		0	0	0		
str	18	Taxes (attach schedule) (see instructions)	15,609	'	9,329	0	4,711		
≣	19	Depreciation (attach schedule) and depletion							
Ē	20	Occupancy	5,102		0	0	3,827		
<u>7</u>	21	Travel, conferences, and meetings	865		0	0	649		
<u>a</u>	22	Printing and publications	66		0	0	50		
bil.	23	Other expenses (attach schedule)	42,065	1	378	0	38,763		
perating and Administrative Expenses	24	Total operating and administrative expenses.			,	_			
<u>a</u>		Add lines 13 through 23	341,100		172,108	0	131,946		
_	25	Contributions, gifts, grants paid	1,637,450	'			1,637,450		
	26	Total expenses and disbursements. Add lines 24 and 25	1,978,550		172,108	0	1,769,396		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	-680,183	;					
	b	Net investment income (If negative, enter -0-)			1,022,266				
	С	Adjusted net income (if negative, enter -0-)			•	0			
For	Paper	work Reduction Act Notice, see instructions.		Cat	No 11289X	For	m 990-PF (2018)		

18,154,263

3,058,172

6,363,917

262,387

28,657,852

18,180

40,319

40,319

28,617,533

28,617,533

28.657.852

(چە

18,027,311

1,524,702

6,822,891

254,125

27,948,825

11,475

11,475

27,937,350

27,937,350

27.948.825

2

3

4

5

28,617,533

27,937,350

27,937,350

Form 990-PF (2018)

-680,183

Ω

49,212

17,737,951

1,439,772

9,457,741

254,125

49,212

30,209,385

•	Assets	

5

6

7

8

9

10a

h

C

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

5

Assets 27

Net 30 Grants receivable

Less allowance for doubtful accounts ▶

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule) ▶ 79,794

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Less accumulated depreciation (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

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

.

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

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

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Deferred revenue .

Other liabilities (describe ▶_

disqualified persons (attach schedule) (see instructions)

Investments—U S and state government obligations (attach schedule)

	e the kind(s) of property sold (e g , rehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr)	Date sold (mo , day, yr)		
1a See Additional Data Table	2						
b							
c							
d							
e							
	(f)	1	g)	(h)		
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or o	ther basis nse of sale	Gain o	r (loss)) minus (g)		
a See Additional Data Table							
b							
c							
d							
e							
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	n 12/31/69	(I)		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess (k) of col (ı) (ı), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))		
a See Additional Data Table	2						
b							
С							
d							
e							
3 Net short-term capital g	2 819,387						
in Part I, line 8	t I, line 8, column (c) (see instruction		}	3	-497,482		
Part V Qualification U	Inder Section 4940(e) for Re	duced Tax on Net	Investment Inc	come			
(For optional use by domestic pi	rivate foundations subject to the sec	ction 4940(a) tax on net	investment incom	ie)			
` If section 4940(d)(2) applies, le	•	,		,			
Was the foundation liable for the	e section 4942 tax on the distributal		in the base period?	- Y	es 🔽 No		
· · · · · · · · · · · · · · · · · · ·	t qualify under section 4940(e) Do			_			
	ount in each column for each year, T	see instructions perore	making any entries				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	e-use assets	(d) Distribution rati (col (b) divided by c			
2017	1,663,189		30,599,407		0 054354		
2016	1,804,663		29,092,999		0 062031		
2015	1,755,592		30,696,081		0 057193		
2014	1,579,934		31,367,897		0 050368		
2013	1,721,952		31,001,733		0 055544		
2 Total of line 1, column (c	•		2		0 279490		
number of years the foun	for the 5-year base period—divide t dation has been in existence if less	than 5 years 🔒	´ <u>3</u>		0 055898		
	ncharitable-use assets for 2018 from	·	4		30,607,869		
			5		1,710,919		
	ent income (1% of Part I, line 27b)		6		10,223		
					1,721,142		
	ons from Part XII, line 4 ,				1,769,396		
	ater than line 7, check the box in Pa			g a 1% tax rate Se	e the Part VI		

Form	990-PF (2018)								Page 6
Pa	rt VIII-B Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continue	d)			
5a	During the year did the foundation	pay c	r incur any amount to					Yes	No
	(1) Carry on propaganda, or otherw	vise a	attempt to influence legisl	ation (section 4945(e))?	□ v		N		
	(2) Influence the outcome of any s	pecıfı	ecuric public election (see section 4955), or to carry Yes						
	on, directly or indirectly, any vo	ter r	egistration drive?		· · · □ Yes	✓	No		
	(3) Provide a grant to an individual	for t	ravel, study, or other sım	ılar purposes?	Yes		No.		
	(4) Provide a grant to an organizat in section 4945(d)(4)(A)? See iii			· •			NO		
	(5) Provide for any purpose other t	han r	eligious, charitable, scien	tıfıc, lıterary, or	⊔ Yes	✓			
b	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	•	•		⊔ Yes	✓	No		
	Regulations section 53 4945 or in a	curr	ent notice regarding disas	ter assistance? See insti	uctions		5 b	,	
	Organizations relying on a current r	otice	regarding disaster assist	ance check here		П			
С	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the		ш			
	tax because it maintained expendituing if "Yes," attach the statement requi		• •		· · ☐ Yes		No		
6a	Did the foundation, during the year		· -		ums on				
	a personal benefit contract?				_				
ь	Did the foundation, during the year				I I Yes	•	No 6b	,	No
_	If "Yes" to 6b, file Form 8870	, pu,	premiums, anectry or me	meetly, on a personal se	inche contract 1 1 1				
7a	At any time during the tax year, wa	s the	foundation a party to a p	orohibited tax shelter tra	nsaction?	✓	Na		
b	If yes, did the foundation receive ar	ny pr	oceeds or have any net in	come attributable to the	transaction?	•	NO 75	,	
8	Is the foundation subject to the sec	tion 4	1960 tax on payment(s) o	of more than \$1,000,000	ın remuneration or				
	excess parachute payment during t	he ye	ar?		· · 🗌 Yes				
Pa	rt VIII Information About (Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Highly Pai	d Em	ployee	s,	
1	List all officers, directors, truste	oc f	nundation managers ar	nd their compensation	See instructions				
	(a) Name and address		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	and	(e) Exp	ense aco allowan	
500	Additional Data Table		devoted to position	-0-)	deferred compensation	on			
<u> </u>	Additional Data Table	1							
_2	Compensation of five highest-pa	id er	nployees (other than t	hose included on line	1—see instructions). I	f non	e, enter	"NONE	."
(a)	Name and address of each employee more than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		(e) Expe	nse acc allowanc	
JOYC	CE HENDRICKS		OPERATIONS DIRECTOR	50,38	· ·	0			0
	OX 14298 BERN, NC 28561		40 00						
Tota	I number of other employees paid ov	or #F	50,000						
	n number of other employees paid ov	<u> </u>	,	<u> </u>			Form 9	90-PF	

Information About Officers, Directors, Trustees, Foundary and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see in (a) Name and address of each person paid more than \$50,000 MORGAN STANLEY FINANCIAL ADVISORS 100 EUROPA DRIVE STE 201 CHAPEL HILL, NC 27517	nstructions). If none, enter "NC (b) Type of service	
(a) Name and address of each person paid more than \$50,000 MORGAN STANLEY FINANCIAL ADVISORS 100 EUROPA DRIVE STE 201	(b) Type of service	(c) Compensation
MORGAN STANLEY FINANCIAL ADVISORS 100 EUROPA DRIVE STE 201		+ ` ` ·
100 EUROPA DRIVE STE 201	IANAGEMENT	154,112
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1		
2		
2		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1		4
		4
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		Form 990-PF (2018)

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

1.769.396

10.223

1b

2

За 3h

4

5

Page 9

0

Form	990-PF	(20:
Pa	rt XIII	3

90-PF (20	018)		
XIII	Undistributed Income	(see instructions)	

1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

(a)

Corpus

0

0

(b)

Years prior to 2017

(c)

2017

118,631

118.631

Form **990-PF** (2018)

- **b** Total for prior years
- 3 Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. c From 2015. . .

- d From 2016. e From 2017.
- f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

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 2017 Subtract line 4a from line 2a Taxable amount—see

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

6 Enter the net total of each column as

f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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 2013 not

indicated below:

- 4 Qualifying distributions for 2018 from Part
 - XII, line 4 🕨 \$
- a Applied to 2017, 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 required—see instructions).

same amount must be shown in column (a))

La	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			rating		
b	Check box to indicate whether the organizati	·	-	cribed in section	4942(j)(3) or] 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	year listed					
	85% of line 2a					
d	Inne 4 for each year listed Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities					
3	Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	(Complete this		 	¢5 000 au au a	<u> </u>
Pa	TEXV Supplementary Information assets at any time during th			roundation nad	\$5,000 or more	ın
L	Information Regarding Foundation Mana	agers:	-			
а	List any managers of the foundation who hav before the close of any tax year (but only if					n
b	List any managers of the foundation who own	n 10% or more of th	e stock of a corpora	tion (or an equally la		
,	ownership of a partnership or other entity) of Information Regarding Contribution, Grant					
	Check here $\blacktriangleright \Box$ if the foundation only mak		• • • •	-	daaa mat aaaamt	
	unsolicited requests for funds. If the foundar					
	other conditions, complete items 2a, b, c, ai	nd d See instruction	s	-		
а	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	be addressed	
	THE HAROLD H BATE FOUNDATION					
	PO BOX 14298 NEW BERN, NC 28561					
	(252) 638-1998					
b	The form in which applications should be sub	mitted and informa	tion and materials th	ney should include		
	GRANT APPLICATION (FOUR PAGES) EXECU AND REPORTS COPY OF RECENT FORM 990 BY GRANT REQUEST LIST OF BOARD MEMBE	COPY OF BUDGET FO	OR THE PERIOD WHI	ICH INCLUDES THE	PROPOSED PROJECT	
С	Any submission deadlines					
	MAY 15 AND OCTOBER 1 OF EACH YEAR					
d	Any restrictions or limitations on awards, sur factors	ch as by geographica	al areas, charitable f	ields, kınds of ınstıt	utions, or other	
	GRANT APPLICATIONS MUST APPLY FOR PROCOUNTIES OR BE CONNECTED WITH EAST OF					LICO AND JONES



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
3 Interes	t on savings and temporary cash nents			14	1,461	
4 Dividen	ds and interest from securities			18	373,526	
	tal income or (loss) from real estate				,	
	financed property					
	ebt-financed property					
6 Net ren	tal income or (loss) from personal property					
	nvestment income					103,99
	(loss) from sales of assets other than					
ınvento	•			18	6,603	812,78
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
	-					
Α		1				
е	al Add columns (b) (d) and (e).		0		381 590	916 77
e Subtota	al Add columns (b), (d), and (e)		0		381,590	
e 2 Subtota 3 Total.					381,590 3	
e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		13	· · · · · · · · · · · · · · · · · · ·	
e 2 Subtota 3 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 calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish income is report	ment of Exempled in column (e) of	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	916,77
e 2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	lations) IE Accomplish Income is report Kempt purposes (iment of Exempled in column (e) of other than by prov	pt Purposes	ted importantly to	

. ,	/
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi		ransters to a	and Fransactio	ons and I	Relatio	nsnips with Nonc	naritable		
		janization directly or in than section 501(c)(3)	directly enga						501	Yes	No
a Tran	nsfers f	rom the reporting foun	dation to a n	oncharitable ex	empt organization	n of					
(1)	Cash.								1a(1)		No
(2) Other assets									. 1a(2)		No
b Other transactions											
(1) Sales of assets to a noncharitable exempt organization.(2) Purchases of assets from a noncharitable exempt organization.									. 1b(1)		No
									. 1b(2)		No
		of facilities, equipmen							. 1b(3)		No
		oursement arrangemen or loan guarantees.							1b(4) . 1b(5)		No No
		mance of services or m							1b(6)		No
٠,		facilities, equipment, n		_					1c		No
	-	er to any of the above							ırket value		
of tl	ne good	ls, other assets, or ser	vices given b	y the reporting	foundation If the	foundatio	n receive	d less than fair marke	t value		
ın a	ny tran	saction or sharing arra	ngement, sn	ow in column (d	a) the value of the	e gooas, o	tner asse	ts, or services receive	a		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(d) Des	cription of	transfers, transactions, a	nd sharıng arraı	ngemen	ts
	-										
					-						
-											
		dation directly or indire	•		•			_			
		n section 501(c) (othei		n 501(c)(3)) or	in section 527? .			∐Yes	✓ No		
b If "\	es," co	mplete the following so		1			ı	() 5			
		(a) Name of organization	on	(b) Type of organizat	ion		(c) Description of	relationship		
-											
	of m	er penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co								
Sign Here	,	****	y .		2019-11-15				May the IRS di return		
iicic	 ▶ −	Signature of officer or t	rustee			—) -	Γıtle		with the prepai below	_	
				- ···		T_			(see instr)?	∠ Yes '	⊔ No
		Print/Type preparer's name		Preparer's Signature		Date		Check if self-	IN		
		W DANIDALL CDAY	CDA					employed ▶ ☑	P00005	976	
Paid		W RANDALL GRAY	CPA								
Prep	arer	Firm's name ▶ WILl	IAMS SCAPE	<u> </u> BOROUGH GRAY	/ I I P						
Use (VILL						Fir	m's EIN ▶56-	-13138	370
	_	Firm's address ▶ PC	BOX 14008								
		l NE	W BERN, NC	285614008				Ph	one no (252)	638-4	4000
		<u> </u>									

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation MORGAN STANLEY 010997 Р MORGAN STANLEY 010997 Ρ MORGAN STANLEY 012515 Р MORGAN STANLEY 012515 Р MORGAN STANLEY 010998 Р Ρ MORGAN STANLEY 010998 Р MORGAN STANLEY 015825 Р MORGAN STANLEY 010999 Ρ MORGAN STANLEY 015329 MORGAN STANLEY 015329 Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 13,807,815 14,316,593 -508.778 7,564,019 8,947,737 1,383,718 4,723,222 4,492,227 230,995 517,757 555,206 -37,449 2,150,884 2,146,849 4,035 1,844,570 1,871,467 -26,897 688,949 792,785 -103,836 -13 408,419 408,432 1,026,610 1,041,854 -15,244 182,654 191,760 -9,106 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -508,778 1,383,718 230,995 -37,4494,035 -26,897 -103,836 -13 -15,244-9,106

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation MORGAN STANLEY 015659 Р CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
947,555		1,052,196	-104,641
6,603			6,603
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I			
Form 990PF Part IV - Capital	Gains and Losses for Tax or	Investment Income - Colum	ns i - I
· · ·	Gains and Losses for Tax or ring gain in column (h) and owned		ns i - I Gains (Col (h) gain minus col (k), but not less than -0-) or

-104,641 6,603

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 (e) other allowances not paid, enter Contributions to (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 BOARD MEMBER 10,000 0 6 00 DO BOY 14208 MARVIN MULLINIX BOARD MEMBER 9,000 0 3 00

9,000

n

NEW BERN, NC 28561				
ROBERT MATTOCKS	BOARD MEMBER	9,000	0	
PO BOX 14298 NEW BERN, NC 28561	3 00			

BOARD MEMBER

3 00

PO BOX 14298 NEW BERN, NC 28561

STLAS SEYMOUR

PO BOX 14298 NEW BERN, NC 28561

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			
AMERICAN HEART ASSOCIATION 101 CENTREPORT DRIVE GREENSBORO, NC 27409		CPR TRAINING IN PAMILCO CRAVEN & JONES COUNTIES	15,000

10,000

1,637,450

AMERICAN RED CROSS - COASTAL		SMOKE DETECTOR PROGRAM
CAROLINA CHAPTER		
PO BOX 10		
NEW BERN, NC 28563		

Total .

CAROLINA CHAPTER PO BOX 10 NEW BERN, NC 28563		
CRAVEN ARTS COUNCIL & GALLERY	OPERATIONAL & PROGRAM	10,000

NEW BERN, NC 28563			
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC, 28560		OPERATIONAL & PROGRAM SUPPORT	10,000

CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560		OPERATIONAL & PROGRAM SUPPORT	10,000

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

<u> </u>			
BACKPACK BLESSINGS INC PO BOX 1675 NEW BERN, NC 28563		CHILDREN'S FEEDING PROGRAM	25,000

,			
BOYS & GIRLS CLUB OF COASTAL		BUILDING RENOVATIONS	10,000
CAROLIN			
PO BOX 1512			
MOREHEAD CITY, NC 28554			

PO BOX 1512 MOREHEAD CITY, NC 28554			
CAROL S PETERA YOUTH GOLF FOUNDATIONGOLF FOR YOUTH PO BOX 14701		GOLF FOR YOUTH PROGRAM	5,000

MOREHEAD CITY, NC 28554			
CAROL S PETERA YOUTH GOLF FOUNDATIONGOLF FOR YOUTH PO BOX 14701 NEW BERN, NC 28561		GOLF FOR YOUTH PROGRAM	5,000

LAROL S PETERA YOUTH GOLF FOUNDATIONGOLF FOR YOUTH PO BOX 14701 NEW BERN, NC 28561		GOLF FOR YOUTH PROGRAM	5,00

Total	l l	▶ 3a	1 637 450
PO BOX 14701 NEW BERN, NC 28561			

Recipient If recipient is an individual, show any relationship to status of status of

a Paid during the year			
CAROLINAEAST FOUNDATION 2207-B NEUSE BLVD NEW BERN, NC 28560		CANCER CENTER	300,000
CATHOLIC CHARITIESPO BOX 826		SENIOR PHARMACY PROGRAM	12,000

2,000

1,637,450

NEW BERN, NC 28560			
CATHOLIC CHARITIESPO BOX 826 NEW BERN, NC 28563		SENIOR PHARMACY PROGRAM	
COASTAL CAROLINA CHAMBER MUSIC		COMMUNITY OUTREACH	

any foundation manager

or substantial contributor

Name and address (home or business)

PO BOX 1591 NEW BERN, NC 28563

Total .

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year		
COASTAL WOMEN'S SHELTER PO BOX 13080 NEW BERN, NC 28561	FAMILY RESOURCES	15,000
COMMUNITIES IN SCHOOLS OF NC INC	PAMLICO COUNTY SCHOOLS PROGRAM	4,000

recipient

222 N PERSON ST RALEIGH, NC 27601		PROGRAM	4,000
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596		FACADE UPDATE	10,000

RALEIGH, NC 27601		PROGRAM	
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560		FACADE UPDATE	10,0

·			
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560		FACADE UPDATE	10,

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

1,637,450

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CRAVEN COMMUNITY CHORUS 800 COLLEGE COURT NEW BERN, NC 28562		CONCERTS	12,000
CRAVEN COMMUNITY COLLEGE FOUNDATION		SCHOLARSHIPS	100,000

CRAVEN COMMUNITY COLLEGE		SCHOLARSHIPS	100,
FOUNDATION			
800 COLLEGE COURT			
NEW BERN, NC 28562			

800 COLLEGE COURT NEW BERN, NC 28562			
CRAVEN CONCERTS INCPO BOX 12213		INSTRUMENT LOAN PROGRAM	3.0

IEW BERN, NC 28562			
CRAVEN CONCERTS INCPO BOX 12213		INSTRUMENT LOAN PROGRAM	3,000

CRAVEN CONCERTS INCPO BOX 12213		INSTRUMENT LOAN PROGRAM	3,0
NEW BERN, NC 28561			1

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

David domina the conservation

Total .

a Paid during the year			
CRAVEN COUNTY PARKS AND RECREATION		YOUTH PROGRAMS	25,000
406 CRAVEN STREET			
NEW BERN, NC 28560			1

CRAVEN COUNTY PARKS AND RECREATION 406 CRAVEN STREET NEW BERN, NC 28560		YOUTH SPORTS PROGRAMS	40,000
·	1	 1	

406 CRAVEN STREET NEW BERN, NC 28560			
CRAVEN COUNTY PARTNERS IN EDUCATION 3601 TRENT RD		INDIVIDUAL SCHOOL GRANTS - BEGINNING TEACHER STORE	55,000

NEW BERN, NC 20300			
CRAVEN COUNTY PARTNERS IN EDUCATION 3601 TRENT RD NEW BERN, NC 28562		INDIVIDUAL SCHOOL GRANTS - BEGINNING TEACHER STORE	55,000

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

15,000

196,600

1,637,450

CRAVEN LITERACY COUNCIL DIGITAL LITERACY EXPANSION 2800 NEUSE BLVD INITIATIVE NEW BERN, NC 28562 EAST CAROLINA UNIVERSITY **PROFESSORSHIP**

Total .

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

FOUNDATION 2200 SOUTH CHARLES BLVD GREENVILLE, NC 27858			
EAST CAROLINA UNIVERSITY		VARIOUS SCHOLARSHIPS	50,000

GKEENVILLE, NC 27030			
EAST CAROLINA UNIVERSITY 2201 SOUTH CHARLES BLVD GREENVILLE, NC 27858		VARIOUS SCHOLARSHIPS	50,000

EAST CAROLINA UNIVERSITY	VARIOUS SCHOLARSHIPS	50,000
2201 SOUTH CHARLES BLVD		
GREENVILLE, NC 27858		

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			
ECU EDUCATIONAL FOUNDATION INC WARD SPORTS MEDICINE BUIL		FOOTBALL STADIUM	100,000
GREENVILLE, NC 27858			

SKEENVILLE, NC 27030			
FOOD BANK OF CENTRAL & EASTERN		FEEDING PROGRAM	10,000
3808 TARHEEL DIRVE RALFIGH NC 27609			

8 TARHEEL DIRVE EIGH, NC 27609			
BITAT FOR HUMANITY CRAVEN JNTY		BUILDING HOMES AND COMPUTER UPGRADES	

Total .

RALEIGH, NC 27609			
HABITAT FOR HUMANITY CRAVEN COUNTY 930 POLLOCK STREET	l	BUILDING HOMES AND COMPUTER UPGRADES	8,500

HABITAT FOR HUMANITY CRAVEN	BUILDING HOMES AND	8,500
COUNTY	COMPUTER UPGRADES	
930 POLLOCK STREET		
NEW BERN, NC 28562		
•	<u> </u>	1

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			
HOPE CLINICPO BOX 728 BAYBORO, NC 28515		INDIGENT MEDICAL CARE AND OPERATING COSTS	10,000

,000

NTERFAITH REFUGEE MINISTRY 913 TRENT BLVD IEW BERN, NC 28560		MULTI-MEDIA PROJECT	10,0
			í

NEW BERN, NC 28560			
JONES COUNTY ART COUNCIL PO BOX 304		SUMMER PROGRAM	4,000
POLLOCKSVILLE NC 28573			

PO BOX 304 POLLOCKSVILLE, NC 28573			
Total	 	▶ 3a	1,637,450

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

PRIMARY CARE PROGRAM

40,000

1,637,450

any foundation manager

or substantial contributor

Name and address (home or business)

KINSTON, NC 28502

NEW BERN, NC 28560

Total .

MERCI CLINIC1315 TATUM DR

a Paid during the year			
JONES SENIOR HIGH SCHOOL 1490 HWY 58 S TRENTON, NC 28585		PROGRAMS	10,000
LENOIR COMMUNITY COLLEGE FOUNDATION PO BOX 188		SCHOLARSHIPS	10,000

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 INC PO BOX 704 NEW BERN, NC 28563		HURRICANE RELIEF	25,000

NC RELIGIOUS COMM SERVICES OF NB INC PO BOX 704 NEW BERN, NC 28563	RENT AND UTILITIES ASSISTANCE	50,000
NEUROMUSCULAR DISEASE SUPPORT	OUTREACH AND EDUCATION	2,000

Total	 	▶ 3a	1,637,450
NEUROMUSCULAR DISEASE SUPPORT ORGANIZATION PO BOX 1001 HAVELOCK, NC 28532		OUTREACH AND EDUCATION SUMMIT	2,000
NEW BERN, NC 28563			

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
NEW BERN CIVIC THEATRE 412 POLLOCK STREET NEW BERN, NC 28560		THEATRE FACADE REPAIR	7,500
NEW BERN CRAVEN COUNTY YMCA INC		SCHOLARSHIP FUND	50,000

recipient

NEW BERN CRAVEN COUNTY YMCA INC 100 YMCA LANE NEW BERN, NC 28560		SCHOLARSHIP FUND	50,00
NEW BERN GET YOUR COLOR ON		CHEMO BAGS AND CARE	17,50

NEW BERN, NC 28560			
NEW BERN GET YOUR COLOR ON 428 GRANTHAM ROAD NEW BERN, NC 28560		CHEMO BAGS AND CARE	17,500

NEW BERN GET YOUR COLOR ON		CHEMO BAGS AND CARE	17,500
428 GRANTHAM ROAD			
NEW BERN, NC 28560			

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			
NEW BERN HISTORICAL SOCIETY FOUNDATION 511 BROAD STREET		HISTORY WALK AT BATTLEFIELD SITE	10,000

NEW BERN, NC 28560			
NEW BERN PRESERVATION FOUNDATION INC 510 POLLOCK STREET		TRAIN DEPOT RENOVATION	50,000

510 POLLOCK STREET NEW BERN, NC 28562			
NEW BERN VITA1013 YACHT CLUB RD		TAX PREP FOR LOW INCOME	5,000

NEW BERN, NC 28562			
NEW BERN VITA1013 YACHT CLUB RD NEW BERN, NC 28560		TAX PREP FOR LOW INCOME PEOPLE	5,000

NEW BERN VITA1013 YACHT CLUB RD NEW BERN, NC 28560		TAX PREP FOR LOW INCOME PEOPLE	5,00

Total		▶ 3a	1,637,450
NEW BERN, NC 28560		PEOPLE PEOPLE	3,0

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

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
NORTH CAROLINA SYMPHONY 3700 GLENWOOD AVE RALEIGH, NC 27612		CONCERTS FOR YOUTH	5,000
PAMLICO COMMUNITY COLLEGE 5049 NC-306		DENTAL LABORATORY PROGRAM	10,000

recipient

PAMLICO COMMUNITY COLLEGE 5049 NC-306 GRANTSBORO, NC 28529		DENTAL LABORATORY PROGRAM	10,
PAMLICO COUNTY PARKS & REC DEPT		YOUTH SPORTS PROGRAM	17,

RANTSBORO, NC 28529			
AMLICO COUNTY PARKS & REC DEPT D2 MAIN STREET AYBORO, NC - 28515		YOUTH SPORTS PROGRAM	17,000

PAMLICO COUNTY PARKS & REC DEPT 202 MAIN STREET BAYBORO, NC 28515		YOUTH SPORTS PROGRAM	17,00
DATBORO, NC 20313			

Recipient If recipient is an individual, Purpose of grant or Foundation 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			
PROMISE PLACE1401 PARK AVE NEW BERN, NC 28560		TRAUMA FOCUS THERAPY PROGRAM	8,000

PUBLIC RADIO EAST BOO COLLEGE COURT NEW BERN, NC 28562		GENERAL OPERATING	25,000

NEW BERN, NC 28562			
THE FILLING STATION221 MAIN STREET POLLOCKSVILLE, NC 28573		HURRICANE RELIEF	25,000

THE FILLING STATION221 MAIN STREET POLLOCKSVILLE, NC 28573		HURRICANE RELIEF	25,00

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

Total .

REVIVING LIVES MINISTRIES 507 CYPRESS STREET NEW BERN, NC 28560		RENT & UTILITY ASSISTANCE FOR CLIENTS	7,500
RIVERTOWNE REPERTORY PLAYERS		CHILDREN'S THEATER PROGRAM	3.500

RIVERTOWNE REPERTORY PLAYERS 514 HANCOCK STREET NEW BERN, NC 28560		CHILDREN'S THEATER PROGRAM	3,500
SALVATION ARMY OF JONES ONSLOW COUNTY		MAYSVILLE OPERATIONS	15,000

NEW BERN, NC 28560			
SALVATION ARMY OF JONES ONSLOW COUNTY 510 MAIN ST MAYSVILLE, NC 28555		MAYSVILLE OPERATIONS	15,000

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

8,500

1,637,450

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

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
SOUTHERN GENTLEMEN CHORUS 2214 CARACARA DRIVE NEW BERN, NC 28560		YOUTH IN HARMONY	2,500

SPECIAL OLYMPICS
2200 GATEWAY CENTRE BLVD
MORRISVILLE, NC 27560

SPORTS INCLUSION PROGRAM

MORRISVILLE, NC 27560			
SUDAN SHRINERS HOSPITAL FUND PO DRAWER 490 NEW BERN, NC 28563		HOSPITAL FUND	10,000

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

	or substantial contributor		
a Paid during the year			
THE CCHC FOUNDATION 1010 MEDICAL PARK AVE NEW BERN, NC 28562		SUBSTANCE ABUSE PREVENTION PROGRAM	2,500
THE FILLING STATION221 MAIN STREET		OPERATIONS	50,000

THE FILLING STATION221 MAIN STREET POLLOCKSVILLE, NC 28573		OPERATIONS	
HE NORTH CAROLINA AQUARIUM SOCIETY		SCHOLARS PROGRAM	

any foundation manager

Name and address (home or business)

POLLOCKSVILLE, NC 28573			
THE NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD CT STE 160 RALFIGH NC 27604		SCHOLARS PROGRAM	15,000

TOLLOCKSVILLE, NC 20373			
THE NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD CT STE 160		SCHOLARS PROGRAM	15,
RALEIGH, NC 27604	I		

125 POPLARWOOD CT STE 160		
ALEIGH, NC 27604		

Total		▶ 3a	1 637 450
RALEIGH, NC 27604			I

Recipient If recipient is an individual, show any relationship to status of status of

1,637,450

any foundation manager

Name and address (home or husiness)

Total .

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
THE MEDIATION CENTER OF EASTERN CAR PO BOX 1184 NEW BERN, NC 28563			CRAVEN COUNTY TEEN COURT	5,000
THE SALVATION ARMY1402 RHEM AVE NEW BERN, NC 28560			HURRICANE RELIEF	25,000
THE YMCA OF THE TRIANGLE AREA 802 CORPORATE CENTER DR RALEIGH, NC 27608			PAMLICO COUNTY OUTREACH PROGRAMS	10,000

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

1,637,450

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

any foundation manager

Name and address (home or husiness)

Total .

Traine and dadress (nome or business)	or substantial contributor		
a Paid during the year			
TOWN OF MAYSVILLE404 MAINSTREET		TANKER TRUCK	10,000

MAYSVILLE, NC 28555		TAINER TROCK	10,000
TOWNSHIP SEVEN EMS INC 2103 OLD CHERRY POINT ROAD NEW BERN, NC 28560		EMS INTERN PROJECT	15,000

2103 OLD CHERRY POINT ROAD NEW BERN, NC 28560			
TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS		RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE	5,000

TRIANGLE RESIDENTIAL OPTIONS FOR SUBSTANCE ABUSERS 1820 JAMES STREET		RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE	5,000
DURHAM, NC 27707			

SUBSTANCE ABUSERS		SUBSTANCE ABUSE	1
1820 JAMES STREET			
DURHAM, NC 27707			

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)

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

·	or substantial contributor		1
a Paid during the year			
TRYON PALACE COUNCIL OF FRIENDS		PROGRAMMING AND EDUCATON	18,850

INC PO BOX 1007 NEW BERN, NC 28563	PROGRAMMING AND EDUCATON	18,830
WYSE FORK VOLUNTEER FIRE DEPARTMENT	TRAINING PROGRAM	10,000

,			
WYSE FORK VOLUNTEER FIRE DEPARTMENT 6936 WYSE FORK ROAD DOVER, NC 28526		TRAINING PROGRAM	10,000

Total . .

1,637,450

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	Data -	DL	N: 93491320006009
TY 2018 Accounting Fees Schedule				
	Name: THE HAR	ROLD H BATE FOUNI	DATION INC	
	EIN: 56-2121		271120112110	
	LIN. 50 2121	102		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	11,077	3,689	0	3,689

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320006009

TY 2018 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
GOLDMAN SACHS EMEG MKTS DEBT I	124,412	109,978
GUGGENHEIM TOTAL RETURN BD I	206,460	203,658
JANUS HENDERSON STRAT INC	75,353	73,801
JOHN HANCOCK BOND I	109,832	103,451
LORD ABBETT CONVERTIBLE	231,860	212,102
LORD ABBETT HIGH YIELD F	77,483	69,902
PIMCO INCOME P	122,511	117,933
PIONEER GLOBAL HIGH YIELD Y	184,778	169,347
PIONEER MLTI AST ULT SHT INC Y	308,197	306,796
T ROWE PRICE EMRG MRKTS	83,816	72,804

TY 2018 Investments Corporate Stock Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Investments Corporation Stock Schedule

Investments Corporation Stock Schedule			
Name of Stock	End of Year Book Value	End of Year Fair Market Value	
ISHARES INC MSCI JAPAN ETF	442,700	368,009	
ISHARES MSCI SOUTH KOREA ETF	156,043	127,726	
ISHARES S&P 500 GRWTH ETF	1,503,049	1,397,916	
ISHARES S&P MID-CAP 400 G ETF	143,582	121,240	
ISHARES S&P SMALL CAP 600 V ETF	414,896	361,057	
SPDR DJIA TRUST	792,257	795,212	
VANGUARD FTSE ALL WO X-US SC	723,737	724,586	
WISDOMTREE TRUST INDIA	139,710	136,673	
CHURCH & DW IGHT CO INC	228,773	230,160	
AMTEC INC NEW	256,345	236,950	
ARTHUR GALLAGHER	197,984	228,470	
CAMPBELL SOUP	278,940	230,930	
FASTENAL CO.	225,207	203,931	
HORMEL FOODS CORP	215,725	204,864	
INTEL CORP	218,091	211,185	
INTERCONTINENTAL EXCHANGE GROUP	170,398	169,041	
MERIT MED CYST	214,845	200,916	
PULTE GROUP INC	118,152	119,532	
SERVICE CORP INTL	136,059	144,936	
TOTAL SYSTEM SVCS	218,142	203,225	
WASTE MGMT INC	215,653	213,576	
XILINX INC	229,048	229,959	
YUM BRANDS, INC.	215,160	220,609	
ZOETIS INC. CLASS A	205,227	205,296	
COLUMBIA SPORTSWEAR CO	220,421	201,816	
TCG BDC, INC	113,501	140,852	
ADIDAS AG	44,213	42,049	
AFLAC INCORPORATED	74,700	82,646	
AIA GROUP LTD SPON ADR	64,992	58,494	
ALIBABA GROUP	66,019	52,498	

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AMADEUS IT GROUP	57,315	60,003
AMDOCS LIMINTED ORD	13,883	13,883
ASML HOLDING NV NY	55,736	48,865
ASOS PLC SPON	46,161	16,938
BAIDU INC.	52,623	33,940
BURBERRY GROUP	52,213	49,361
CDN PACIFIC RY LTD	74,406	81,350
CHECK POINT SOFTWARE TECH	55,944	53,583
DIAGEO PLC	97,574	103,230
EPIROC AKTIEBOLAG ADR	31,614	28,938
ERSTE GROUP BANK AG SPON ADR	95,408	74,402
FANUC CORPORATION	85,362	60,044
GIVAUDAN SA ADR	49,307	51,186
HDFC BANK LTD ADR	40,282	40,297
HONG KONG EXCHANGES & CLEARING	60,473	57,940
HOYA CORP SPONS	49,286	55,694
ICON PLC	80,503	92,385
INDUSTRIA DISENO TEXTIL IND	43,797	31,546
KAO CORP	46,538	55,354
KBC GROUP NV	59,296	46,917
LEGRAND SA	61,369	46,129
LINDE PLC	66,626	63,508
LOREAL CO ADR	52,432	54,061
LONDON STK EXCHANGE	92,442	94,372
LVMH MOET HENNESSY LOUIS VUITT	59,895	54,076
METTLER TOLEDO INTL	65,914	61,083
MONOTARO CO LTD ADR	24,166	27,743
NESTLE SPON ADR	121,116	117,068
NIDEC CORP	58,401	49,088
NINTENDO CO LTD ADR NEW	30,053	24,891

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NOVO NORDISK	47,515	44,319
ORIX CORP	59,598	52,088
PING AN INSURANCE ADR	51,656	45,162
RENTOKIL GROUP	104,947	111,836
ROCHE HOLDINGS ADR	52,298	53,333
ROGER COMM INC. CL B	59,221	571,037
SAP AG	91,407	83,423
SHISEIDO LTD	80,386	117,199
SHOPIFY INC.	30,195	30,182
SOCIEDAD QUIMICA Y MINERA	54,043	39,066
SUNCOR ENERGY INC	63,451	50,738
TECHNOPRO HOLDINGS INC	34,022	21,138
TELEPERFORMANCE SA USNP ADR	43,425	40,351
TEMENOS GROUP AG	37,121	40,385
UMICORE SA ADR	56,626	50,109
VALE SA	19,215	25,325
ABIOMED INC	115,532	136,192
ADDUS HOMECARE CORP COM	82,350	109,355
ALPHBET	129,101	125,309
AMERESCO INC CL A	123,953	113,984
ANTHEM INC.	132,084	125,800
APTARGROUP INC.	123,915	122,009
ARTHUR J GALLAGHER	130,489	138,409
CABOT MICROELECTRONICS CORP	133,173	123,574
DUNKIN BRANDS GROUP INC.	106,356	106,183
ENCOMPASS HEALTH CORP	118,754	119,019
FISERV INC. WISCONSIN	101,594	100,755
GRAND CANYON ED INC. COM	107,948	89,699
HUMANA INC.	125,046	120,035
ICU MEDICAL INC.	64,486	59,704

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INTUITIVE SURGICAL INC.	128,717	125,956
MAXIMUN INC.	123,635	114,819
MCDONALD'S CORP	129,332	125,187
MERIT MED SYST	67,962	78,078
MICROSOFT CORP	154,152	159,059
QUAKER CHEMICAL CORP	82,729	91,521
QUALYS INC. COM	138,535	134,457
RBC BEARINGS INC.	129,985	124,283
ROLLINS INC.	76,627	82,886
TELEDYNE TECH INC.	136,792	130,868
TRANSDIGM GROUP CORP.	121,021	119,701
TREX COMPANY INC.	58,829	65,533
WASTE CONNECTIONS INC.	123,744	124,295
ABBOTT LABORATORIES	184,358	188,636
ADOBE INC	176,298	158,820
AMERICAN EXPRESS	192,540	178,439
APPLE INC.	184,164	143,859
BANK OF AMERICA CORP	65,010	54,652
BARRICK GOLD CORP	149,113	156,008
BOEING CO	185,594	164,798
CENTENE CORP	174,066	153,118
CME GROUP INC.	180,375	189,625
DOLLAR GENERAL CORP	184,017	175,090
FISERV INC. WISCONSIN	148,511	140,219
INTERCONTINENTAL EXCHANGE GROUP	170,398	169,041
INTUIT INC.	181,646	168,307
MACY'S INC.	147,546	121,085
MCDONALD'S CORP	179,705	182,009
MICROSOFT CORP	156,251	149,308
ROPER TECHNOLOGIES	197,098	182,566

Name of Stock

Investments Corporation Stock Schedule

ROSS STORES INC.

TOTAL SYSTEM SVCS

THERMO FISHER SCIENTIFIC

TRANSDIGM GROUP CORP.

UNITED HEALTH GP INC.

STRYKER CORP

VISA INC CL A

Value 187,275

End of Year Book

161,155

141,609

183,824

170,301

205,039

145,747

End of Year Fair Market Value

152,755

150,480

138,302

165,832

169,350

193,317

137,745

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491320006009
		•

TY 2018 Investments - Other Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

EIII: 30-2121302					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
ALKEON GROWTH OFFSHORE LTD	AT COST	1,100,000	1,465,837		
LIGHTHOUSE DIV FD LTD	AT COST	685,777	960,308		
HPC MILLENNIUM INTL LTD CL A	AT COST	550,000	879,178		
HPC STARBOARD VALUE LTD CL A	AT COST	450,000	762,548		
CIM INFRASTRUCTURE FUND II	AT COST	350,065	361,023		
BLACKSTONE EP II OFFSHORE	AT COST	164,652	204,699		
GS VINTAGE VI OFFSHORE	AT COST	90,542	455,939		
MS PMF V CAYMAN LP	AT COST	332,395	539,670		
NH CREDIT PTR II OFFSH	AT COST	249,004	578,375		
DIV CREDIT OPP FUND CAY	AT COST	320,666	386,284		
RIVERVIEW SOFI II	AT COST	478,921	451,561		
RIVERVIEW STRAT OPP I OFF	AT COST	228,130	482,586		
TCG BDC II	AT COST	359,337	225,249		
GS MARKET LENDING	AT COST	373,828	417,114		
AIP PHOENIX GLBL RE FD OFF	AT COST	298,741	496,537		
ACL ALT LTD USD A	AT COST	790,833	790,833		

Name: THE HAROLD H BATE FOUNDATION INC.

DLN: 93491320006009

EIN: 56-2121302

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
ACL DEPRECIATION DEPOSIT	18,180	18,180	18,180		
PREPAID EXCISE TAX		30,000	30,000		
OTHER		1,032	1,032		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491320006009			
TY 2018 Other Expenses Schedule							
Name:	THE HAROLD H	BATE FOUNDATI	ON INC				
EIN: 56-2121302							
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

Description	Expenses per Books	Income	Income	Charitable Purposes
DUES & SUBSCRIPTIONS	5,938	0	0	5,938
PUBLIC RELATIONS	19,415	0	0	19,415
CONTRACT LABOR	200	0	0	200

3,780

3,746

8,986

378

3,024

2,997

7,189

INSURANCE

OFFICE EXPENSE

TELEPHONE & INTERNET

DLN: 93491320006009

Name: THE HAROLD H BATE FOUNDATION INC.

	EIN: 56-2121302	
Other Income Schedule		

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

(Other Income Schedule			
	Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
	GRANT REFUNDS	103,993	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491320006009
TY 2018 Other Liabilities Sche	dule			
				1
Name:	THE HAROLD I	H BATE FOU	NDATION INC	
EIN:	56-2121302			
			+	
Description	n	1	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES			1,975	1,840
CALLS			35,406	9,635
EXISE TAXES DUE			2,938	0

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

154,112

INVESTMENT FEES

154,112

efile GRAPHIC print - DO NOT F	PROCESS As Filed D	ata -		DLN	l: 93491320006009			
TY 2018 Taxes Schedu	TY 2018 Taxes Schedule							
Name: THE HAROLD H BATE FOUNDATION INC EIN: 56-2121302								
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FOREIGN TAXES	9,	329	9,329	0	0			
PROPERTY TAXES	2,	.426	0	0	1,820			
PAYROLL TAXES	3,	854	0	0	2,891			