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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE HAROLD H BATE FOUNDATION INC

A Employer identification number
56-2121302

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 14298

Room/suite

B Telephone number (see instructions)
(252) 638-1998

City or town, state or province, country, and ZIP or foreign postal code
NEW BERN, NC 28561

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 32,302,162

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part 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)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	25,698	25,698		
	4	Dividends and interest from securities	370,011	370,011		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	1,233,931			
	b	Gross sales price for all assets on line 6a 22,917,479				
	7	Capital gain net income (from Part IV, line 2)		1,233,931		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	4,277	3,386	0	
	12	**Total.** Add lines 1 through 11	1,733,917	1,633,026	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	46,000	4,600	0	36,800
	14	Other employee salaries and wages	50,937	0	0	38,203
	15	Pension plans, employee benefits	7,460	0	0	5,595
	16a	Legal fees (attach schedule)	800	267	0	267
	b	Accounting fees (attach schedule)	4,925	1,642	0	1,642
	c	Other professional fees (attach schedule)	135,685	135,685	0	0
	17	Interest				
	18	Taxes (attach schedule) (see instructions)	18,951	13,111	0	4,380
	19	Depreciation (attach schedule) and depletion	8,199	0	0	
	20	Occupancy	4,377	0	0	3,283
	21	Travel, conferences, and meetings	1,137	0	0	853
	22	Printing and publications				
	23	Other expenses (attach schedule)	54,554	20,333	0	29,110
	24	**Total operating and administrative expenses.** Add lines 13 through 23	333,025	175,638	0	120,133
	25	Contributions, gifts, grants paid	1,548,003			1,548,003
	26	**Total expenses and disbursements.** Add lines 24 and 25	1,881,028	175,638	0	1,668,136
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-147,111			
	b	**Net investment income** (if negative, enter -0-)		1,457,388		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	146,498	140,645	140,645
	2 Savings and temporary cash investments	1,124,086	1,487,189	1,487,189
	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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	26,374,904	25,880,118	30,390,586
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ 333,919			
	Less: accumulated depreciation (attach schedule) ▶ 87,995	254,125	245,924	245,924
	15 Other assets (describe ▶)	49,212	37,818	37,818
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	27,948,825	27,791,694	32,302,162
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)	11,475	1,455	
	23 **Total liabilities**(add lines 17 through 22)	11,475	1,455	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	27,937,350	27,790,239	
	29 **Total net assets or fund balances** (see instructions)	27,937,350	27,790,239	
	30 **Total liabilities and net assets/fund balances** (see instructions)	27,948,825	27,791,694	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	27,937,350
2	Enter amount from Part I, line 27a	2	-147,111
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	27,790,239
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	27,790,239

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	1,233,931
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	863,367

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,759,173	30,607,869	0.057475
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

2	**Total** of line 1, column (d)	2	0.281421
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.056284
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	30,033,425
5	Multiply line 4 by line 3	5	1,690,401
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	14,574
7	Add lines 5 and 6	7	1,704,975
8	Enter qualifying distributions from Part XII, line 4	8	1,668,136

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	29,148
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	29,148
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	29,148
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 9,805		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	9,805
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	9
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	19,352
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.BATEFOUNDATION.ORG

14 The books are in care of ▶ WILLIAMS SCARBOROUGH GRAY LLP Telephone no. ▶ (252) 638-4000

Located at ▶ 2131 S GLENBURNIE RD STE 3 NEW BERN NC ZIP+4 ▶ 28562

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		☐ Yes	☑ No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		☐ Yes	☑ No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		☐ Yes	☑ No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		☐ Yes	☑ No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		☐ Yes	☑ No
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		☐ Yes	☑ No
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?		☐ Yes	☑ No
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		☐ Yes	☑ No
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
JOYCE HENDRICKS PO BOX 14298 NEW BERN, NC 28561	OPERATIONS DIRECTOR 40.00	50,937	7,460	0

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
MORGAN STANLEY FINANCIAL ADVISORS 100 EUROPA DRIVE STE 201 CHAPEL HILL, NC 27517	INVESTMENT MANAGEMENT	135,685
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 statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during 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

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	28,834,721
b	Average of monthly cash balances	1b	1,656,066
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	30,490,787
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	30,490,787
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	457,362
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	30,033,425
6	**Minimum investment return.** Enter 5% of line 5	6	1,501,671

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	1,501,671
2a	Tax on investment income for 2019 from Part VI, line 5	2a	29,148		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	29,148
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	1,472,523
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	1,472,523
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	1,472,523

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,668,136
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,668,136
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	1,668,136

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,472,523
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 2017 , 20___ , 20___		118,631		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 1,668,136				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		118,631		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				1,472,523
e Remaining amount distributed out of corpus	76,982			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	76,982			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
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)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	76,982			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . . 76,982				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d 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. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "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 . . .					
c "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					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number 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 submitted and information and materials they should include:

GRANT APPLICATION (FOUR PAGES) EXECUTIVE SUMMARY COPY OF IRS TAX EXEMPTION LETTER COPY OF RECENT FINANCIAL STATEMENTS AND REPORTS COPY OF RECENT FORM 990 COPY OF BUDGET FOR THE PERIOD WHICH INCLUDES THE PROPOSED PROJECT/PROGRAM FUNDED BY GRANT REQUEST LIST OF BOARD MEMBERS AND STAFF MEMBERS OF THE GRANT APPLICANT ORGANIZATION

c Any submission deadlines:

MAY 15 AND OCTOBER 1 OF EACH YEAR

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

GRANT APPLICATIONS 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.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				1,548,003
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	25,698	
4 Dividends and interest from securities			18	370,011	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					4,277
8 Gain or (loss) from sales of assets other than inventory			18	12,805	1,221,126
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		408,514	1,225,403
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	1,633,917

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
11A	RECOVERY OF MONIES PREVIOUSLY GRANTED BY ORGANIZATION

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-13	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☑	PTIN
W RANDALL GRAY CPA				P00005976
Firm's name ▶ WILLIAMS SCARBOROUGH GRAY LLP				Firm's EIN ▶56-1313870
Firm's address ▶ PO BOX 14008 NEW BERN, NC 285614008				Phone no. (252) 638-4000

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
010997			
010997			
010998			
010998			
012515			
012515			
015329			
015329			
015659			
015659			

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)
1,919,234		1,794,853	124,381
933,950		825,831	108,119
1,075,883		1,077,501	-1,618
661,958		683,759	-21,801
7,506,821		6,963,741	543,080
253,761		197,984	55,777
149,133		144,318	4,815
764,341		696,156	68,185
3,901,624		3,766,253	135,371
625,733		511,343	114,390

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			124,381
			108,119
			-1,618
			-21,801
			543,080
			55,777
			4,815
			68,185
			135,371
			114,390

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, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
015825			
015825			
ACL K-1			
ACL K-1			
PE K-1			
CAPITAL GAINS DIVIDENDS	P		

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)
4,833,445		4,809,130	24,315
212,739		212,679	60
33,023			33,023
33,023			33,023
6			6
12,805			12,805

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			24,315
			60
			33,023
			33,023
			6
			12,805

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
GARY BALDREE SR PO BOX 14298 NEW BERN, NC 28561	BOARD MEMBER 3.00	9,000	0	0
DONALD BRINKLEY PO BOX 14298 NEW BERN, NC 28561	BOARD MEMBER 6.00	10,000	0	0
ROBERT MATTOCKS PO BOX 14298 NEW BERN, NC 28561	BOARD MEMBER 3.00	9,000	0	0
MARVIN MULLINIX PO BOX 14298 NEW BERN, NC 28561	BOARD MEMBER 3.00	9,000	0	0
SILAS SEYMOUR PO BOX 14298 NEW BERN, NC 28561	BOARD MEMBER 3.00	9,000	0	0

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN CANCER SOCIETY 930B WELLNESS DR GREENVILLE, NC 27834			HOPE LODGE	12,500
AMERICAN RED CROSS - COASTAL CAROLINA CHAPTER PO BOX 10 NEW BERN, NC 28563			SMOKE DETECTOR PROGRAM	10,000
BACKPACK BLESSINGS INC PO BOX 1675 NEW BERN, NC 28563			CHILDREN'S FEEDING PROGRAM	25,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAROL S PETERA YOUTH GOLF FOUNDATION--GOLF FOR YOUTH PO BOX 14701 NEW BERN, NC 28561			GOLF FOR YOUTH PROGRAM	5,000
CAROLINAEAST FOUNDATION 2207-B NEUSE BLVD NEW BERN, NC 28560			CANCER CENTER & PATIENT ASSISTANCE	420,500
CATHOLIC CHARITIESPO BOX 826 NEW BERN, NC 28563			SENIOR PHARMACY PROGRAM	15,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
COASTAL CAROLINA CHAMBER MUSIC FEST PO BOX 1591 NEW BERN, NC 28563			MUSIC FESTIVAL	2,000
COASTAL COALITION FOR SUBSTANCE ABUSE PREVENTION 601 BROAD ST NEW BERN, NC 28560			SURVEYS	8,460
COMMUNITIES IN SCHOOLS OF NC INC 222 N PERSON ST RALEIGH, NC 27601			SCHOOL SUPPORT SERVICES	6,250
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAVEN ARTS COUNCIL & GALLERY PO BOX 596 NEW BERN, NC 28560			STAIRS/SOUND IMPROVEMENT	9,000
CRAVEN COMMUNITY CHORUS 800 COLLEGE COURT NEW BERN, NC 28562			COMMUNITY CHORUS	7,000
CRAVEN COMMUNITY COLLEGE FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562			SCHOLARSHIPS	110,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAVEN COUNTY PARKS AND RECREATION 406 CRAVEN STREET NEW BERN, NC 28560			YOUTH SPORTS PROGRAMS	17,000
CRAVEN COUNTY PARTNERS IN EDUCATION 3601 TRENT RD NEW BERN, NC 28562			INDIVIDUAL SCHOOL GRANTS - BEGINNING TEACHER STORE	55,000
CRAVEN LITERACY COUNCIL 2800 NEUSE BLVD NEW BERN, NC 28562			ENRICHING LIVES THROUGH LITERACY PROGRAM	15,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EAST CAROLINA UNIVERSITY FOUNDATION 2200 SOUTH CHARLES BLVD GREENVILLE, NC 27858			PROFESSORSHIP, SCHOLARSHIPS, BASKETBALL LOCKER ROOM	348,600
EASTERN PREGNANCY CARE CENTER 1505 S GLENBURNIE RD STE O NEW BERN, NC 28562			EQUIP PROGRAM GRANT	1,000
ECU EDUCATIONAL FOUNDATION 2200 SOUTH CHARLES BLVD GREENVILLE, NC 27858			ATHLETIC STADIUM	100,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF CENTRAL & EASTERN NC 3808 TARHEEL DIRVE RALEIGH, NC 27609			FEEDING PROGRAM	7,500
GIRL SCOUTS NC COASTAL PINES 108 E LOCKHAVEN DR GOLDSBORO, NC 27534			LEADERSHIP EXPERIENCE JONES COUNTY	2,500
HABITAT FOR HUMANITY CRAVEN COUNTY 930 POLLOCK STREET NEW BERN, NC 28562			FENCE	3,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HOPE CLINICPO BOX 728 BAYBORO, NC 28515			INDIGENT MEDICAL CARE AND SUBSTANCE ABUSE PROJECTS	20,000
JAMES CITY HISTORICAL SOCIETY 502 VAIL ST NEW BERN, NC 28560			MUSEUM PARK IMPROVEMENTS	5,000
LENOIR COMMUNITY COLLEGE FOUNDATION PO BOX 188 KINSTON, NC 28502			SCHOLARSHIPS	10,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEDIATION CENTER OF EASTERN CAROLINA 233 MIDDLE ST STE 208 NEW BERN, NC 28563			CRAVEN COUNTY TEEN COURT	5,000
MERCI CLINIC1315 TATUM DR NEW BERN, NC 28560			PRIMARY CARE PROGRAM AND DENTAL CLINIC	45,000
RELIGIOUS COMM SERVICES OF NB INC PO BOX 704 NEW BERN, NC 28563			RENT AND UTILITIES ASSISTANCE AND HOMELESS PREVENTION	20,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW BERN POLICE DEPT CITIZENS VOLUNTEERS INC 3036 ML KING JR BLVD NEW BERN, NC 28562			YOUTH PROGRAMS	2,000
NEW BERN VITA1013 YACHT CLUB RD NEW BERN, NC 28560			TAX PREP FOR LOW INCOME PEOPLE	3,250
NORTH CAROLINA AQUARIUM SOCIETY 3125 POPLARWOOD CT STE 160 NEW BERN, NC 27604			SCHOLARSHIPS	10,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA COASTAL LAND TRUST 3 PINE VALLEY DR WILMINGTON, NC 28412			GRANT	10,000
NORTH CAROLINA SYMPHONY 3700 GLENWOOD AVE RALEIGH, NC 27612			ENSEMBLES IN SCHOOLS FOR JONES COUNTY	5,000
NORTH CAROLINA UMC OUTDOOR & CAMPING MINISTRIES 700 WATERFIELD RIDGE PL GARNER, NC 27529			SCHOLARSHIPS	5,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH CAROLINA DENTAL SOCIETY FOUNDATION 1600 EVANS RD CARY, NC 27513			FREE DENTAL CLINIC	15,000
PAMLICO COUNTY PARKS & REC DEPT 202 MAIN STREET BAYBORO, NC 28515			YOUTH SPORTS PROGRAM	17,000
PROMISE PLACE1401 PARK AVE NEW BERN, NC 28560			TRAUMA FOCUS THERAPY PROGRAM	10,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PUBLIC RADIO EAST 800 COLLEGE COURT NEW BERN, NC 28562			GENERAL OPERATING	25,000
REACH OUT AND READ INC18 PLOTT DR SYLVA, NC 28779			BOOKS	5,000
REVIVING LIVES MINISTRIES 507 CYPRESS STREET NEW BERN, NC 28560			12 STEP RESIDENTIAL RECOVERY PROGRAM	7,500
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SALVATION ARMY OF JONES ONSLOW COUNTY 510 MAIN ST MAYSVILLE, NC 28555			RENT AND UTILITY ASSISTANCE IN PAMLICO COUNTY AND MAYSVILLE & JACKSONVILLE SERVICE CENTERS	22,000
SOUND RIVERS INC2207 TRENT BLVD NEW BERN, NC 28560			GRANT	2,500
SPECIAL OLYMPICS 2200 GATEWAY CENTRE BLVD MORRISVILLE, NC 27560			SPECIAL OLYMPICS CRAVEN COUNTY	8,500
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SUDAN SHRINERS HOSPITAL FUND PO DRAWER 490 NEW BERN, NC 28563			HOSPITAL FUND	10,000
TOWN OF VANCEBORO7905 MAIN ST VANCEBORO, NC 28586			BASKETBALL COURT FOR BOWERS PARK	15,000
TROSA1820 JAMES STREET DURHAM, NC 27707			RES. RECOVERY PROGRAM	10,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TWIN RIVERS YMCA100 YMCA LANE NEW BERN, NC 28560			GRANT	50,000
VETERANS EMPLOYMENT BASE CAMP 901 CHAPMAN ST NEW BERN, NC 28560			HURRICANE FLORENCE RECOVERY PROJECT	2,703
YMCA OF THE TRIANGLE AREA 2744 SEAFARER RD ARAPAHOE, NC 28510			YOUTH AND GOVERNMENT DELEGATION GRANT	15,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
7TH NATION1709 WASHINGTON ST NEW BERN, NC 28560			DONATION	500
BOYS & GIRLS CLUBS OF COASTAL PLAIN 621 W FIRE TOWER RD WINTERVILLE, NC 28590			TABLE SPONSOR	500
CAROLINA EAST FOUNDATION 2007 NEUSE BLVD B NEW BERN, NC 28560			STORY TIME WITH MRS. CLAUS	1,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CCHD FOUNDATIONPO DRAWER 12610 NEW BERN, NC 28561			HOSPICE FUND	500
COASTAL LAND TRUST3301 TRENT RD NEW BERN, NC 28562			DONATION	1,000
CRAVEN COMMUNITY COLLEGE FOUNDATION 800 COLLEGE COURT NEW BERN, NC 28562			DONATION	500
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRAVEN COUNTY PARTNERS IN EDUCATION 3600 TRENT RD NEW BERN, NC 28562			DONATION	1,040
CRAVEN SMART START 2111 NEUSE BLVD NEW BERN, NC 28560			SPONSOR	500
CRAVEN PAMLICO ECU PIRATE CLUB WARD SPORTS MEDICINE BLDG STE 304 NEW BERN, NC 27858			DONATION	1,000
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ECU ATHLETICS101 HEART DR GREENVILLE, NC 27834			DONATION	1,000
HAVELOCK CHERRY POINT ROTARY 404 LAKE RD HAVELOCK, NC 28532			DONATION	500
MERCI CLINIC1315 TATUM DR NEW BERN, NC 28560			DONATION	500
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEUSE PAMLICO SOUND WOMENS COALITION 101 HALLS CREEK RD NEW BERN, NC 28560			DONATION	500
NEW BERN CHRISTIAN ACADEMY 2911 OLD CHERRY POINT RD NEW BERN, NC 28560			DONATION	1,500
NEW BERN HIGH SCHOOL WRESTLING 4200 ACADEMIC DR NEW BERN, NC 28562			DONATION	200
Total . . . . . ▶ **3a**				1,548,003

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NPSWC INC101 HALLS CREEK RD NEW BERN, NC 28560			DONATION	500
POLLOCKSVILLE VOLUNTEER FIRE DEPT 209 BEAUFORT RD POLLOCKSVILLE, NC 28573			DONATION	500
PROMISE PLACE1401 PARK AVE NEW BERN, NC 28560			DONATION	500
Total . . . . . ▶ **3a**				1,548,003

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TY 2019 Accounting Fees Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	4,925	1,642	0	1,642

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TY 2019 Applied to Prior Year Election

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Election: THE FOUNDATION MANAGER HEREBY STATES THE FOUNDATION IS MAKING AN ELECTION UNDER REG 53.4942(A)-3(D)(2) AND IS SPECIFYING THAT PART OF THE 2019 DISTRIBUTION IS MADE OUT OF UNDISTRIBUTED INCOME FOR 2017.

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TY 2019 Investments Corporate Stock Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	25,880,118	30,390,586

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TY 2019 Legal Fees Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	800	267	0	267

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TY 2019 Other Assets Schedule

Name: THE HAROLD H BATE FOUNDATION INC

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	19,638	19,638
OTHER	1,032		

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TY 2019 Other Expenses Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES & SUBSCRIPTIONS	1,443	0	0	1,443
PUBLIC RELATIONS	5,639	0	0	5,639
POSTAGE	365	0	0	292
REPAIRS & MAINT	7,945	0	0	6,356
INSURANCE	3,961	396	0	3,169
UTILITIES	5,895	0	0	4,716
WEBSITE	566	0	0	453
OFFICE EXPENSE	8,803	0	0	7,042
ACL K-1	17,354	17,354	0	0
PE K-1	2,583	2,583	0	0

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TY 2019 Other Income Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GRANT REFUNDS	891	0	0
ACL K-1	3,385	3,385	0
PE K-1	1	1	0

TY 2019 Other Liabilities Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	1,840	1,455
CALLS	9,635	0

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TY 2019 Other Professional Fees Schedule

Name: THE HAROLD H BATE FOUNDATION INC

EIN: 56-2121302

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	135,685	135,685	0	0

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TY 2019 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	13,111	13,111	0	0
PROPERTY TAXES	2,504	0	0	1,878
PAYROLL TAXES	3,336	0	0	2,502

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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
THE HAROLD H BATE FOUNDATION INC

Employer identification number
56-2121302

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE HAROLD H BATE FOUNDATION INC

Employer identification number
56-2121302

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACQUELYN A MONIAK 6000 PELICAN DR NEW BERN, NC 28562	$ 100,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
THE HAROLD H BATE FOUNDATION INC

Employer identification number
56-2121302

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
THE HAROLD H BATE FOUNDATION INC

Employer identification number
56-2121302

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	