Form 990)
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or th	e 2023 calendar year, or tax year beginning and	ending								
B c a	heck if pplicab	le: C Name of organization	C Name of organization								
	Addre	THE NORTH CAROLINA COALITION AGAINST D									
	Name	pe Doing business as		61-107748	31						
	Initial		Room/suite	E Telephone number							
	Final return	3710 UNIVERSITY DRIVE, SUITE 300		919-956-9	9124 W						
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,930,169.						
	Amer	DORHAM, NC 27707		H(a) Is this a group re							
	Appli tion pend	F Name and address of principal officer: CARTANNE FISHER		for subordinates	? Yes X No						
	-	SAME AS C ABOVE		H(b) Are all subordinates inc	No No						
		empt status: $X = 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1) (a)(1) (a)($	or 527	If "No," attach a	ist. See instructions						
_	Vebs			H(c) Group exemption							
		f organization: X Corporation Trust Association Other	L Year of	of formation: 1981 M	State of legal domicile: NC						
Pa	art I	Summary									
ø	1	Briefly describe the organization's mission or most significant activities: NCCAI		DS NC'S MOVE	MENT TO						
anc		END DOMESTIC VIOLENCE AND TO ENHANCE WORK									
ern	2	Check this box if the organization discontinued its operations or dispos			ets. 16						
200	3				16						
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)		25							
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		18							
Activities & Governance	6	Total number of volunteers (estimate if necessary)									
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
				Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		2,998,722.	3,923,720.						
Revenue	9	Program service revenue (Part VIII, line 2g)		19,120.	615.						
svel Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		735.	5,834.						
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,018,577.	3,930,169.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		191,732.	1,045,729.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,989,647.	2,024,071.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 44,42	23.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		770,778.	1,004,131.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,952,157.	4,073,931.						
	19	Revenue less expenses. Subtract line 18 from line 12		66,420.	-143,762.						
s or			Be	ginning of Current Year	End of Year						
Assets Balanc	20	Total assets (Part X, line 16)		1,884,328.	1,794,425.						
t As	21	Total liabilities (Part X, line 26)		754,335.	808,194.						
ING	22	Net assets or fund balances. Subtract line 21 from line 20		1,129,993.	986,231.						
Pa	art II	Signature Block									

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 officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	CARIANNE FISHER, EXECUTIVE DIRECTOR									
	Type or print name and title									
	Print/Type preparer's name Preparer's signature Date									
Paid	ANDREA WOODELL EASON ANDREA WOODELL EASON 09/23.	/24 self-employed P00361629								
Preparer	Firm's name BLACKMAN & SLOOP ADVISORS, INC.	Firm's EIN 56-1304727								
Use Only	Firm's address 1414 RALEIGH ROAD, SUITE 300									
	CHAPEL HILL, NC 27517	Phone no. (919) 942-8700								
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)										

	990 (2023) THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: NCCADV LEADS THE STATE'S MOVEMENT TO END DOMESTIC VIOLENCE AND TO
	ENHANCE WORK WITH SURVIVORS THROUGH COLLABORATIONS, INNOVATIVE
	TRAININGS, PREVENTION, TECHNICAL ASSISTANCE, STATE POLICY DEVELOPMENT AND LEGAL ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3, 495, 241. including grants of \$1, 045, 729. ) (Revenue \$615. )
14	NCCADV'S PROGRAMS HELP MEET A MOST BASIC HUMAN NEED SAFETY. DOMESTIC
	VIOLENCE IS WIDESPREAD AND DEEPLY DAMAGES THOSE IT TOUCHES. STAGGERING
	NUMBERS OF PEOPLE (1 IN 3 WOMEN; 1 IN 4 MEN) WILL BE VICTIMS IN THEIR
	LIFETIMES. THIS AGENCY WORKS TO INTERRUPT THE CYCLE OF VIOLENCE, END
	THE STIGMA ATTACHED TO A DIFFICULT AND TABOO SUBJECT, AND FREE
	INDIVIDUALS TO PURSUE PHYSICAL AND EMOTIONAL HEALTH. TO ACHIEVE DEEP
	IMPACT, NCCADV GOES BEYOND DIRECT SERVICES AND WORKS TO INFLUENCE THE
	OVERALL ENVIRONMENT THAT ENABLES DOMESTIC VIOLENCE. THIS ENVIRONMENT
	INCLUDES FAMILIES, INSTITUTIONS, JOBS, HOUSING, HEALTH CARE, EDUCATION,
	AND MORE. NCCADV ADVOCATES SKILLFULLY FOR SYSTEMIC CHANGE AND TO END OPPRESSION AND INJUSTICE. IT WORKS TO CREATE A NORTH CAROLINA WHERE
	EVERYONE CAN LIVE AND LOVE FREE FROM THE THREAT OF VIOLENCE.
	Code:         ) (Expenses \$
40	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses 3,495,241.
220000	
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Form 990 (2023)			COALITION	AGAINST	DOM	61-1077481
Part IV Checklist of F	Required Sc	hedules				

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Tes	NO
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>	- 23	
3		3		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
4		4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	- 23	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		x
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		л
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		л
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
332003	12-21-23			(2023)
				. /

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
04.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 23
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
ь.	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
~~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28		21		- 23
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 28</b>	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		х	
	(gambling) winnings to prize winners?	1c		 (2023)
332004	12-21-23 5	rorm	550	(2023)

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22       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2       2       X         34       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         34       Diff the organization have unrelated business gross income of \$1,000 or more during the scaledar years of the theorem of the theorem of the time 3b, provide an exploration of schedule 0       3a       X         34       Diff theorem of the time ab, provide an exploration of schedule 0       3a       X         35       Diff theorem of the time ab, provide the ine 3b, provide an exploration of schedule 0       3a       X         35       Bif theorem of the time ab the foreign country.       3a       X         36       Diff theorem of the time ab the foreign country.       3a       X         36       Diff theorem of the organization file and provide the interest of a party to a prohibited to children interest of the organization file ab cells that an enterest of a party to a prohibited to children interest of the organization file ab cells that are normally greater than \$100,000, and diff the organization file ab cells the absolute of the sequence of the sequen	Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Interpreter on the 2, dot the organization final regulation final regular defaul amplyoment tax returns?       25       28         30       Dot the organization have urrelated business gross income of \$1,000 or more ourring the year?       28       28       28         41       Max in the during the calendar year, did the organization have an interest in, or a signiture or other attribution year, a financial account in a foring neuriness gross income of \$1,000 or more ourring the have on the financial account?       4a       X         43       Did any taxable parts on the financial incoming the calendar year, did the organization in other water, so other financial account?       4a       X         44       Did any taxable parts on the organization in the regulation at any time during the tax year?       5a       X         55       Coses the organization in hour dom 8886 in 20       50       X         66       Did any taxable parts on the did water dow 8867 in 20       50       X         67       Organizations include with every solicitation an appress statement that such cortributions or gifts were not tax deductible a christable contributions?       6a       X         70       Organizations shut may receive doubleble contributions under section 170(c).       8a       X         80       Did the organization include with every solicitation and apple neuronal prosent for which it was required to the organization section 170(c).       7a       X         80				1		Yes	No			
b       It least one is reported on line 2n, dd the organization file all required federal employment tax returns?       2b. X         3a       Did the organization have verified business grows income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, dd the organization have an interest in, or a signature or other stationty over, a financial account in a foring room year have an interest in, or a signature or other stationty over, a financial account in a foring room year have an interest in, or a signature or other stationty over, a financial account in a foring room year have an interest in, or a signature or other station or other financial accounts (EBAR).         5a       Wast the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combibilities tax and the organization solicit any combibilities tax and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combibilities as a contributions or gifts were not tax deductibile combibilities and statule room approvements for FinCN Form 148, near solicit any combibilities and services provided to the pays?       5a         7       Organization have annual gross receipts as contributions or gifts were not tax deductibile?       5a       7a       7a         8       Max deductibile?       Tod interview approvent is neared or of the value of the good and services provided to the pays?       7a       7a       7a         9       Did the organization nave explicit during the year       7d       7a       7a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
ab Did the organization have unrelated business gross income 051,000 or more during the year?       ab       xb         b If Yes, 'India I field a Form 3000 for this year? If Yob Line 3b, provides an explanation on Schedule 0       3b       xb         b If Yes, 'Indianation control to form 300 for this year? If Yob Line 3b, provides an explanation are of ther authority over, a financial account()       4a       Xb         b If Yes, 'Indianation approximation any to tergin contry.       See instructions for film grequirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAF).       See instructions for film grequirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAF).       See instructions for film grequirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAF).       See instructions for film grequirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAF).       See instructions for this years of non RBAF 77       See instructions flat wire on tengrazioni file RBAF RBAF.       See instructions for this years of the approximation and the explanation for the second the approximation and the explanation for the second transplation receives a contribution on advalant that such contributions or gifts were not that addoct/bla an explanation for film See Bark 2A.       Bit Yes, 'Indi the organization include with weake of the good services provided?       Ta       Xa         7       Yes, 'Indi the organization include with weake of the good services provided?       Ta       Xa       Ta       Xa         8       If Yes, 'Indithe organization receive a apprint in access		filed for the calendar year ending with or within the year covered by this return 2a 25								
b       If Yes, 'tasi if lited a form 980 Tor his year, 'd' Mor' to line 3b, provide an explanation on Schedule 0       3b         4a       At any line during the calendary year, 'd' the organization have an interest in, or a signature or other authority over, a triancial account?       4a       X         b       I' Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR), 'See instructions for film requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 'Sea Was the organization have any used or a prohibited ta schelter transaction?       5b       X         5       Did any taxation arguing to a prohibited tax bank account, genetic that as one in a prot to a prohibited tax bank reaction?       5c       C         6       Does the organization have annual gross receipts that an onnual grastive than \$100,000, and did the organization solid.ta any contributions that any crecible decluble contributions.       6a       X         9       I' Yes, 'enter the name of the foreign Canth as a contribution and partly for goods and services provided to the approximation have any contribution scale scale that as contribution and partly for goods and services provided to the approximation for the down of the value of the good core services provided?       7a       X         0       I' Yes, 'enter the mamber of Forms 8282 filed during the year       7d       7a       X         1       Yes, 'indicate the number of Forms 8282 filed during the year       7d       7a       X <t< th=""><th>b</th><th colspan="9"><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th></t<>	b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly is counted as bank account, securities account, or other functial accounts?         4a         X           b If 'Yes,'' enter the name of the foreign country (such as a bank account, securities account, or other functial accounts (FBAR), Se instructions for filing requirements for FINCE From 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa         5a         X           5a Was the organization to the organization the foreign Bank and Financial Accounts (FBAR), Sa         5a         X           5b If 'Yes,'' in the Sa or 5b, did the organization the foreign Bank and Financial Accounts (FBAR), Sa         5a         X           6b Description to the sa or 5b, did the organization include with every solicitation at a prime function of the same contributions or gifts were not tax deductibles on tax deductibles on thate dome of the value of the gonds and services provided to the payor?         7a         X           7b Uf Yes,'' did the organization notify the dome of the value of the gonds or services provided?         7a         X           7b Uf Yes,'' did the organization routify any premumes, directly or indirectly, to pay premumes on a personal benefit contract?         7a         X           7b Uf the organization routify any pay premiums, directly or indirectly, to pay premumes on a personal benefit contract?         7a         X           7b Uf the organization routify or divided the the payor, or the organization file fore masset any trans. Belefit contract?         7a	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
In Transia account in a toreign country (such as a bank account, excurties account, or other financial account?     43     X       If Transian the mane of the foreign country     5a     X       Se instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       D dark stable party notify the organization that was or is a party to a prohibited tax schefter transaction?     5a     X       B Dost the organization have normal gross neephesits that are normally greater than \$100,000, and did the organization have normal gross neephesits that are normally greater than \$100,000, and did the organization solid any contributions or gifts were not tax deductible accharitable contributions?     5a     X       If Yes, 'i did the organization include with every solcitation an express statement that such contributions or gifts were not tax deductible?     7a     X       If Yes, 'i did the organization include with every solcitation and express statement that such contributions or gifts were not tax deductible?     7a     X       If Yes, 'i did the organization necelve a gyment in excess of \$5'm add party as a contribution on ganty to grobed to the payo?     7a     X       If Yes, 'i did the organization maintain gono coefficit dippe or fair globe personal property for which A was required?     7a     X       If Yes, 'i did the organization maintaing dono a diver indirectly, on payonabent contract?     7a     X       If Yes, 'i did the organization indirect dippe organization set as enclude?     7a     X       I	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
b       #"%s", enter the name of the foreign country       Image: the instructions for filling requirements for FinCEN from 114, Report of Foreign Bank and Financial Accounts (FBAR),         5a       Was the organization party to a prohibited tax shafter transaction at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         6c       Dides the organization have annual gross neexipts that are normally greater than \$100,000, and tide the organization solidit any contributions that were not tax deductibles on tax deductibles and shaftable contributions and express statement that such contributions or gifts were not tax deductibles on the vise of the organization neity for shofts and the organization include with every solicitation are express statement that such contributions or gifts       7a       X         7       Types," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles on therwise dispose of tangble personal property for which it was required to the form 2622?       7a       X         8       Did the organization receive apay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         7       Types," indicate the number of Forms 2822 filed during the year?       7d       X       7d       X         8       Did the organization receive a contribution of qars, boats, anjplanes, or other whicks, did the organization file and son th	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
See instructions for timing requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     Image: Comparison of the comparization of prohibited tax shelter transaction at any time during the tax year?     Image: Comparison of the comparization that it was or is a party to a prohibited tax shelter transaction?     Image: Comparization have and provide that it was or is a party to a prohibited tax shelter transaction?     Image: Comparization have annual gross receives that are normally greater than \$100,000, and did the organization solicit any contributions that may enclose that are normally greater than \$100,000, and did the organization solicit any contributions that may receive adductible as chartable contributions?     Image: Comparization have any receive adductible as chartable contributions?     Image: Comparization have any receive adductible as chartable contributions and party for goods and services provided to the payor?     Image: Comparization have any receive adductible as chartable personal property for which it was required to the organization neity for yours and pay or pay in the value of the goods or services provided?     Image: Comparization and party for addictable personal property for which it was required to the form 8282?     Image: Comparization and party for addictable personal property for which it was required?     Image: Comparization and party for addictable personal property for which it was required?     Image: Comparization and party for addictable personal property for which it was required?     Image: Comparization and party for addictable personal property for which it was required?     Image: Comparization addictable personal property for which it was required?     Image: Comparization addictable personal property for which it was required?     Image: Comparization addictable personal property fo		financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	4a		X			
Sa         Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         Sa         X           b         Did any taxable party notify the organization file Form 8886 17         So         So         So         X           Ga         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles         So         X         So         X           B         Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles         So         X         So         X           B         TYes," did the organization include with every solidition an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).         To         To         To         X         To	b									
b       Did any taxate party nothy the organization that it was or is a party to a prohibited tax shefter transaction?       56       X         c       If 'Yes' to line 5a or 5b, did the organization file organization file organization file organization file organization file organization file organization are annual gross receipts that are normally greater than \$100,000, and did the organization sile organization include with every solicitation an express statement that such contributions or gifts       68       X         b       If 'Yes, 'id the organization nuclude with every solicitation an express statement that such contributions or gifts       68       X         f       Organizations that may receive deductible contributions under section 170(c).       74       X         b       Did the organization notity the donor of the value of the goods or services provided?       76       X         f       Did the organization notity the donor of the value of the goods or services provided?       76       X         f       Did the organization neceive any hunds, directly or indirectly, on a personal benefit contract?       76       X         f       Did the organization neceive any thunds, directly or indirectly or ondirectly, on a personal benefit contract?       77       78       X         f       Did the organization neceive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 108:e0?       78       78       74       74       74       74       74 <th></th> <th>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad</th> <th>ccoun</th> <th>its (FBAR).</th> <th></th> <th></th> <th></th>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	its (FBAR).						
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-T?     5c       6a     Does the organization have annual goes receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible on tributions on the resonance of the organization neutral activation to the experiment in costs of \$15^{\circ}\$ mode parts as contribution and party for goods and services provided to the part?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     6a     X       b     Did the organization neutry apprentin in costs of \$35^{\circ}\$ mode parts as contribution and party for goods and services provided to the part?     7a     X       b     If "Yes," did the organization neutry apprentimes, dispose of tangbite personal property for which it was required to the form 88827     7e     X       c     Did the organization neutry any funds, directly or indirectly, to pay permitums on a personal benefit contract?     7e     X       f     Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?     7a     X       f     If the organization make excess business holdings at any the during the year?     7a     X       g     Sponsoring organization neave excess business holdings at any the during the year?     7a     X       f     If the organization neave excess business holdings at any the during the year?     7a     X	5a									
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       Ga       X         b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Gb       Ga       X         a       Id the organization state may receive deductible contributions under section 170(c).       To							X			
any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b     7       7     Organizations that may receive deductible contributions under section 170(c).     7     X       b     If the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     2d     7d     7t     X       f     Did the organization necelved a contribution of qualified intellectual property, did the organization file Form 8892 are required?     7d     X       f     If the organization necelved a contribution of case, boats, aptimate, or other values of the goods or related person?     8     8       9     Sponsoring organization necelved a contribution or advised funds.     Did a donor advised fund aniatained by the sponsoring organization file persons bioling value and the organization file Form 890 as required?     7d     7d       9     Sponsoring organization exelves shufting at any time during the year?     8d     8d       9     Sponsoring organization meake any taxable distribu					<u>5c</u>					
b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     90       a) Bid the organizations that may receive deductible contributions under section 170(c).     77     X       b     If "Yes," (d) the organization notify the donor of the value of the goods or services provided to the par/?     76     X       c) Did the organization notify the donor of the value of the goods or services provided?     76     X       c) Did the organization notify the donor of the value of the goods or services provided?     76     X       c) Did the organization notify the donor of the value of the goods or services provided?     76     X       d) If the organization notify the donor of the value of the goods or services provided?     76     X       d) Did the organization notify the donor of notif contribution of notify the donor of notify the donor of n	6a		-							
were not tax deductible?     60       7     Organizations that may receive deductible contributions under section 170(c).     7       b     Did the organization neither sexes of \$75 made parity as a contribution and parity for goods and services provided to the payor?     7       b     Did the organization neither sexes of \$75 made parity as a contribution and parity for which it was required to the payor?     7       c     Did the organization neither sexes of \$75 made parity as a contribution and parity for which it was required to the form 8282?     7       c     Did the organization neither sexes of \$75 made parity is a contribution and parity for which it was required to the form 8282?     7       d     If "Yes," indicate the number of Forms 8282 filled during the year     7     7     X       f     Did the organization received a contribution of qualified intellectual property (dt the organization file ofm 8998 as required?     7     7     X       f     If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file ofm 8998 are guired?     7     7     X       g     If the sponsoring organization make any taxable distributions under secton 49667     9     9     9       Did the sponsoring organization scieluded on Form 990, Part VIII, line 12     10a     10a     10a       11     Section 501(c)(12) organizations. Enter:     10a     10b     10b       12     Section 501(c)(1	_	•			<u>6a</u>		Ă			
7       Organizations that may receive deductible contributions under section 170(c).       a) lid the organization neckies a payment in excess of STs made partly as a contribution and partly for goods and services provided to the payor       7a       X         b) If 'Ves,' if did the organization notify the door of the value of the goods or services provided?       7c       X         c) Did the organization celves any functs, directly or indirectly, to pay permiums on a personal benefit contract?       7f       X         g) If the organization receive a goment ing the year       7d       X       X         g) If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098 C       X       7g       X         g) If the organization consist hat may down advised fund maintained by the sponsoring organization make any taxable distributions under section advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a <th>b</th> <th></th> <th></th> <th>•</th> <th></th> <th></th> <th></th>	b			•						
a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c       X         f Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of cars, boats, aptianes, or other vehicles, did the organization file Form 8899 as required?       7n       X         h If the organization make any taxable distributions under section 4966?       8       8       9         Sponsoring organization have excess busings at any time during the year?       9a       9b       9a       9a       9b       9b       9a       9b       9a       9b       9a       9a       9b       9a       9a       9b       9a       9b	_				<u>6b</u>					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       2d       Zd       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       If the organization received a contribution of qualified intellectual property, did the organization for Benefit contract?       7d       X         g       If the organization received a contribution of carb, bats, apipanes, or other vehicles, did the organization fall       Form 8899 as required?       7h         h       If the organization make any taxable distributions under section 49667       9a					7.		v			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8099 as required?       7r       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d       7d       X         g Sponsoring organization maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a </th <th>_</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>_ <u> </u></th>	_						_ <u> </u>			
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?       7f       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8998 as required?       7f       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8990 as required?       7f       X         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make a distributions under section 4966?       9a       <										
d If "Yes," indicate the number of Forms 8282 filed during the year       Image: Comparisation during the year, apprenums, or a personal benefit contract?       Te       X         e Did the organization, during the year, apprenums, or a personal benefit contract?       Te       X         g If the organization during the year, apprenums, or other vehicles, did the organization file a Form 1098-C?       Te       X         g If the organization apprenums, diffect function of qualified intellectual property, did the organization file a Form 1098-C?       Te       X         g Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make a distribution to a donor, dovised fund maintained by the sponsoring organizations make and taxibilitation functions included on Part VIII, line 12       Image:	С				70		v			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?       7h       X         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       0         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       0         10       bid the sponsoring organization make any taxable distributions under section 4966?       9a       0       0         10       Boros receipts, included on Form 900, Part VIII, line 12       10a       10a       10b       0         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       11c       11a       11b       11a       11b       11b       11c       11c       11c       11c       11c       11c       11c       11c       11c	A				10					
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       the sponsoring organization make a distribution to a donor advised funds.       9a       9         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b       10c					70		x			
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Bonsoring organization make any taxable distributions on dor advisor, or related person?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Gross income from members or shareholders       11a         13       Bection 501(c)(12) organizations. Enter:       11a         14       Total       11b         12a       10d       11a         13       Bection 501(c)(12) organizations. Enter:       11a         14       Total       11b       12a         143       Bection 501(c)(21) organizations intervel tervest received or accrued during the year       12b       12a         143       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a         143       Se										
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       11a       11b         a       Gross income from members or shareholders       11a       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O.       13a       13a         13       Section 4947(a)(29) qualified nealth plans in more than one state?       13a       13a         14       Did the organization is locensed to issue qualified health plans in more than one state?       14a       X <t< th=""><th></th><th colspan="9"></th></t<>										
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Bection 501(c)(7) organizations. Enter:       10a         11       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross income from members or shareholders       11a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(2)(12) organization filing Form 990 in lieu of Form 1041?       12a         14       It's es, 'tenter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a         a       Is the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for indoor tanning services during the tax yea?       14a       X										
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified norganization interest received or accrued during the year       12b         13       Section 501(c)(29) qualified norganization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a         c Enter the amount of reserves on hand       13c       14a       X         14b       13c       14a       X         15       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         16       If "Yes," hear the instructions and fi										
9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         1       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       Did the organization licensed to issue qualified health plans is more than one state?       13a       13a         14a       Did the organization si cequired to maintain by the states in which the organization is licensed to issue qualified nonparts in dromation the organization must report on Schedule O.       14b       14b										
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans is report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       15         15 a the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceses p	9									
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         a Gross income from members or shareholders       11a       10b         b Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 9947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15       X         14       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14a       X         15       If "Yes," see the in	а									
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If "Yes," complete Form 6069.	.,				17					
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THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 5

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Form 990 (2023)

Form 990	(2023)
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## THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

				Yes	N			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	ny other						
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct s	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or	ne or						
	more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold							
	persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the f							
а	The governing body?	•	8a	Х				
	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C							
	tion 21 onotoo (mis Section B requests information about policies not required by the internal revenue C	<i>ode.)</i>		Yes	Ν			
0-	Did the ergenization have lead chapters, branches, or effiliates?		10a	165	X			
	Did the organization have local chapters, branches, or affiliates?		10a		- 23			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a	•	104					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	tiling the form?	11a	~				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des			37				
	on Schedule O how this was done		12c	X				
3	Did the organization have a written whistleblower policy?		13	X				
4	Did the organization have a written document retention and destruction policy?		14	Х				
5	Did the process for determining compensation of the following persons include a review and approval by inde	ependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	Х				
b	Other officers or key employees of the organization		15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	ha						
	taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	rticipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	3						
	exempt status with respect to such arrangements?		16b					
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed $_ m NC$							
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request Other (explain on Sch	edule O)						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	,	finand	cial				
	statements available to the public during the tax year.							
	State the name, address, and telephone number of the person who possesses the organization's books and CARIANNE FISHER - 919-956-9124	records						
20								
20								
	3710 UNIVERSITY DRIVE, SUITE 300, DURHAM, NC 27707		Form	990	()0			

Form 990 (2023)			COALITION			-10//481	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employe	es, and Independent	Contractors									
Check if Sc	hedule O contains a respon	se or note to any l	ine in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	not cl	Pos	ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	on is both an ector/trustee)		compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	l trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	_	nploy	st cor	ar	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) CARIANNE FISHER	40.00									
EXECUTIVE DIRECTOR				Х				81,790.	Ο.	11,601.
(2) KANDACE WATKINS	5.00									
CO-CHAIR / CHAIR		Х		Х				0.	Ο.	0.
(3) JAMIE SELLERS	3.00									
CO-CHAIR		Х		Х				0.	0.	0.
(4) MICHAEL WILSON	4.00									
TREASURER, FINANCE CHAIR		Х		Х				0.	0.	0.
(5) LAURA O'NEAL	3.00									
SECRETARY		Х		Х				0.	0.	0.
(6) BRIDGET MCENANEY (BEGAN DEC 202	4.00									
MEMBER		Х						0.	0.	0.
(7) VICKIE EVANS	1.00									
MEMBER		Х						0.	0.	0.
(8) LEIGH SWEET	1.00									
MEMBER		Х						0.	0.	0.
(9) KC BUCHANAN	1.50									
MEMBER		Х						0.	0.	0.
(10) ELISABETH JONES	3.00									_
MEMBER		Х						0.	0.	0.
(11) KRISTEN POWERS	1.50									•
MEMBER		Х						0.	0.	0.
(12) LAUREN WILKE	3.00								•	•
MEMBER	1 50	Х						0.	0.	0.
(13) VICKIE PAIT	1.50								0	0
MEMBER	0.50	Х						0.	0.	0.
(14) TRACEY RAY	2.50							•	0	0
MEMBER	1 50	Х						0.	0.	0.
(15) COURTNEY COTTRELL	1.50							•	0	0
MEMBER	1 0 0	Х						0.	0.	0.
(16) LUCRETIA BANKS	1.00	37						•	0	0
MEMBER	4 00	Х						0.	0.	0.
(17) MAIYSA MESBAH CLARKE (ENDED JUN	4.00	77							<u> </u>	<u>^</u>
FORMER TREASURER, FINANCE CHAIR		Х						0.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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#### 14070923 783398 21223.000

		I CAROLI	:NA	C	OA	LI	TI	ON	AGAINST DOM	61-10	)774	81	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	ss per	ition more rson is	l than c s both r/trus	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F</b> Estima amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	compen from organiz and re organiz	isation the zation lated
(18)	MARIO BENAVENTE (ENDED NOV 2023	1.00		_	0	×			_				
FORM	ER MEMBER		X						0.		0.		0.
	Subtotal Total from continuation sheets to Part VI								81,790. 0.		0.		601. 0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								81,790. ceived more than \$100,	000 of reportable	0.		601. 0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual										Ye 3	s No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? <i>If</i> "Yes, accrue compen	" co Isati	<i>mple</i> on fr	ete S om	Sche any	edule unre	<i>J fo</i> late	or such individual d organization or individ	lual for services		4	X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	Ders	on .					5	X
1	Complete this table for your five highest control the organization. Report compensation for the organization for t	-									ensatio		
(A) Name and business address WRAL DIGITAL SOLUTIONS									(B) Description of s		Co	(C) mpensa	tion
261	9 WESTERN BLVD, RALEIG	H, NC 2	76	06					DIGITAL MEDI	A & MARK		113,	000.
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz		ot lin	nitec	l to i	thos 1		ted	above) who received mo	ore than		orm <b>99</b> (	

332008 12-21-23

Form **990** (2023)

			2023) THE NORTH CA	ROLINA CO.	ALITION AGE	AINST DOM	61-1077	481 Page 9
Pa	rt V	411						
			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII (A)	(B)	(C)	D
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues <b>1b</b>	41,751.				
n Gr			Fundraising events <b>1</b> c					
ifts ar A			Related organizations 1d					
s, G mila				,768,335.				
ion: Sij			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	113,634.				
d O T		g	Noncash contributions included in lines 1a-1f					
Co		h	Total. Add lines 1a-1f		3,923,720.			
				Business Code				
e	2	а	TRAINING REGISTRATION	900099	615.	615.		
ervi		b		-				
n Se enu		С						
ran Sevi		d						
Program Service Revenue		е		.				
Ъ			All other program service revenue		C1F			
		g	Total. Add lines 2a-2f		615.			
	3		Investment income (including dividends, inte		5,834.			5,834.
			other similar amounts) Income from investment of tax-exempt bond		5,0540			5,0540
	4 5		Royalties	-				
	5		(i) Real	(ii) Personal				
	6	а	Gross rents	(	-			
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities					
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
an			and sales expenses 7b					
venue		с	Gain or (loss)					
0		d	Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not					
đ			including \$ of					
			contributions reported on line 1c). See					
		_	Part IV, line 18		-			
			• • • • • • • • • • • • • • • • • • •	b				
			Net income or (loss) from fundraising events					
	Э	a	Gross income from gaming activities. See	a				
		h	· · · · · · · · · · · · · · · · · · ·	a b	-			
			Net income or (loss) from gaming activities	×1				
			Gross sales of inventory, less returns					
		-		Da				
		b		Db				
			Net income or (loss) from sales of inventory					
(0				Business Code				
Miscellaneous Revenue	11	а		.				
ane		b						
cell }eve		с						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d		2 0 2 0 1 6 0	C1F		E 0.2.4
	12		Total revenue. See instructions		3,930,169.	615.	0.	5,834. Form <b>990</b> (2023)
33200	9 12-	21-	23					FUTH 330 (2023)

^{332009 12-21-23} 

# Form 990 (2023) THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 10 Part IX Statement of Functional Expenses

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

0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	998,118.	998,118.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	47,611.	47,611.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	101,601.	66,041.	20,320.	15,240.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,526,083.	1,283,600.	228,625.	13,858.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	271,525.	234,458.	33,890.	<u>3,177.</u> 2,169.
10	Payroll taxes	124,862.	106,724.	15,969.	2,169.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	24.426			
d	Lobbying	34,406.	34,406.		
е	Professional fundraising services. See Part IV, line 17				
f	5 F				
g	Other. (If line 11g amount exceeds 10% of line 25,	21.0 02.0	1 4 5 6 4 5	1 6 2 2 2 4	1 = 0 0
	column (A), amount, list line 11g expenses on Sch 0.)	312,039.	147,047.	163,284.	1,708.
12	Advertising and promotion	CE 01E		6 0 4 1	0 808
13	Office expenses	65,915.	56,267.	6,941.	2,707.
14	Information technology				
15	Royalties	100 105	07 241	12.000	1 000
16	Occupancy	102,185.	87,341.	13,069.	1,775.
17	Travel	44,632.	37,937.	6,695.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 604	1 (04		
19	Conferences, conventions, and meetings	4,604.	4,604.		
20					
21	Payments to affiliates	22 561		22,564.	
22	Depreciation, depletion, and amortization	22,564. 7,681.	6,566.	982.	133.
23	Insurance	/,001.	0,300.	904.	133.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DDOODAN EVDENCE	276,591.	276,591.		
a b		89,525.	76,520.	11,450.	1,555.
с С	DUES AND SUBSCRIPTIONS	26,006.	22,228.	3,326.	452.
d	MISCELLANEOUS EXPENSE	7,869.	772.	6,407.	690.
	All other expenses	10,114.	8,410.	745.	959.
25	Total functional expenses. Add lines 1 through 24e	4,073,931.	3,495,241.	534,267.	44,423.
26	<b>Joint costs.</b> Complete this line only if the organization	_, ,	-,,		,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-21-23				Form <b>990</b> (2023

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Form 990 (2023)

14070923 783398 21223.000

THE NORTH	CAROLINA	COALITION	AGAINST	DOM	61-1077481	Page <b>11</b>
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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			117,246.	1	182,349.
	2	Savings and temporary cash investments			250,735.	2	256,568.
	3	Pledges and grants receivable, net			757,173.	3	773,673.
	4	Accounts receivable, net			23,100.	4	18,064.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	d in secti	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9				82,810.	9	6,449.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	100,508. 46,689.			
	b	Less: accumulated depreciation	46,689.	52,548.	10c	53,819.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line -			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		600,716.	15	503,503.	
	16	Total assets. Add lines 1 through 15 (must equ			1,884,328.	16	1,794,425.
	17	Accounts payable and accrued expenses			136,254.	17	284,694.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form					
Ē		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the		F		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s <b>1</b> 7-24).	Complete Part X	C10 001		
		of Schedule D		····· -	618,081.		523,500.
	26				754,335.	26	808,194.
ŝ		Organizations that follow FASB ASC 958, che	ck here	X			
nce	07	and complete lines 27, 28, 32, and 33.			905,883.	07	800 826
alaı	27				224,110.	27	890,826. 95,405.
а р	28	Net assets with donor restrictions			224,110.	28	95,405.
Ŭ.		Organizations that do not follow FASB ASC 9	58, cheo				
ъ Т	00	and complete lines 29 through 33.				00	
jts (	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,129,993.	31	986,231.
ž	32	Total net assets or fund balances			1,884,328.	32 33	1,794,425.
	33	Total liabilities and net assets/fund balances .			I,004,020.	აა	$\frac{1,794,423}{1,794,423}$

Form **990** (2023)

Form	990 (2023) THE NORTH CAROLINA COALITION AGAINST DOM	61-1(	77481	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,930		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,073		
3	Revenue less expenses. Subtract line 2 from line 1	3	-14:		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,129	9,9	<u>93.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	980	5,2	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2023)

332012 12-21-23

SCHEDULE A			Dublic Che	rity Status an		lia Cu	unnart		OMB No. 1545-0047	
(Fo	orm 99	90)			rity Status an					2023
					47(a)(1) nonexempt cha					2023
		f the Treasury nue Service			ttach to Form 990 or Fo					Open to Public
				Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employer	Inspection
nar	ne or i	the organization			LINA COALITI		TNOT	лом		identification number 1-1077481
Pa	art I	Reason			(All organizations must c					1-10//401
					For lines 1 through 12, c				15.	
1			•	•	on of churches described		,	()( <b>A</b> )(i)		
2	$\square$				Attach Schedule E (Forn			•,,,-,,,•,,•		
3	$\square$				anization described in s		(b)(1)(A)(i	ii).		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		-			in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from o	optribution	ne momborek	in food and	d gross receipts from
10					t to certain exceptions;					
					(less section 511 tax) fro					
				mplete Part III.)			000 0090		Janization a	
11					ively to test for public sa	fetv. See	section 50	)9(a)(4).		
12		-	•	-	vely for the benefit of, to	•			rry out the	purposes of one or
		-	-	-	d in section 509(a)(1) o	-			-	
		lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a		<b>Type I.</b> A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b				-	or controlled in connect			-		-
					anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ ~	.,	t complete Part IV,						
c			-	• • • •	g organization operated				ly integrate	d with,
	. —		0	.,.	). You must complete l			-		
c			-		porting organization oper ation generally must sat				•	.,
					nplete Part IV, Sections				an allentiv	61633
e		- ·		,	written determination fro				II. Type III	
	, <u> </u>				nally integrated supporti			19901, 1990	n, rype n	
f	Ente	er the number of		·	, , , , , , , , , , , , , , , , , , , ,					
ç	Prov	vide the followi	ng informatior	n about the supporte						
	(	i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)

Total

# Schedule A (Form 990) 2023 THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2409394.	4384881.	3461351.	2998722.	3923720.	17178068.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2409394.	4384881.	3461351.	2998722.	3923720.	17178068.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						300,360.
6	Public support. Subtract line 5 from line 4.						16877708.
	ction B. Total Support		L	L	•	ł	•
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2409394.	4384881.	3461351.	2998722.	3923720.	17178068.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				735.	5,834.	6,569.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						17184637.
12	• • • • • • • • • •	etc. (see instruction	ns)			12	31,531.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	98.21 %
15	Public support percentage from 2022					15	97.86 %
16a	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization	~	
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	•					
	organization meets the facts-and-circi						
18	Private foundation. If the organization		•				s
							(Form 990) 2023

332022 12-21-23

#### Schedule A (Form 990) 2023 THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Invest					16	%
	Investment income percentage for 20			no 13 column (f))		17	%
	Investment income percentage for					18	%
	33 1/3% support tests - 2023. If the					·	
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
33202	23 12-21-23					Sched	lule A (Form 990) 2023
			16				

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Schedule A (Form 990) 2023 THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Sec	Section C. Type II Supporting Organizations							
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(c)

Section D.	All Type III Su	upporting O	rganizations

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

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

1	Check the box next to the method	d that the organization use	ed to satisfy the Integral Par	t Test during the vear	(see instructions).
•	Check the DOX heat to the method	, inal ine organization use			1000 11104 404

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization is t	he parent of each	of its supported	organizations.	Complete line 3 below.
---	--	-----------------------	-------------------	------------------	----------------	------------------------

с		The organization	supported a	a governmental (	entity.	Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------	-------------	------------------	---------	-----------------	----------	-----------------	---------------------	-----------------------------

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

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

Yes No

1

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Sche Pa	dule A (Form 990) 2023 THE NORTH CAROLINA COA			1-1077481 Page 6
		<u> </u>		Dent VII Cas instructions
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	<u>st complete </u>	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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### THE NORTH CAROLINA COALITION AGAINST DOM 61-1077481 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
<u>    i</u>	Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE NORTH	CAROLINA	COALITION	AGAINST	DOM 61-1077481	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	rmation. Provide t 1, 2, 3b, 3c, 4b, 4c, 5 , lines 2 and 3; Part IV	he explanations re a, 6, 9a, 9b, 9c, 11 /, Section E, lines ⁻	quired by Part II, line a, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 1 rt IV, Section B, li b; Part V, line 1;	7a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	C,
	(See instructions.)		, , , , , ,				
332028 12-21-2	3					Schedule A (Form 9	90) 2023
			2	1			,

#### Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Organization type (check one):

ΤF

Schedule B

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

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61-1077481

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X 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), 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.

J 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization			

THE NORTH CAROLINA COALITION AGAINST DOM

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

(b)

Employer identification number

61-1077481

(c)

#### No. Name, address, and ZIP + 4 **Total contributions** Type of contribution CENTERS FOR DISEASE CONTROL AND 1 PREVENTION X Person Payroll 2920 BRANDYWINE ROAD, MAILSTOP K-79 498,028. Noncash (Complete Part II for ATLANTA, GA 30341-4146 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution US DEPARTMENT OF HEALTH AND HUMAN 2 SERVICES X Person Payroll 370 L'ENFANT PROMENADE, S.W. 498,364. Noncash (Complete Part II for WASHINGTON, DC 20447 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. US DEPARTMENT OF JUSTICE, OFFICE OF 3 VIOLENCE AGAINST WOMEN X Person Payroll 145 N STREET NE, 10TH FLOOR 394,332. Noncash (Complete Part II for WASHINGTON, DC 20530 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. NC DEPARTMENT OF CRIME AND PUBLIC SAFETY, GOVERNOR'S CRIME C 4 X Person Payroll Noncash 1201 FRONT ST., STE 200 923,662. \$ (Complete Part II for RALEIGH, NC 27609 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NC DEPARTMENT OF ADMINISTRATION, NC 5 COUNCIL FOR WOMEN X Person Payroll **422 NORTH BLOUNT STREET** 402,298. Noncash (Complete Part II for RALEIGH, NC 27603 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution US DEPT OF HOUSING AND URBAN 6 DEVELOPMENT X Person Payroll 451 7TH STREET, S.W 923,638. Noncash \$ (Complete Part II for WASHINGTON, DC 20410 noncash contributions.) Schedule B (Form 990) (2023) 323452 12-26-23

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Part I

(a)

Page **2** r identification number

(d)

Name of organization

#### THE NORTH CAROLINA COALITION AGAINST DOM

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
		   \$	

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Employer identification number

Schedule	B (Form 990) (2023)		Page <b>4</b>					
Name of c	organization		Employer identification number					
THE N	ORTH CAROLINA COALITION	AGAINST DOM	61-1077481					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in sec ) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a	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, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a		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, a	and ZIP + 4	Relationship of transferor to transferee					
323454 12-20	6-23	I	Schedule B (Form 990) (2023)					

SCHEDULE C	SC	HE	DU	LE	С
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Department of the Treasury

Internal Revenue Service

(Form 990)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	ne of organization	Emp	loyer i	dentification	number
	THE NORTH CAROLINA COALITION AGAINST DOM		61	-10774	81
Pa	art I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 or	ganiz	zation.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.				
2		Ś	6		
3	Volunteer hours for political campaign activities				
	······································				
Pa	art I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	٤	<u>،</u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	8	<u></u> ز		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			Yes	No
	a Was a correction made?			Yes	No No
I	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the organization is exempt under section 501(c), except section	501(c	;)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	5	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527				
	exempt function activities	8	<u></u> ز		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,				
	line 17b	🤅	6		
4				Yes	No
5	Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations t	o whic	h the	filing organiza	ation
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also e				
	contributions received that were promptly and directly delivered to a separate political organization, such as a s	eparat	e segr	egated fund	or a
	political action committee (PAC). If additional space is needed, provide information in Part IV.				
		-	Τ.		

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

OMB No. 1545-0047

2023 Open to Public Inspection

		ORTH CAROLINA COALITION AGAI		
Pa	t II-A Complete if the organizatio section 501(h)).	n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
		no to an affiliated annun (and list in David IV) and affiliated		
A	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
Р		ed box A and "limited control" provisions apply.		
<u></u> <u></u> <u></u> <u></u> <u></u>	Check if the filing organization check Limits on Lobl (The term "expenditures" m	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	34,406.	
с	Total lobbying expenditures (add lines 1a and	1 1b)	34,406.	
d			4,039,525.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	4,073,931.	
f	Lobbying nontaxable amount. Enter the amo		353,697.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	88,424.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, et	nter -0-	0.	
	If the same for any second with an the same second states	uline the suline til did the susception file Forms 4700		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d)</b> 2023	<b>(e)</b> Total				
2a Lobbying nontaxable amount	360,496.	302,752.	297,608.	353,697.	1,314,553.				
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,971,830.				
c Total lobbying expenditures	37,735.	34,656.	34,659.	34,406.	141,456.				
d Grassroots nontaxable amount	90,124.	75,688.	74,402.	88,424.	328,638.				
e Grassroots ceiling amount (150% of line 2d, column (e))					492,957.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2023

No

Yes

332042 11-06-23

#### THE NORTH CAROLINA COALITION AGAINST DO 61-1077481 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

#### (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a	)	(b)	
	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
d d	Media advertisements?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
-	Total. Add lines 1c through 1i				
, 2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion	
	<b>301(0)(0)</b> .			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
	Carryover from last year				
с	Total		. 2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D	)
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 61 1077/81

	THE NORTH CAROLINA	COALITION AGAIN	ST DOM		61-1077481
Par				coun	
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised fund	s (	b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
2	Aggregate value of grants from (during year)				
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the appets hold in d	anar advised fund		
5	-	-			Yes No
6	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a			-	
	for charitable purposes and not for the benefit of the donor of		• •	•	
Par					Yes No
			orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recrea			-	important land area
	Protection of natural habitat		ervation of a certif	fied his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution ir	n the form of a cor		
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str			2c	
d	Number of conservation easements included on line 2c acqu				
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or termina	ted by the organiz	zation o	during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, ha	andling of		
	violations, and enforcement of the conservation easements it	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservation	n easei	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation eas	sement	s during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of sec	tion 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and	d expense statem	ent and	Ł
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financ	ial statements tha	at desc	ribes the
	organization's accounting for conservation easements.				
Par		•	es, or Other Si	imilar	r Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue st	atement and bala	ince sh	eet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or res	earch in furtheran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes	these items.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue stater	ment and balance	sheet	works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or resea	rch in furtherance	of pub	olic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			8	\$
					\$
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-		5	\$
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction				Schedule D (Form 990) 2023
	09-28-23				, , ,

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	dule D (Form 990) 2023 THE NOR t III Organizations Maintaining C	TH CAROL						61-10			age <b>2</b>
									• (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other re	ecords, che	ck any of the	following that	t make si	gnificant ι	use of its			
	collection items (check all that apply).			_							
а	Public exhibition		d	_	change progra						
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and e	xplain how	they further t	the organizatio	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	or receive donat	ions of art,	historical trea	asures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		omplete if th	ne organizatio	on answered "	Yes" on I	Form 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete t	he following	g table:							
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organizatio	on answered	d "Yes" on Fo	orm 990, Part	IV, line 10	0.				
		(a) Current ye	ear <b>(b</b>	) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		alance (line	1a column (	a)) held as:						
			aiance (inne %	rg, column (a	a)) field as.						
	Board designated or quasi-endowment Permanent endowment	%	70								
b		% %									
C		<u>-</u> / -									
•	The percentages on lines 2a, 2b, and 2c sho						_				
за	Are there endowment funds not in the posse	ession of the org	janization ti	nat are neid a	and administer	red for th	е			Yes	No
	organization by:									165	NU
	(i) Unrelated organizations?								3a(i)		
_	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				,				3b		
4	Describe in Part XIII the intended uses of the		endowmen	t funds.							
Par	t VI Land, Buildings, and Equipm		000 D	N/ Paradata d	0	Denty	l'a a 10				
	Complete if the organization answere										
	Description of property		t or other vestment)	• • •	st or other s (other)	. ,	ccumulate preciation	ed	(d) Boo	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			1(	00,508.		46,68	39.	5	<mark>3,8</mark> 2	19.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		Part X. line	10c. colum	n (B))				5	3,8:	19.
		,			,						

Schedule D (Form 990) 2023

332052 09-28-23

	(Form 990) 2023		AROLINA COALI	TION	AGAINST	DOM	61-1077481	Page 3
Part VII								
			on Form 990, Part IV, line					
		ry (including name of security)	(b) Book value	(c)	Method of valua	tion: Cost	or end-of-year market v	/alue
. ,				_				
	held equity interests							
(3) Other								
(A)								
<u>(B)</u>				_				
(C)				_				
<u>(D)</u>				_				
<u>(E)</u>				_				
(F)				+				
(G)				-				
	h) must squal Form 000	Dort V line 10 col (D))						
	b) must equal Form 990, Investments - P							
i art i iii		-	on Form 990, Part IV, line	11c See	- Form 990 Part	X line 13		
	(a) Description of ir		(b) Book value				or end-of-year market v	value
(1)				- (0)			or ond or your market	
(1)				+				
(3)								
(4)				-				
(5)				-				
(6)								
(7)								
(8)								
(9)								
	b) must equal Form 990,	Part X line 13 col (B))						
Part IX	Other Assets							
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	e 11d. See	e Form 990, Part	X, line 15		
		(a)	Description				(b) Book v	alue
(1) RI	GHT OF USE	ASSET - OPER	ATING LEASES				494	,866.
(2) SE	CURITY DEPO	SITS					8	,637.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	mn (b) must equal For	m 990, Part X, line 15, co	I. (B))				503	,503.
Part X	Other Liabilities							
			on Form 990, Part IV, line	e 11e or 1	1f. See Form 990	D, Part X, I		
1.	( <b>a</b> ) Des	scription of liability					(b) Book va	alue
	eral income taxes							
(2) LE	ASE LIABILI	TY					523	,500.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
			<u>I. (В))</u>					,500.
2. Liability	for uncertain tax posit	tions. In Part XIII, provide	the text of the footnote t	o the org	anization's financ	cial statem	ents that reports the	
organiza	ation's liability for unce	ertain tax positions under	FASB ASC 740. Check h	nere if the	text of the footn	ote has be	een provided in Part XII	I

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 THE NORTH CAROLINA COALIT	TION AGAINST DOM	M 61-1	L077481 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue pe	er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,930,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1		3	3,930,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,930,169.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Returr	ו
Pa	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements With Expenses	per Returr	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Returr	4,073,931.
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ments With Expenses	per Returr	
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line 1           Total expenses and losses per audited financial statements	Principal State St	per Returr	
1 2	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Expenses	per Returr	
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	I2a.         I2a	per Returr	
1 2 a b	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a	per Returr	
1 2 b c	<b>XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2a            2b            2c            2d	per Return	4,073,931.
1 2 b c d	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	per Return	4,073,931.
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	per Return	4,073,931.
1 2 b c d 3	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	per Return	4,073,931.
1 2 6 6 8 3 4	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	per Return	4,073,931.
1 2 b c d e 3 4 a	<b>Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         12a.         2b         2b         2c         2d         2d         4a         4b	2e 3	4,073,931. 0. 4,073,931. 0.
1 2 a b c d e 3 4 a b c 5	<b>t XII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 1         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b           2b         2c           2d         2d           4a         4b	per Return           1           2e           3           4c	4,073,931. 0. 4,073,931.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury			Attach to Form				Open to Public			
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection			
Name of the organization THE NORTH	CAROLINA	COALITION	AGAINST DO	M			Employer identification number 61-1077481			
Part I General Information on Grants a	Part I General Information on Grants and Assistance									
criteria used to award the grants or assis	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection     criteria used to award the grants or assistance?     X Yes     No									
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					nization anoward "W	aal on Form 000 Dart	IV line O1 for any			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered f	es on form 990, Fan	TV, III e 21, IOF ally			
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
CENTER FOR FAMILY VIOLENCE PREVENTION - 150 E ARLINGTON BLVD STE D - GREENVILLE, NC 27858	56-1438138	501C3	81,773.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
COASTAL WOMEN'S SHELTER, INC. 2403 TRENT RD NEW BERN, NC 28562	58-1665785	501C3	38,622.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
COMPASS CENTER PO BOX 1057 CHAPEL HILL, NC 27514	56-1271474	501C3	7,111.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
DOMESTIC VIOLENCE SHELTER & SERVICES, INC - 2901 MARKET ST - WILMINGTON, NC 28401	56-1497076	501C3	100,471.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
FAMILY GUIDANCE CENTER 17 US 70 SE HICKORY, NC 28602	56-6020417	501C3	54,519.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
FAMILY SERVICES OF DAVIDSON COUNTY, INC PO BOX 607 - LEXINGTON, NC 27293	58-1591597	501C3	118,432.	0.			VIOLENCE RESPONSE AND/OR PREVENTION			
2 Enter total number of section 501(c)(3) ar	nd government org		e line 1 table				12.			

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

#### Schedule I (Form 990) THE NORTH CAROLINA COALITION AGAINST DOM

61-1077481 Page 1

		COALITION					DI-IU//481 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOUNCHON LEE HADNERS COMMINIES							
JOHNSTON-LEE-HARNETT COMMUNITY							WIGHENGE DEGRONGE AND OF
ACTION - PO BOX 711 - SMITHFIELD,		F 01 G 2	001 107				VIOLENCE RESPONSE AND/OR
NC 27577	56-0859623	50103	201,107.	0.			PREVENTION
RESOURCES EDUCATION ASSISTANCE							
COUNSELING AND HOUSING OF MACON							
AKA REACH OF MACO - PO BOX 228 -	56 4600064		116.010				VIOLENCE RESPONSE AND/OF
FRANKLIN, NC 28744	56-1689264	501C3	116,210.	0.			PREVENTION
ROBESON COUNTY COMMITTEE ON							
DOMESTIC VIOLENCE DBA SOUTHEASTERN							
FAMILY VIOLENCE C - PO BOX 642 -							VIOLENCE RESPONSE AND/OF
LUMBERTON, NC 28359	58-1515871	501C3	154,753.	0.			PREVENTION
THE REACH CENTER							
921 HUNTER HILL RD							VIOLENCE RESPONSE AND/OF
ROCKY MT, NC 27804	61-1533617	501C3	38,278.	٥.			PREVENTION
SIXTH AVENUE PSYCHIATRIC							
REHABILITATION PARTNERS, INC. AKA							
THRIVE - 218 WEST ALLEN STREET							VIOLENCE RESPONSE AND/OF
SUITE B - HENDERSONVILLE, NC 28739	20-5599815	501C3	28,101.	0.			PREVENTION
WESLEY SHELTER							
PO BOX 1426							VIOLENCE RESPONSE AND/OR
WILSON, NC 27894	56-1383462	50103	58,741.	0.			PREVENTION
WILSON, NC 27894	30-1303402	50105	50,741.	· · ·			FREVENTION

Schedule I (Form 990)

#### Schedule I (Form 990) 2023

23 THE NORTH CAROLINA COALITION AGAINST DOM

61-1077481

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					RENTAL ASSISTANCE, UTILITY
					PAYMENTS, FUNERAL EXPENSES,
					GIFT CARDS AND OTHER FLEXIBLE
SUPPORT FOR SURVIVORS OF DV DURING THE PANDEMIC.	39	0.	47,611.	FMV	FUNDS FOR GROCERIES, CAR
Part IV Supplemental Information. Provide the information req	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	lditional information.	

PART I, LINE 2:

THE BOARD OF DIRECTOR AND MANAGEMENT TEAM MONTIOR THE USE OF GRANT FUNDS

THROUGH REVIEW AND APPROVAL PROCESSES.

#### (F) DESCRIPTION OF NON-CASH ASSISTANCE: RENTAL ASSISTANCE, UTILITY

PAYMENTS, FUNERAL EXPENSES, GIFT CARDS AND OTHER FLEXIBLE FUNDS FOR

GROCERIES, CAR REPAIRS, ETC. FOR SURVIVORS OF DV.

SCHEDULE	С
(Form 990)	

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number THE NORTH CAROLINA COALITION AGAINST DOM

61-1077481

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

WE WERE ABLE TO RESUME OUR LANGUAGE ACCESS WORK AND FULLY IMPLEMENT OUR

HOUSING PROGRAM. WE ALSO BEGAN WORK WITH DEAF, HARD OF HEARING, AND

DEAFBLIND SURVIVORS AND DISASTER PREPAREDNESS AND RELIEF WORK. THE

FUNDING FOR OUR ABC (AFRICAN, BLACK, AND CARIBBEAN) SERVICES PROGRAM

AND MUCH OF OUR COVID-19 RELATED FUNDING ENDED.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS ARE PROVIDED WITH A COPY OF FORM 990 PRIOR TO

THE BOARD REVIEWS AND APPROVES THE FORM 990 AT THEIR BI-MONTHLY FILING.

MEETING.

SECTION B, LINE 12C: FORM 990, PART VI,

NCCADV HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT EXPECTS BOARD MEMBERS

AND EMPLOYEES TO AVOID AND REPORT ANY CONFLICTS OF INTEREST AND/OR

APPEARANCES OF SUCH CONFLICTS. THE POLICY IS SIGNED BY THE BOARD MEMBERS

AND IS PRESENTED AND DISCUSSED AT THE ANNUAL BOARD TRAINING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SETTING THE SALARY RANGE FOR ALL POSITIONS AS WELL AS THE SALARY OF THE EXECUTIVE DIRECTOR. THE RANGES ARE REVIEWED ANNUALLY AND COMPARED TO SIMILAR ORGANIZATIONS FOR COMPARABILITY AND MARKET VALUE. NCCADV REFERENCES THE MIT LIVING WAGE CALCULATOR TO ENSURE ALL STAFF ARE PAID A LIVING WAGE FOR DURHAM COUNTY. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR SETTING THE HIRING SALARIES FOR ALL POSITIONS WITHIN THE SALARY RANGES APPROVED BY THE BOARD. THE RANGES ARE REVIEWED For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

Name of the organization

Employer identification number 61 - 1077481

#### ANNUALLY AND COMPARED TO SIMILAR ORGANIZATIONS FOR COMPARABILITY AND MARKET

VALUE.

FORM 990, PART VI, SECTION C, LINE 18:

UPLOADED TO GUIDESTAR.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

BOARD OF DIRECTORS TAKES FULL RESPONSIBILITY FOR OVERSIGHT OF THE

AUDITED FINANCIAL STATEMENTS. BOARD OF DIRECTORS ANNUALLY ENGAGES

AUDIT FIRM TO PERFORM THE AUDIT OF THE FINANCIAL STATEMENTS.

14070923 783398 21223.000

Form <b>8</b>	3879-TE			RS E-file Signatur for a Tax Exe	mpt Entity		-	OMB No. 1545-0047
		For calendar ye	ar 2023, or	fiscal year beginning		, ;	20	2023
Departm	ent of the Treasury			Do not send to the IRS. K				Ζυζυ
_	Revenue Service		G	o to www.irs.gov/Form8879TI	E for the latest information	on.		
Name							EIN or SSN	
				A COALITION AGA	INST DOM		61-10	77481
Name a	and title of officer or pe	erson subject to t		CARIANNE FISHER				
Dord		Datum and		EXECUTIVE DIRECT	OR			
Par				rn Information				
Form or <b>10a</b> which	5330 filers may ente below, and the am	er dollars and c ount on that lir	ents. Fo	sing this Form 8879-TE and en or all other forms, enter whole d e return being filed with this for But, if you entered -0- on the re	lollars only. If you check th m was blank, then leave li	ne box on lir ne <b>1b, 2b,</b>	ne 1a, 2a, 3 3b, 4b, 5b, 4	a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check	here	X	<b>b</b> Total revenue, if any (Form	990, Part VIII, column (A),	line 12)		1b <u>3,930,169</u> .
2a	Form 990-EZ che	eck here		b Total revenue, if any (Form				
3a	Form 1120-POL	check here		b Total tax (Form 1120-POL, I				3b
4a	Form 990-PF che	eck here		b Tax based on investment i				4b
5a	Form 8868 check	here		b Balance due (Form 8868, lir				5b
6a	Form 990-T chec			<b>b</b> Total tax (Form 990-T, Part				6b
7a	Form 4720 check			<b>b Total tax</b> (Form 4720, Part I				
8a	Form 5227 check			b FMV of assets at end of tax				8b
9a	Form 5330 check			<b>b</b> Tax due (Form 5330, Part II,				9b
10a				b Amount of credit payment				10b
Par	t II Declara	tion and Sig		e Authorization of Offic				
Under	penalties of perjury	, I declare that	XI	am an officer of the above entit	ty or I am a person s	ubject to ta	x with respe	ect to (name
					•	-		
later ti payme persor	han 2 business days ent of taxes to receiv hal identification nur theck one box only	s prior to the pa ve confidential mber (PIN) as n	ayment informa ny signa	ount. To revoke a payment, I m (settlement) date. I also authori tion necessary to answer inqui ture for the electronic return ar	ze the financial institutions ries and resolve issues rela nd, if applicable, the conse	s involved ir ated to the	n the proces payment. I h	sing of the electronic ave selected a vithdrawal.
	X I authorize BL	ACKMAN	& SL	OOP ADVISORS, II	NC.	to	enter my Pll	N 21223
				ERO firm name				Enter five numbers, but do not enter all zeros
	with a state age on the return's o As an officer or	ency(ies) regula disclosure cons person subject	ting cha sent scr t to tax [,]	electronically filed return. If I ha arities as part of the IRS Fed/St een. with respect to the entity, I will sturn that a copy of the return is	ate program, I also author enter my PIN as my signa	ize the afore ture on the	ementioned tax year 202	eturn is being filed ERO to enter my PIN 3 electronically filed
	e of officer or person subje	ect to tax	-	PIN on the return's disclosure	consent screen.		Date	
Par		ation and A						
ERO's	SEFIN/PIN. Enter ye	our six-digit ele	ectronic	filing identification				
numb	er (EFIN) followed by	y your five-digit	self-sel	ected PIN.	563885 Do not ente			
submi	tting this return in a ess Returns.	ccordance with	n the red	which is my signature on the 2 quirements of <b>Pub. 4163,</b> Mod	-	nation for Au	uthorized IRS	
ERO's	signature AND	REA WOO	DELL	EASON	Date	09/	23/24	
				RO Must Retain This Formit This Formit This Form to the IR			<u> </u>	
Fan P					o onicos nequested			Form 8879-TE (2023)
For Pi	rivacy Act and Pap	erwork Heduc	tion Ac	t Notice, see instructions.				FUTTI 0079-1C (2023)
LHA	302521 01-05-24							

Form	886	8	

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use	Form 7004 to request an extension of time to file income	e tax retur	ns.						
Part I - Io	lentification								
Type or	Name of exempt organization, employer, or other filer	uctions.	Taxpayer	r identification nu	umber (TIN)				
Print									
Elle houdh a	THE NORTH CAROLINA COALITIO	N AGA	INST DOM		61-1077	481			
File by the due date for filing your		Number, street, and room or suite no. If a P.O. box, see instructions. 3710 UNIVERSITY DRIVE, SUITE 300							
return. See instructions.	tions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. DURHAM, NC 27707								
Enter the		e a separat	e application for each return)			01			
Applicati	on Is For	Return	Application Is For			Return			
		Code				Code			
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09			
		03	Form 5227			10			
Form 4720 (individual)         03         Form 5227           Form 990-PF         04         Form 6069						11			
	)-T (sec. 401(a) or 408(a) trust)			12					
	P-T (trust other than above)	05 06	Form 8870 Form 5330 (individual)	13					
	P-T (corporation)	07	Form 5330 (other than individual)			14			
Form 104		08							
	ou enter your Return Code, complete either Part II or Part	t III. Part II	, including signature, is applicable c	only for an	extension of				
time to fil	e Form 5330.								
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.						
Pla	n Name								
Pla	n Number								
Pla	n Year Ending (MM/DD/YYYY)								
Part II - A	utomatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)						
The be	poks are in the care of CARIANNE FISHER								
		DRIVE,	SUITE 300 - DURHA	M, NC	27707				
•	none No. <u>919-956-9124</u>		Fax No. <u>919-682-1449</u>						
	organization does not have an office or place of business								
If this	is for a Group Return, enter the organization's four-digit (								
box	. If it is for part of the group, check this box								
<b>1</b> Ire	quest an automatic 6-month extension of time until $\underline{\mathbf{NG}}$	OVEMBI	<u>ER 15</u> , 20 <u>24</u> , to file	e the exem	npt organization	return for			
the	organization named above. The extension is for the orga	anization's	return for:						
X	calendar year 20 23 or								
	tax year beginning	, 20	, and ending			, 20			
2 If th	ne tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n				
	Change in accounting period								
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			0			
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.			
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					^			
	imated tax payments made. Include any prior year overpa			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa					^			
usi	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	30	\$	0.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.