

Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2016

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

Employer identification number

THE NATIONAL CONFERENCE FOR COMMUNITY

06-1753756

Name and title of officer

IVAN CANADA, EXECUTIVE DIRECTOR

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

|    |                            |                                     |   |  |    |                 |
|----|----------------------------|-------------------------------------|---|--|----|-----------------|
| 1a | Form 990 check here ▶      | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | <u>565,528.</u> |
| 2a | Form 990-EZ check here ▶   | <input type="checkbox"/>            | b | Total revenue, if any (Form 990-EZ, line 9) . . . . .                  | 2b |                 |
| 3a | Form 1120-POL check here ▶ | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22) . . . . .                           | 3b |                 |
| 4a | Form 990-PF check here ▶   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5),         | 4b |                 |
| 5a | Form 8868 check here ▶     | <input type="checkbox"/>            | b | Balance Due (Form 8868, line 3c) . . . . .                             | 5b |                 |

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize LEEPER, KEAN & RUMLEY, LLP to enter my PIN 53756 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Ivan Canada*

Date ▶ 12/18/2017

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56669953756  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

|  |   |  |  |
|--|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.</u><br>Doing business as |  | <b>D</b> Employer identification number<br><u>06-1753756</u>   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>713 N. GREENE STREET</u>                    |  | <b>E</b> Telephone number<br><u>(336) 272-0359</u>   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><u>GREENSBORO, NC 27401</u>                                 |  | <b>G</b> Gross receipts \$ <u>625,859.</u>   |
|  | <b>F</b> Name and address of principal officer: <u>IVAN CANADA</u><br><u>713 N. GREENE STREET GREENSBORO, NC 27401</u>                  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>If "No," attach a list. (see instructions)</small> |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |  |
| <b>J</b> Website: ▶ <u>WWW.NCCJTRIAD.ORG</u>   |   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |   |  |  |
| <b>L</b> Year of formation: <u>2005</u> <b>M</b> State of legal domicile: <u>NC</u>  |   |  |  |
| <b>H(c)</b> Group exemption number ▶   |   |  |  |

**Part I Summary**

|                             |  |   |                           |              |
|-----------------------------|--|---|---------------------------|--------------|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>NONPROFIT HUMAN RELATIONS ORGANIZATION DEDICATED TO BUILDING COMMUNITIES FREE OF BIAS, BIGOTRY AND RACISM.</u> |   |                           |              |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |                           |              |
|                             | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                 | <u>35.</u>                |              |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)     | <u>35.</u>                |              |
|                             | <b>5</b>   | Total number of individuals employed in calendar year 2016 (Part V, line 2a)      | <u>7.</u>                 |              |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)                                | <u>300.</u>               |              |
|                             | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12              | <u>0.</u>                 |              |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <u>0.</u>   |                           |              |
| Revenue                     |  |   | Prior Year                | Current Year |
|                             | <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                     | 429,078.                  | 469,255.     |
|                             | <b>9</b>   | Program service revenue (Part VIII, line 2g)                                      | 78,521.                   | 89,968.      |
|                             | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 2,483.                    | 3,192.       |
|                             | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 11,077.                   | 3,113.       |
| <b>12</b>                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 521,159.  | 565,528.                  |              |
| Expenses                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0.                        | 0.           |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                     | 0.                        | 0.           |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 270,614.                  | 298,502.     |
|                             | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e)                     | 0.                        | 0.           |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>67,335.</u>        |                           |              |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 206,941.                  | 200,108.     |
|                             | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 477,555.                  | 498,610.     |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12   | 43,604.   | 66,918.                   |              |
| Net Assets or Fund Balances |  |   | Beginning of Current Year | End of Year  |
|                             | <b>20</b>  | Total assets (Part X, line 16)  | 409,331.                  | 485,265.     |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)   | 62,892.                   | 64,046.      |
| <b>22</b>                   | Net assets or fund balances. Subtract line 21 from line 20   | 346,439.  | 421,219.                  |              |

**Part 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.

|                  |                                |      |
|------------------|--------------------------------|------|
| <b>Sign Here</b> | ▶ Signature of officer         | Date |
|                  | ▶ Type or print name and title |      |

|                               |  |                      |      |   |                       |
|-------------------------------|--|----------------------|------|---|-----------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN <u>P00749511</u> |
|                               | Firm's name ▶ <u>LEEPER, KEAN &amp; ROMLEY, LLP</u>                          |                      |      | Firm's EIN ▶ <u>56-1333355</u>                  |                       |
|                               | Firm's address ▶ <u>3625 N. ELM STREET, SUITE 100-A GREENSBORO, NC 27455</u> |                      |      | Phone no. <u>336-274-3700</u>                   |                       |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  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 \$ 181,822. including grants of \$ 0. ) (Revenue \$ 49,568. )

ANYTOWN PROGRAM:

NCCJ'S NATIONALLY ACCLAIMED, WEEKLONG SUMMER LEADERSHIP INSTITUTE BRINGS TOGETHER HIGH SCHOOL JUNIORS AND SENIORS TO CREATE BONDS OF FRIENDSHIP AND RESPECT ACROSS DIFFERENT RACES, RELIGIONS AND SOCIO-ECONOMIC GROUPS, RAISE AWARENESS AND UNDERSTANDING OF SOCIAL JUSTICE ISSUES FACING OUR SOCIETY TODAY AND RETURN TO THEIR SCHOOLS AND COMMUNITIES AS CHAMPIONS FOR INCLUSION AND RESPECT.

4b (Code: ) (Expenses \$ 80,798. including grants of \$ 0. ) (Revenue \$ 39,700. )

ATTACHMENT 2

4c (Code: ) (Expenses \$ 110,912. including grants of \$ 0. ) (Revenue \$ 700. )

ADULT PROGRAMS:

EDUCATOR & CORPORATE WORKSHOPS - STAFF DEVELOPMENT WORKSHOPS PREPARE ADULTS TO BE CHAMPIONS OF ANTI-BIAS EDUCATION AND ALLIES FOR YOUTH.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 373,532.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IV.</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | 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.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VII.</i>   |     | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IX.</i>  | X   |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .  | 20a | X  |
| b 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 "Yes," complete Schedule I, Parts I and II.</i> . . . . .   | 21  | X  |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .   | 22  | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .  | 23  | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .                           | 24a | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | 24b |    |
| c 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 |    |
| d 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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .   | 25a | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .  | 25b | X  |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .                                 | 26  | X  |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . . | 27  | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .  | 28a | X  |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   | 28b | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .   | 28c | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | 29  | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .  | 30  | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .  | 31  | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .  | 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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .  | 33  | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .  | 34  | X  |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 35a | X  |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .  | 35b |    |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .  | 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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .   | 37  | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | 38  | X  |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1)NORA CARR<br>CHAIR                     | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2)URSULA DUDLEY OGLESBY<br>CHAIR-ELECT   | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3)JOHN CROSS<br>IMMEDIATE PAST CHAIR     | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4)BEVERLY CLEVELAND<br>DIRECTOR-AT-LARGE | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5)SANDY NEERMAN<br>DIRECTOR-AT-LARGE     | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6)ANTHONY PETITT<br>TREASURER            | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7)JEANINE FALCON<br>SECRETARY            | 2.00<br>0.   | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8)OMAR ALI<br>DIRECTOR                   | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9)RALEIGH BAILEY<br>DIRECTOR             | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10)DEBORAH JACOBS BOST<br>DIRECTOR       | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11)GRISELDA CLARK<br>DIRECTOR            | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12)PATRICIA R. CROSS<br>DIRECTOR         | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13)PAM DUNCAN<br>DIRECTOR                | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14)MARCHELLE FAIRLEY<br>DIRECTOR         | 1.00<br>0.   | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) BRIAN GOLDBERG<br>DIRECTOR                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 16) JENNIFER CROSS GREEN<br>DIRECTOR                         | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 17) CLARENCE GRIER<br>DIRECTOR                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 18) PAUL JEFFREY<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 19) CILE JOHNSON<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 20) GEORGE JOHNSON<br>DIRECTOR                               | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 21) KAREN KAHN<br>DIRECTOR                                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 22) ZAKI KHALIFA<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 23) ANGELO KIDD<br>DIRECTOR                                  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 24) EMILY KITCHEN<br>DIRECTOR                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 25) SAMANTHA MAGILL<br>DIRECTOR                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        | 83,136.  | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 83,136.  | 0.  | 0.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0.

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . . |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) BEVERLEY MALCOLM<br>DIRECTOR                             | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 27) RON MILSTEIN<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 28) VICTORIA MILSTEIN<br>DIRECTOR                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 29) BOB NEWTON<br>DIRECTOR                                   | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 30) FREDDY ROBINSON<br>DIRECTOR                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 31) KRISTINA SCHWARTZ<br>DIRECTOR                            | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 32) JOY SHAVITZ<br>DIRECTOR                                  | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 33) RANDY SPIVEY<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 34) LEE WHITE<br>DIRECTOR                                    | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 35) PAT WILLIAMS<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 36) IVAN CANADA<br>EXECUTIVE DIRECTOR                        | 40.00<br>0.  |   |                       | X       |              |                              |        | 83,136.  | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0.**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.  X

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|--|---|--|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a  | Federated campaigns . . . . .  | 1a                   |  |   |  |  |
|  | b   | Membership dues . . . . .  | 1b                   |  |   |  |  |
|  | c   | Fundraising events . . . . .   | 1c                   | 339,593.   |   |  |  |
|  | d   | Related organizations . . . . .  | 1d                   |  |   |  |  |
|  | e   | Government grants (contributions) . . . . .  | 1e                   |  |   |  |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above . . . . .             | 1f                   | 129,662.   |   |  |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$ . . . . .  |                      | 9,530.   |   |  |  |
|  | h   | <b>Total. Add lines 1a-1f . . . . .</b>  |                      | <b>469,255.</b>                                    |   |  |  |
| Program Service Revenue                                | 2a  | ANYTOWN PROGRAMMING  | Business Code        | 611600   | 49,568.                                 | 49,568.  |  |
|  | b   | YOUTH PROGRAMMING  | 611600               | 39,700.  | 39,700.                                 |  |  |
|  | c   | ADULT PROGRAMMING  | 611600               | 700.   | 700.                                    |  |  |
|  | d   |  |                      |  |   |  |  |
|  | e   |  |                      |  |   |  |  |
|  | f   | All other program service revenue . . . . .  |                      |  |   |  |  |
|  | g   | <b>Total. Add lines 2a-2f . . . . .</b>  |                      | <b>89,968.</b>                                     |   |  |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . . |                      | 3,256.   |   | 3,256.   |  |
|  | 4   | Income from investment of tax-exempt bond proceeds . . . . .   |                      | 0.   |   |  |  |
|  | 5   | Royalties . . . . .  |                      | 0.   |   |  |  |
|  | 6a  | Gross rents . . . . .  | (i) Real             | (ii) Personal                                      |   |  |  |
|  |   |  |                      |  |   |  |  |
|  |   |  |                      |  |   |  |  |
|  |   |  |                      |  |   |  |  |
|  | b   | Less: rental expenses . . . . .  |                      |  |   |  |  |
|  | c   | Rental income or (loss) . . . . .  |                      |  |   |  |  |
|  | d   | Net rental income or (loss) . . . . .  |                      | 0.   |   |  |  |
|  | 7a  | Gross amount from sales of assets other than inventory   | (i) Securities       | (ii) Other   |   |  |  |
|  |   |  |                      |  |   |  |  |
|  |   |  |                      |  |   |  |  |
|  |   |  |                      |  |   |  |  |
|  | b   | Less: cost or other basis and sales expenses . . . . .   |                      | 64.  |   |  |  |
| c  | Gain or (loss) . . . . .  |  | -64.                 |  |   |  |  |
| d  | Net gain or (loss) . . . . .  |  | -64.                 |  | -64.                                    |  |  |
| 8a   | Gross income from fundraising events (not including \$ 339,593. of contributions reported on line 1c). See Part IV, line 18 . . . . . | ATCH 4   | a                    | 56,256.  |   |  |  |
| b  | Less: direct expenses . . . . .   |  | b                    | 60,267.  |   |  |  |
| c  | Net income or (loss) from fundraising events . . . . .  | ATCH 5   |                      | -4,011.  |   | -4,011.  |  |
| 9a   | Gross income from gaming activities. See Part IV, line 19 . . . . .   |  | a                    | 0.   |   |  |  |
| b  | Less: direct expenses . . . . .   |  | b                    | 0.   |   |  |  |
| c  | Net income or (loss) from gaming activities . . . . .   |  |                      | 0.   |   |  |  |
| 10a  | Gross sales of inventory, less returns and allowances . . . . .   |  | a                    | 0.   |   |  |  |
| b  | Less: cost of goods sold . . . . .  |  | b                    | 0.   |   |  |  |
| c  | Net income or (loss) from sales of inventory . . . . .  |  |                      | 0.   |   |  |  |
| Miscellaneous Revenue                                  |   |  | Business Code        |  |   |  |  |
| 11a  | SALES TAX REFUND  | 900099   |                      | 5,835.   | 5,835.                                  |  |  |
| b  | MISCELLANEOUS INCOME  | 900099   |                      | 1,289.   | 1,289.                                  |  |  |
| c  |   |  |                      |  |   |  |  |
| d  | All other revenue . . . . .   |  |                      |  |   |  |  |
| e  | <b>Total. Add lines 11a-11d . . . . .</b>   |  |                      | <b>7,124.</b>                                      |   |  |  |
| 12   | <b>Total revenue. See instructions . . . . .</b>  |  |                      | <b>565,528.</b>                                    | <b>97,092.</b>                          | <b>-819.</b>   |  |

**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).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . . <b>ATCH. 6.</b>  | 84,500.               | 61,728.                         | 13,242.                                | 9,530.                      |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 164,848.              | 120,422.                        | 25,834.                                | 18,592.                     |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 5,298.                | 3,870.                          | 830.                                   | 598.                        |
| 9 Other employee benefits . . . . .   | 22,639.               | 16,538.                         | 3,548.                                 | 2,553.                      |
| 10 Payroll taxes . . . . .  | 21,217.               | 15,499.                         | 3,325.                                 | 2,393.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 0.                    |                                 |  |                             |
| c Accounting . . . . .  | 7,975.                | 5,826.                          | 1,250.                                 | 899.                        |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17.  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .  | 876.                  | 469.                            | 137.                                   | 270.                        |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  | 7,159.                | 5,859.                          | 756.                                   | 544.                        |
| 12 Advertising and promotion . . . . .  | 11,006.               | 4,402.                          |  | 6,604.                      |
| 13 Office expenses . . . . .  | 25,262.               | 13,271.                         | 1,270.                                 | 10,721.                     |
| 14 Information technology . . . . .   | 8,850.                | 6,465.                          | 1,387.                                 | 998.                        |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 67,415.               | 62,312.                         | 2,968.                                 | 2,135.                      |
| 17 Travel . . . . .   | 10,619.               | 10,516.                         | 60.                                    | 43.                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   | 24,676.               | 19,726.                         | 1,397.                                 | 3,553.                      |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 1,500.                | 1,096.                          | 235.                                   | 169.                        |
| 22 Depreciation, depletion, and amortization . . . . .  | 2,852.                | 2,083.                          | 447.                                   | 322.                        |
| 23 Insurance . . . . .  | 4,903.                | 3,582.                          | 768.                                   | 553.                        |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>COMMUNITY PROGRAMS &amp; SERVICE</b> . . . . .   | 5,410.                | 5,410.                          |  |                             |
| b <b>EVENT EXPENSES</b> . . . . .   | 15,397.               | 9,619.                          |  | 5,778.                      |
| c <b>CAMPAIGN EXPENSES</b> . . . . .  | 4,356.                | 3,485.                          |  | 871.                        |
| d <b>DUES AND SUBSCRIPTIONS</b> . . . . .   | 1,852.                | 1,354.                          | 289.                                   | 209.                        |
| e All other expenses . . . . .  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 498,610.              | 373,532.                        | 57,743.                                | 67,335.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|                             |   | (A)<br>Beginning of year  |          | (B)<br>End of year |          |
|-----------------------------|---|---|----------|--------------------|----------|
| Assets                      | 1   | Cash - non-interest-bearing   | 288,223. | 1                  | 354,192. |
|                             | 2   | Savings and temporary cash investments  | 0.       | 2                  | 0.       |
|                             | 3   | Pledges and grants receivable, net  | 0.       | 3                  | 0.       |
|                             | 4   | Accounts receivable, net  | 47,942.  | 4                  | 50,842.  |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0.       | 5                  | 0.       |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0.       | 6                  | 0.       |
|                             | 7   | Notes and loans receivable, net   | 0.       | 7                  | 0.       |
|                             | 8   | Inventories for sale or use   | 0.       | 8                  | 0.       |
|                             | 9   | Prepaid expenses and deferred charges   | 5,661.   | 9                  | 8,446.   |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 39,819.  | 10a                |          |
|                             | b   | Less: accumulated depreciation  | 35,109.  | 10b                |          |
|                             | 11  | Investments - publicly traded securities  | 0.       | 11                 | 0.       |
|                             | 12  | Investments - other securities. See Part IV, line 11  | 0.       | 12                 | 0.       |
|                             | 13  | Investments - program-related. See Part IV, line 11   | 0.       | 13                 | 0.       |
|                             | 14  | Intangible assets   | 0.       | 14                 | 0.       |
|                             | 15  | Other assets. See Part IV, line 11  | 60,840.  | 15                 | 67,075.  |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)  | 409,331.  | 16       | 485,265.           |          |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 35,942.  | 17                 | 36,071.  |
|                             | 18  | Grants payable  | 0.       | 18                 | 0.       |
|                             | 19  | Deferred revenue  | 26,950.  | 19                 | 27,975.  |
|                             | 20  | Tax-exempt bond liabilities   | 0.       | 20                 | 0.       |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   | 0.       | 21                 | 0.       |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  | 0.       | 22                 | 0.       |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  | 0.       | 23                 | 0.       |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  | 0.       | 24                 | 0.       |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 0.       | 25                 | 0.       |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 62,892.  | 26                 | 64,046.  |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34. |   |          |                    |          |
|                             | 27  | Unrestricted net assets   | 285,599. | 27                 | 354,144. |
|                             | 28  | Temporarily restricted net assets   | 8,327.   | 28                 | 14,212.  |
|                             | 29  | Permanently restricted net assets   | 52,513.  | 29                 | 52,863.  |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                            |   |          |                    |          |
|                             | 30  | Capital stock or trust principal, or current funds  |          | 30                 |          |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |          | 31                 |          |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |          | 32                 |          |
| 33                          | <b>Total net assets or fund balances</b>  | 346,439.  | 33       | 421,219.           |          |
| 34                          | <b>Total liabilities and net assets/fund balances.</b>  | 409,331.  | 34       | 485,265.           |          |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 565,528. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 498,610. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 66,918.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 346,439. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 7,862.   |
| 6  | Donated services and use of facilities   | 6  | 0.       |
| 7  | Investment expenses  | 7  | 0.       |
| 8  | Prior period adjustments   | 8  | 0.       |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 421,219. |

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.**

Employer identification number  
**06-1753756**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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 organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 84.44%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 79.19%; 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b in Part I, answer (b) and (c) below.  |     |    |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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 <b>Part VI</b> .   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| c   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| 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 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.)  |     |    |

**Part IV Supporting Organizations** *(continued)*

|    |   | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| a  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a |    |
| b  | A family member of a person described in (a) above?   | 11b |    |
| c  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | 11c |    |

**Section B. Type I Supporting Organizations**

|   |  | Yes | No |
|---|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | 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? <i>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.</i>   | 2   |    |

**Section C. Type II Supporting Organizations**

|   |   | Yes | No |
|---|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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(s).</i> | 1   |    |

**Section D. All Type III Supporting Organizations**

|   |  | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | 2   |    |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | 3   |    |

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

|   |  |  |    |
|---|--|--|----|
| 1 | <i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>   |  |    |
| a | <input type="checkbox"/>   | The organization satisfied the Activities Test. <i>Complete line 2 below.</i>  |    |
| b | <input type="checkbox"/>   | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>                                   |    |
| c | <input type="checkbox"/>   | The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i> |    |
| 2 | Activities Test. <b>Answer (a) and (b) below.</b>  |  |    |
| a |  | Yes  | No |
|   | 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? <i>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.</i> | 2a   |    |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  | 2b   |    |
| 3 | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |  |    |
| 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? <i>Provide details in Part VI.</i>  | 3a   |    |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | 3b   |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income   |  | (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   | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).   | 8              |                             |
| Section 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): |  |                |                             |
| a   | Average monthly value of securities  | 1a             |                             |
| b   | Average monthly cash balances  | 1b             |                             |
| c   | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d   | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |  |                |                             |
| 2   | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                             |
| 3   | Subtract line 2 from line 1d.  | 3              |                             |
| 4   | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4              |                             |
| 5   | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                             |
| 6   | Multiply line 5 by .035.   | 6              |                             |
| 7   | Recoveries of prior-year distributions   | 7              |                             |
| 8   | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| Section C - Distributable Amount  |  |                | Current Year                |
| 1   | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                             |
| 2   | Enter 85% of line 1.   | 2              |                             |
| 3   | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |                             |
| 4   | Enter greater of line 2 or line 3.   | 4              |                             |
| 5   | Income tax imposed in prior year   | 5              |                             |
| 6   | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7   | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 Total annual distributions. Add lines 1 through 6.   |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013. . . . .  |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c.  |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013. . . .   |                             |  |   |
| c Excess from 2014. . . .   |                             |  |   |
| d Excess from 2015. . . .   |                             |  |   |
| e Excess from 2016. . . .   |                             |  |   |

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

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

| CONTRIBUTOR NAME            | TOTAL CONTRIBUTION | LESS 2% OF LINE 11 (F) | EXCESS CONTRIBUTION AMOUNT |
|-----------------------------|--------------------|------------------------|----------------------------|
| SODEXO HEALTH CARE SERVICES | 71,860.            | 46,144.                | 25,716.                    |
| VF CORPORATION              | 46,970.            | 46,144.                | 826.                       |
| WEAVER FOUNDATION           | 52,300.            | 46,144.                | 6,156.                     |
| <b>TOTAL</b>                | <b>171,130.</b>    |                        | <b>32,698.</b>             |

ATTACHMENT 2

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION               | 2012            | 2013           | 2014           | 2015           | 2016           | TOTAL           |
|---------------------------|-----------------|----------------|----------------|----------------|----------------|-----------------|
| FUNDRAISING EVENTS INCOME | 150,678.        | 32,480.        | 35,245.        | 36,400.        | 56,256.        | 311,059.        |
| <b>TOTALS</b>             | <b>150,678.</b> | <b>32,480.</b> | <b>35,245.</b> | <b>36,400.</b> | <b>56,256.</b> | <b>311,059.</b> |

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

THE NATIONAL CONFERENCE FOR COMMUNITY  
AND JUSTICE OF THE PIEDMONT TRIAD, INC.

Employer identification number

06-1753756

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

|                      |   |                                |            |
|----------------------|---|--------------------------------|------------|
| Name of organization | THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC. | Employer identification number | 06-1753756 |
|----------------------|---|--------------------------------|------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | SODEXO HEALTH CARE SERVICES<br>1601 E. MARKET ST.<br>GREENSBORO, NC 27411               | \$ 23,560.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | JOSEPH M. BRYAN FOUNDATION<br>PO BOX 21927<br>GREENSBORO, NC 27420-1927                 | \$ 9,568.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | VF CORPORATION<br>105 CORPORATE CENTER BOULEVARD<br>GREENSBORO, NC 27408                | \$ 14,520.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | ITG BRANDS<br>714 GREEN VALLEY ROAD<br>GREENSBORO, NC 27408-7018                        | \$ 14,520.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | LINCOLN FINANCIAL FOUNDATION, INC.<br>1300 SOUTH CLINTON STREET<br>FORT WAYNE, IN 46802 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | BOB PAGE AND MR. DALE FREDERIKSEN<br>713 N. GREENE STREET<br>GREENSBORO, NC 27401       | \$ 24,520.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|   |   |
|---|---|
| Name of organization <b>THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.</b> | Employer identification number<br><b>06-1753756</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions             | (d)<br>Type of contribution   |
|------------|---|--|---|
| 7          | VOLVO FINANCIAL SERVICES<br><br>7025 ALBERT PICK RD<br><br>GREENSBORO, NC 27409 | \$ 10,000.                             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                     |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions<br>\$ _____ | (d)<br>Type of contribution<br>Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization <b>THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.</b> | Employer identification number<br><b>06-1753756</b> |
|---|---|

**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.

Employer identification number  
06-1753756

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.** Employer identification number **06-1753756**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year . . . . .   |                         |  |
| 2 Aggregate value of contributions to (during year)   |                         |  |
| 3 Aggregate value of grants from (during year) . .  |                         |  |
| 4 Aggregate value at end of year . . . . .  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 78.8100 %
c Temporarily restricted endowment 21.1900 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1) ENDOWMENT FUND   | 67,075.        |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                      | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

DIFFERENCE BETWEEN COST OF DIRECT BENEFIT TO DONORS FOR FINANCIAL  
STATEMENT PURPOSES AND ACTUAL DIRECT EXPENSES RELATED TO FUNDRAISING  
EVENTS REPORTED ON PART VIII, LINE 8B.

SCHEDULE D, PART XII, LINE 2D

DIFFERENCE BETWEEN COST OF DIRECT BENEFIT TO DONORS FOR FINANCIAL  
STATEMENT PURPOSES AND ACTUAL DIRECT EXPENSES RELATED TO FUNDRAISING  
EVENTS REPORTED ON PART VIII, LINE 8B.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization **THE NATIONAL CONFERENCE FOR COMMUNITY  
AND JUSTICE OF THE PIEDMONT TRIAD, INC.**

Employer identification number  
**06-1753756**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> a Mail solicitations               | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants     |
| <input type="checkbox"/> c Phone solicitations              | <input type="checkbox"/> g Special fundraising events            |
| <input type="checkbox"/> d In-person solicitations          |  |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

|                    | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------------|---|---------------|--|----|-----------------------------------|---|---|
|                    |   |               | Yes  | No |                                   |   |   |
| 1                  |   |               |  |    |                                   |   |   |
| 2                  |   |               |  |    |                                   |   |   |
| 3                  |   |               |  |    |                                   |   |   |
| 4                  |   |               |  |    |                                   |   |   |
| 5                  |   |               |  |    |                                   |   |   |
| 6                  |   |               |  |    |                                   |   |   |
| 7                  |   |               |  |    |                                   |   |   |
| 8                  |   |               |  |    |                                   |   |   |
| 9                  |   |               |  |    |                                   |   |   |
| 10                 |   |               |  |    |                                   |   |   |
| <b>Total</b> ..... |   |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1  | (b) Event #2 | (c) Other events | (d) Total events                |
|-----------------|--|---|--------------|------------------|---------------------------------|
|                 |  | CITATION DINNER<br>(event type)                             | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts  | 395,849.     |                  | 395,849.                        |
|                 | 2  | Less: Contributions   | 339,593.     |                  | 339,593.                        |
|                 | 3  | Gross income (line 1 minus line 2)                          | 56,256.      |                  | 56,256.                         |
| Direct Expenses | 4  | Cash prizes   | 312.         |                  | 312.                            |
|                 | 5  | Noncash prizes  |              |                  |                                 |
|                 | 6  | Rent/facility costs   |              |                  |                                 |
|                 | 7  | Food and beverages  | 59,558.      |                  | 59,558.                         |
|                 | 8  | Entertainment   |              |                  |                                 |
|                 | 9  | Other direct expenses                                       | 397.         |                  | 397.                            |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |              |                  |                                 |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |              |                  | -4,011.                         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add col. (a) through col. (c)) |  |
|-----------------|---|--|---|---------------------------|--|--|
|                 |   |  |   |                           |  |  |
| Revenue         | 1 | Gross revenue  |   |                           |  |  |
| Direct Expenses | 2 | Cash prizes  |   |                           |  |  |
|                 | 3 | Noncash prizes   |   |                           |  |  |
|                 | 4 | Rent/facility costs  |   |                           |  |  |
|                 | 5 | Other direct expenses  |   |                           |  |  |
|                 | 6 | Volunteer labor  | Yes _____ %<br>No _____ %                     | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                        |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |                           |  |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |                           |  |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization THE NATIONAL CONFERENCE FOR COMMUNITY  
AND JUSTICE OF THE PIEDMONT TRIAD, INC.

Employer identification number  
06-1753756

FORM 990, PART VI, SECTION A, LINE 2

NCCJ HAS 1 PARENT/CHILD PAIR THAT SERVE ON ITS BOARD OF DIRECTORS.

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

NCCJ DISTRIBUTES THE 990 TO BOARD MEMBERS ELECTRONICALLY AND ASKS FOR ANY  
QUESTIONS OR REVISIONS.

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

BOARD MEMBERS WITH ANY CONFLICT OF INTEREST PERTAINING TO A SUBJECT UP  
FOR BOARD VOTE ARE REQUIRED TO LEAVE THE ROOM BEFORE DISCUSSION OR VOTING  
CAN OCCUR.

FORM 990, PART VI, SECTION B, LINE 15

COMPARISON OF SALARIES FOR SIMILAR POSITIONS IN OTHER COMPARABLE  
ORGANIZATIONS IN THIS REGION, REVIEW OF THE YEARS OF EXPERIENCE, LEVEL OF  
EDUCATION AND QUALIFICATIONS.

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE POSTED ON GUIDESTAR AND ALSO AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT  
TRIAD, INC. (NCCJ) IS A HUMAN RELATIONS ORGANIZATION THAT PROMOTES  
UNDERSTANDING AND RESPECT AMONG ALL CULTURES, RACES AND RELIGIONS

Name of the organization THE NATIONAL CONFERENCE FOR COMMUNITY  
AND JUSTICE OF THE PIEDMONT TRIAD, INC.

Employer identification number  
06-1753756

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THROUGH ADVOCACY, EDUCATION AND DIALOGUE. NCCJ DOES NOT ADVOCATE FOR ANY PARTICULAR GROUP OR PHILOSOPHY, BUT WORKS TO BUILD MUTUAL RESPECT AMONG ALL PEOPLE REGARDLESS OF RACE, CULTURE, SEXUAL ORIENTATION, GENDER, SOCIO-ECONOMIC BACKGROUND OR FAITH.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

YOUTH PROGRAMS:

(1) ANYTOWN ANYTIME - A HOLISTIC SERIES THAT DEVELOPS GUILFORD COUNTY STUDENTS AND EDUCATORS INTO CHAMPIONS OF RESPECT AND INCLUSION.

(2) AFTER-ANYTOWN AMBASSADORS - PROVIDES FURTHER ENRICHMENT FOR ANYTOWN GRADUATES, TRAINING THEM TO BE CHANGE AGENTS IN THEIR SCHOOLS AND COMMUNITIES. PARTICIPANTS IN THE AMBASSADOR PROGRAM ALSO HELP FACILITATE ANYDAY PROGRAMS.

(3) INTERFAITH TOUR - EACH YEAR HUNDREDS OF YOUTH AND ADULTS IN GUILFORD COUNTY VISIT DIVERSE HOUSES OF WORSHIP TO EXPERIENCE A VARIETY OF FAITH TRADITIONS. PARTICIPANTS DEVELOP A STRONGER APPRECIATION AND RESPECT FOR DIFFERENT BELIEF SYSTEMS.

(4) ANYDAY - ONE DAY HUMAN RELATIONS WORKSHOPS WITH MIDDLE AND HIGH SCHOOLS. THE WORKSHOPS GUIDE DIVERSE GROUPS OF PARTICIPANTS IN DEVELOPING A NEW AWARENESS OF THEMSELVES AND THEIR ROLE IN INTER-GROUP RELATIONS. NCCJ ALSO OFFERS OVERNIGHT RETREATS (ANYNIGHT) FOR SPECIFIC SCHOOLS.

(5) YOUTH LEADERSHIP CONFERENCE - ANNUAL GATHERING THAT CONVENES

Name of the organization THE NATIONAL CONFERENCE FOR COMMUNITY  
AND JUSTICE OF THE PIEDMONT TRIAD, INC.

Employer identification number  
06-1753756

ATTACHMENT 2 (CONT'D)

HUNDREDS OF HIGH SCHOOL STUDENTS FROM GUILFORD COUNTY AND  
INDEPENDENT SCHOOLS. THE STUDENTS FOCUS ON BUILDING RELATIONSHIPS  
AS THEY CREATE A COMMON VISION OF THE POWER OF UNITY AND  
INCLUSION.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>(A)<br/>TOTAL<br/>REVENUE</u> | <u>(B)<br/>RELATED OR<br/>EXEMPT REVENUE</u> | <u>(C)<br/>UNRELATED<br/>BUSINESS REV.</u> | <u>(D)<br/>EXCLUDED<br/>REVENUE</u> |
|--------------------|----------------------------------|--|--|-------------------------------------|
| INTEREST INCOME    | 3,256.                           |  |  | 3,256.                              |
| TOTALS             | <u>3,256.</u>                    |  |  | <u>3,256.</u>                       |

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u>     | <u>AMOUNT</u>   |
|------------------------|-----------------|
| ANNUAL CITATION DINNER | 339,593.        |
| TOTAL                  | <u>339,593.</u> |

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u>     | <u>GROSS<br/>INCOME</u> | <u>DIRECT<br/>EXPENSES</u> | <u>NET<br/>INCOME</u> |
|------------------------|-------------------------|----------------------------|-----------------------|
| ANNUAL CITATION DINNER | 56,256.                 | 60,267.                    | -4,011.               |
| TOTALS                 | <u>56,256.</u>          | <u>60,267.</u>             | <u>-4,011.</u>        |

|  |  |
|--|--|
| Name of the organization<br>THE NATIONAL CONFERENCE FOR COMMUNITY<br>AND JUSTICE OF THE PIEDMONT TRIAD, INC. | Employer identification number<br>06-1753756 |
|--|--|

ATTACHMENT 6

FORM 990, PART IX - COMPENSATION OF OFFICERS, DIRECTORS, ETC.

| <u>NAME</u>                  | <u>PROGRAM SERVICES</u> | <u>MANAGEMENT AND GENERAL</u> | <u>FUNDRAISING</u> |
|------------------------------|-------------------------|-------------------------------|--------------------|
| IVAN CANADA<br>COMPENSATION: | 61,728.                 | 13,242.                       | 9,530.             |
| XXXXXX                       |                         |                               |                    |
| TOTALS                       | <u>61,728.</u>          | <u>13,242.</u>                | <u>9,530.</u>      |

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| PREPAID INSURANCE  | 8,446.                   |
| TOTALS             | <u>8,446.</u>            |

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment
Sequence No. 27

Name(s) shown on return: CONFERENCE FOR COMMUNITY AND JUSTICE OF THE PIEDMONT TRIAD, INC.
Identifying number: 06-1753756

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . . 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e). Row 1: ATTACHMENT 1, -64.

3 Gain, if any, from Form 4684, line 39 . . . . . 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . 5
6 Gain, if any, from line 32, from other than casualty or theft . . . . . 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . . 7 -64.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss) Subtract (f) from the sum of (d) and (e).

11 Loss, if any, from line 7 . . . . . 11 ( 64 )
12 Gain, if any, from line 7 or amount from line 8, if applicable. . . . . 12
13 Gain, if any, from line 31 . . . . . 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . 16
17 Combine lines 10 through 16 . . . . . 17 -64.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . . . 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . . 18b

For Paperwork Reduction Act Notice, see separate instructions.



**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

|   |                                   |                               |
|---|-----------------------------------|-------------------------------|
| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
| A   |                                   |                               |
| B   |                                   |                               |
| C   |                                   |                               |
| D   |                                   |                               |

| These columns relate to the properties on lines 19A through 19D. ▶ |  | Property A | Property B | Property C | Property D |
|--|--|------------|------------|------------|------------|
| 20   | Gross sales price (Note: See line 1 before completing.)  | 20         |            |            |            |
| 21   | Cost or other basis plus expense of sale   | 21         |            |            |            |
| 22   | Depreciation (or depletion) allowed or allowable   | 22         |            |            |            |
| 23   | Adjusted basis. Subtract line 22 from line 21.   | 23         |            |            |            |
| 24   | Total gain. Subtract line 23 from line 20.   | 24         |            |            |            |
| 25   | If section 1245 property:  |            |            |            |            |
|  | a Depreciation allowed or allowable from line 22   | 25a        |            |            |            |
|  | b Enter the smaller of line 24 or 25a  | 25b        |            |            |            |
| 26   | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.                                      |            |            |            |            |
|  | a Additional depreciation after 1975. See instructions   | 26a        |            |            |            |
|  | b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions   | 26b        |            |            |            |
|  | c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | 26c        |            |            |            |
|  | d Additional depreciation after 1969 and before 1976   | 26d        |            |            |            |
|  | e Enter the smaller of line 26c or 26d   | 26e        |            |            |            |
|  | f Section 291 amount (corporations only)   | 26f        |            |            |            |
|  | g Add lines 26b, 26e, and 26f  | 26g        |            |            |            |
| 27   | If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). |            |            |            |            |
|  | a Soil, water, and land clearing expenses  | 27a        |            |            |            |
|  | b Line 27a multiplied by applicable percentage. See instructions   | 27b        |            |            |            |
|  | c Enter the smaller of line 24 or 27b  | 27c        |            |            |            |
| 28   | If section 1254 property:  |            |            |            |            |
|  | a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions       | 28a        |            |            |            |
|  | b Enter the smaller of line 24 or 28a  | 28b        |            |            |            |
| 29   | If section 1255 property:  |            |            |            |            |
|  | a Applicable percentage of payments excluded from income under section 126. See instructions   | 29a        |            |            |            |
|  | b Enter the smaller of line 24 or 29a. See instructions  | 29b        |            |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |
|----|---|----|
| 30 | Total gains for all properties. Add property columns A through D, line 24   | 30 |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | 31 |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

|    | (a) Section 179   | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years                    | 33                     |
| 34 | Recomputed depreciation. See instructions   | 34                     |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35                     |

